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:	Mullingar Centre 1
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	29 April 2026
Centre ID:	OSV-0004090
Fieldwork ID:	MON-0041763

About the designated centre

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

Mullingar Centre 1 supports four male and female adults with some specific support needs in relation to health care and mobility needs. The provider aims to provide people with an intellectual disability and their families a service which promotes each resident's best interests, choices and that optimally captures the balance of empowerment and necessary safeguards. The designated centre comprises of one community house that has been subdivided into two apartments. The centre is in close proximity to a local town. Each resident has their own bedroom, and each apartment has adequate communal areas, bathrooms and garden areas. The residents are supported by both social care workers, care staff and nursing staff as required. Some residents attend formal day services and others are supported by the staff in the centre to have meaningful days. There are two vehicles available for residents to access community activities. The centre is managed by a person in charge who is also responsible for another designated centre under this provider.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 29 April 2026	09:45hrs to 18:10hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, on this announced inspection, the inspector found this to be a well-run centre where a caring staff team was delivering good quality care to the residents.

However, the inspector did find that some areas related to some governance oversight, the overuse of temporary staffing, areas of cleaning, and how items were stored required improvements. These points are discussed in detail later in this report.

The inspector had the opportunity to meet and observe the four residents that were living in the centre. On the day of this inspection, two residents attended day service programmes. They both stated that they had a good day when they returned. One said that they planned to relax in for the night. The other wasn't sure what they wanted to do yet for the evening, if anything.

The three residents who spoke with the inspector all said they felt safe living in the centre, and they felt they got choice regarding their meals and daily activities. They said that the staff that supported them were nice.

One resident explained that while they did not like it when their housemate occasionally took the television remote or looked into their room, they said they felt things were getting better now. They felt that being able to lock their bedroom door had helped. They told the inspector that while they understood that their other housemate couldn't help it, they didn't like it when on occasion they were loud. They said that they knew they could close the door or use their headphones when it happened and that could help reduce the noise. They said when their housemate wasn't being loud that they got on well with them.

One resident had alternative communication methods and did not share their views with the inspector. Instead, the inspector observed them in their home at different times during the inspection. They appeared relaxed and comfortable in the presence of the staff on duty. They were observed smiling on several occasions. They went out for a drive to a location to practice using a mobility aid that they were trialling. Later they went out with another resident and their two support staff to another town, where they both had their lunch out and then separately went for a walk.

Residents appeared content and comfortable in the centre. Interactions between staff and residents were seen to be respectful and engaging. Residents were supported in a gentle manner in line with their assessed needs.

The inspector had the opportunity to speak with the person in charge as well as the three staff members on duty. The staff team appeared knowledgeable regarding the residents' support needs and preferences when speaking with the inspector.

The provider had arranged for staff to have training in human rights. One staff member explained how they had put that training into everyday practice. They explained that prior to having the training they may have unintentionally focused more on providing care to residents and since having the training they tried to ensure that they promoted residents' independence in tasks where possible.

The inspector had the opportunity to speak with two residents' family representatives on the phone on the day of this inspection and feedback received was positive. The family representatives communicated that they felt their family members were safe. Both felt welcome to visit the centre. Both felt their family members were safe living in the centre. They added that if they were to have a concern they would feel comfortable raising it with staff or management. One family representative said they had some minor concerns regarding their family member's mobility declining and that they were falling more frequently. They commented that they were satisfied their family member was receiving appropriate reviews for this. They also felt that less familiar staff appeared to be working in the centre. This is being addressed under Regulation 15: Staffing.

As part of this inspection process residents' views were sought through questionnaires provided by the office of The Chief Inspector of Social Services (The Chief Inspector). Staff members helped two residents to complete their questionnaires, while a third resident completed theirs independently with staff simply recording their answers. The fourth questionnaire was completed by a staff member on behalf of the resident. For the most part, feedback was positive and the majority of questions were ticked 'yes' for happy when asked about the service and care provided. One resident ticked that they did not get along with the people they lived with and that staff don't tell them about new things in their life or home, that they weren't included in decisions relating to their home, and didn't feel that staff or managers listened to them. They did not provide elaboration on their answers. This was brought to the attention of the person in charge, who confirmed they would explore those points further with the resident to see if any areas could be improved.

One resident's questionnaire had recorded that sometimes the residents were supported by staff less familiar with them. One resident commented that they liked the house.

The premises was a house split into two separate apartments and the inspector found they were tidy and for the most part well maintained. There was an accessible front and back garden. The back garden had garden sofas, chairs and tables for use in good weather. There were mature plants in the gardens and different areas had potted flowers in order to provide a welcoming look for the apartments. Each resident had their own bedroom, which was decorated according to their personal tastes. For example, one resident had many pictures of their favourite celebrity displayed on their wall.

At the time of this inspection there were no visiting restrictions in place other than for people to use a doorbell at the front gate in order for staff to prepare one resident for receiving visitors. The inspector found there were no vacancies or recent admissions to the centre. There had been one complaint received since the

last inspection from one resident. It related to another resident who may make noise on occasion and it was being explored as to how to resolve or minimise the issue for the resident.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

This inspection was announced and was undertaken following the provider's application to renew the registration of the centre. This centre was last inspected in September 2025.

The findings of this inspection indicated that while some areas for improvement were identified, the provider had the capacity to operate the service within substantial compliance with the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). The person in charge was operating the service in a manner which ensured the delivery of care was meeting the residents' needs.

There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. The audits identified areas for improvement and action plans were developed in response.

While the person in charge had ensured that safe minimum staffing levels were maintained, the centre did not have the required permanent staffing numbers and it relied on a number of temporary staff to fill the rota. This had the potential to increase residents' risk of inconsistent care and support.

There was a programme of training and refresher training in place for all staff. The inspector reviewed a sample of the centre's staff training records and found that it was evident that the staff team in the centre had up-to-date training and were appropriately supervised. This meant that the staff team had up-to-date knowledge and skills to meet the residents' assessed needs.

The provider had ensured that the centre was adequately insured against risks to residents and property.

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. They managed two designated centres and split their time evenly.

They were familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

The person in charge played a key leadership role in the service and ensured that the quality of life and safety of the residents was supported and promoted.

They were also found to be aware of their legal remit in line with the regulations, such as to notify the Chief Inspector when adverse incidents occurred in the centre. They were also found to be very responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

The centre did not have a full complement of staff in place, leading to an over-reliance on temporary and agency staff. This had a direct negative impact on the safety and well-being of residents on at least four occasions. While the provider was actively recruiting and one new staff member was due to commence working as a core staff member within the next few weeks of this inspection, further improvements were still required.

The inspector reviewed a sample of rosters from January to April 2026. The person in charge was maintaining safe minimum staffing levels and had recently adapted the roster to better suit the residents' needs. However, they were heavily reliant on non-permanent staff to fill all required shifts. While the person in charge tried to keep temporary staffing to a minimum as they were conscious that temporary staffing was not suitable for residents who required consistency of care, the inspector found that there were ten temporary staff employed for this centre.

The use of unfamiliar or inconsistent staff led to some negative outcomes for residents which the provider was reviewing. For example, due to a negative interaction between two staff members, a relief staff member refused to support a resident to bathe and instead the core staff member supported the resident.

While those incidents were managed correctly by the provider after they occurred, the ongoing use of temporary staff meant the risk of similar events reoccurring remained.

The inspector noted that the family representatives spoken with were complimentary of the core staff team. However, one did comment on the use of unfamiliar staff, stating that 'in an ideal world they would prefer more familiar staff

working' with their family member. Notwithstanding that, they went on to say that their family member was 'receiving the best care they could be from the staff team'.

Throughout the inspection residents were observed to be very comfortable in the presence of staff and to receive assistance in a kind and caring manner. There were systems in place to ensure the staff team were supported to carry out their roles and responsibilities. For example, the person in charge was regularly present in the centre and was appropriately identifying where improvements could be made in relation to staff practices and putting relevant supports in place.

Staff personnel files were not reviewed at this inspection. However, the inspector reviewed a sample of three core staff members' and four agency staff members' Garda vetting certificates including two core staff members' and four agency staff members' police clearance certificates. This demonstrated that safe recruitment practices were in place in line with best practice as all vetting checks were completed within the last three years.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were appropriate systems in place for the training and development of the staff team.

From a review of the training oversight matrix and a sample of certification for eight training courses, the inspector found that the staff team in the centre had up-to-date training, and when required, refresher training. These included areas such as fire safety, safeguarding, medication management, epilepsy awareness, manual handling, and infection prevention and control (IPC), including hand hygiene. This meant that residents were supported by an appropriately skilled and knowledgeable team.

From a sample of two staff members' supervision records, the inspector observed they were receiving formal supervision that was an opportunity for them to raise concerns should they have any.

Staff had received additional training to support residents. For example, staff had received training in human rights. Further details on this have been included in the 'what residents told us and what inspectors observed' section of the report.

Judgment: Compliant

Regulation 22: Insurance

As per the requirements of the regulations, the provider had ensured that the centre was adequately insured against risks to residents and the property. Evidence of the insurance was submitted to the Chief Inspector.

Judgment: Compliant

Regulation 23: Governance and management

While there were many appropriate governance systems in place, improvements were required to some areas of oversight and accountability.

The provider was monitoring the quality of care and support for residents through their audits and reviews. For instance, the provider had carried out an annual review of the quality and safety of the centre which included resident consultation and sought to include family consultation. There were arrangements for unannounced visits to be carried out on the provider's behalf every six months. The inspector reviewed the two most recent reports from June and December 2025.

There were other regular audits completed in the centre, such as spot checks on different areas, or health and safety. An IPC audit was completed in December 2025; however, the report was not available in the centre until February 2026. This delay meant the person in charge could not promptly address identified actions, which left residents at unnecessary risk.

The provider had upgraded the fire alert and detection system to meet legal standards; however, they had not completed all the upgrades agreed upon in their compliance plan from the last inspection, which would have brought the system to an even higher standard.

The inspector found that one resident had not received a dental review since April 2022. While they were already booked in for a review for the start of June 2026, improvement was required to ensure that there was appropriate oversight over healthcare appointments due periodically to ensure they occurred when needed. This extended period of no professional oversight over the resident's dental health put them at increased risk of developing issues with their teeth.

From a review of a sample of fire evacuation drills that took place with the residents, it was not evident that alternative evacuation routes were being practiced with the residents in one centre. Practicing alternative routes was important to ensure residents could be safely evacuated from all areas of the house if their usual exit was blocked by fire or smoke.

There were regular team meetings occurring for both apartments and learning from any incidents that occurred was discussed to ensure staff awareness and consistency of approach.

Judgment: Substantially compliant

Quality and safety

The inspector found that the quality and safety of care provided for residents was to a good standard. The centre presented as a comfortable home and provided person-centred care to the residents. However, improvements were identified in relation to certain aspects of IPC to ensure all areas were clean, could be cleaned effectively, and items were appropriately stored.

Both apartments were found to be tidy and homely. While there were many appropriate systems in place for IPC, some improvements were required as the inspector found that areas of a resident's home, due to their condition, could not be effectively cleaned and required repair or replacement. Additionally, some areas required to be more thoroughly cleaned and appropriately stored in order to minimise the potential for residents contracting infections.

The inspector reviewed the fire management arrangements and found the provider ensured that adequate fire precautions were in place and that the fire detection and alert as well as firefighting equipment were well maintained.

A review of three residents' healthcare files showed that they were supported to access health and social care professionals.

The inspector found good evidence of residents being supported with their general welfare and development, such as participating in activities of their interests.

There were appropriate arrangements in place to recognise and respond to any potential safeguarding risks to residents, in order to protect them from the risk of abuse. For example, there was an organisational policy to guide staff and staff were found to be appropriately trained to understand their roles and responsibilities in relation to safeguarding vulnerable adults.

Regulation 13: General welfare and development

Residents were found to be supported to have active and meaningful lives.

The inspector spoke with three residents and reviewed two residents' documentation over a sample of seven days in April 2026 and found that they participated in activities of their own choosing and interests. Some residents chose not to attend a day service; however, staff ensured that a number of recreational and social

activities were made available to them. An alternative day service programme was being explored for one of those residents.

Another resident recently commenced attending a day service programme and they reported that they loved going to it. The person in charge communicated that the resident had made some new friends from attending and they meet up occasionally for coffee or to attend discos after their day programme has ended.

Residents were also supported to keep in regular contact with their families. Both family representatives spoken with felt that their family members had choice about their day and both felt welcome to visit the centre.

From discussions with two residents and the person in charge, residents were supported to set goals for themselves to work towards. This included getting a new tattoo, joining a day service programme, joining a gym, and exploring the possibility of alternative accommodation to live on their own.

Judgment: Compliant

Regulation 17: Premises

The inspector completed a walk around of the premises and found that there was adequate communal and private space for residents. The centre had been decorated to ensure it was homely in presentation and it was found to be tidy.

The staff team had supported residents to display their personal items and in ensuring that their personal possessions and pictures were available to them. All residents had their own bedrooms, which were decorated to reflect their individual tastes.

The centre was found to meet the requirements of Schedule 2 of the regulations. For example, the residents had access to cooking and laundry facilities.

While some areas were identified on this inspection requiring improvement in relation to some areas of storing items, cleaning and the ability to be able to effectively clean certain areas, this is being addressed under Regulation 27: Infection prevention and control.

Judgment: Compliant

Regulation 27: Protection against infection

While there were measures in place to control the risk of infection in the centre on an ongoing basis, some improvements were required to ensure that cleaning

equipment, and the equipment used by the residents, was always kept clean and maintained in a state of repair that allowed for effective cleaning. In addition, improvement was required to ensure that a resident's equipment was appropriately stored.

The inspector found that there were many good systems in place to mitigate healthcare-related illnesses. For example, there was a colour coded system of cleaning in place, such as chopping boards, cloths, mops, and buckets along with guidance available on how they were to be used.

There were facilities in place to promote good hand hygiene, for instance hand soap, disposable towels, and antibacterial gel were available for use.

However, the inspector found that improvements were required in some areas. For example:

- the cover of a specific required chair for one resident was damaged and would not be able to be effectively cleaned
- a shower chair was found to require a more thorough clean
- the surface of one kitchen press and the kitchen drawers for one apartment were damaged meaning they could not be effectively cleaned
- some slight mildew was observed in two bathrooms which is a risk to respiratory health
- one bucket for cleaning the centre was found to be dirty
- some pooled water was observed in a jug used to support a resident to bathe. This was not ensuring the receptacle was maintained in a clean manner to prevent the development of bacteria.

In addition, some parts from a sleep apnea machine were found to be stored damp which could lead to the build up of bacteria putting the resident at risk of infection. The same parts of this machine were also identified at the September 2025 inspection as they were found to be dirty. As this was a repeat issue, greater oversight was required regarding how this machine was cleaned and stored to ensure the resident was not put at risk of a healthcare-related illness.

While the works to the kitchen and the resident's chair were self-identified by the provider, initially there were no set dates for when they would be repaired or replaced. However, the person in charge was able to secure dates for completion prior to the end of the inspection. They were assured that the items would be repaired or replaced within four to seven weeks.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were effective fire safety management systems in place in the centre. The inspector observed fire fighting equipment, detection systems, and emergency lighting all in working order around the centre and they were serviced as required.

There were fire containment doors in place that were fitted with self-closing devices and fire seal strips. The majority were fitted with cold smoke seals which would provide an additional level of protection from the spread of smoke, ensuring the doors were able to provide a level of cover that was considered best practice. Each door was tested and all were found to close effectively to demonstrate that they would facilitate in protecting residents from the spread of smoke and fire.

A review of a sample of seven practice fire evacuation drills showed that staff and residents were completing them regularly to ensure they were familiar with how to safely evacuate in the event of an emergency. In addition, each resident had a personal emergency evacuation plan (PEEP) in place which guided staff on the supports they required if an evacuation was necessary.

While improvement was required to assure the provider that they could evacuate all residents to safety from all areas of the premises, this was addressed under Regulation 23: Governance and management.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were well assessed, and appropriate healthcare was made available to each resident.

From a sample of three residents' files, the inspector observed that there was an assessment of need carried out for all residents on an annual basis. This assessment identified the ongoing and emerging healthcare needs of residents. Specific healthcare plans were in place to guide staff for any identified healthcare needs.

Residents had access to a general practitioner (GP) and a wide range of allied healthcare services, such as a chiropodist, physiotherapist, and an occupational therapist (OT).

Residents were also found to be offered vaccines and national healthcare screenings.

The inspector found that emerging healthcare needs were being appropriately reviewed and responded to. For example, there was a recent reduction in one resident's mobility and the person in charge had ensured that the resident was under periodic review by a physiotherapist and OT. The resident was in the process of trialling some mobility aids and handrails were due to be fitted to the resident's apartment the week after this inspection.

While one resident had a significant gap in time since they had been reviewed by a dentist, due to the fact that they now had an upcoming appointment, this was addressed under Regulation 23: Governance and management.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. For example, staff had completed training in relation to safeguarding and protection.

From speaking with one staff member, they were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. For example, they were aware of the designated safeguarding officer for the organisation.

Potential safeguarding risks were reported to the relevant statutory agency and investigated as required. While occasional incompatibility issues were occurring between residents, the provider was actively supporting and educating them to promote a more positive living environment for everyone. Compatibility was being kept under formal review by the person in charge.

While some issues had been identified by the person in charge in relation to certain staff practices, the person in charge had arranged for additional educational work and training to be completed by the staff team. From speaking with a member of staff, they explained that the educational work had been extremely beneficial. They felt that it made them more aware of ensuring residents' rights were always upheld and promoted in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Mullingar Centre 1 OSV-0004090

Inspection ID: MON-0041763

Date of inspection: 29/04/2026

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: In addition to continuous recruitment campaigns to fill all vacancies in the centre, the provider will endeavour to keep the use of agency / transient staff to a minimum. While the use of agency / transient staff is unavoidable at times, the following actions will be taken to ensure any negative impact to residents is minimised. • The PIC is in the process of establishing a relief pool of Muiriosa staff who can be called on in the event permanent staff are unavailable. This relief pool of staff will have completed the Muiriosa & local induction and will be facilitated to attend training relevant to the residents needs. This will ensure that residents can interact with familiar faces even when core staff are unavailable. • Where the use of unfamiliar agency staff is unavoidable the provider will look at all options to reduce the impact to residents including; re-deployment of agency to allow a muiriosa staff member to work in the centre/ ensure agency staff are on duty with regular core staff/ employing agency staff for the minimum amount of time possible. • Residents will be communicated with in a format specific to them for the need to use agency and/or transient Muiriosa staff.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: To strengthen governance and oversight, the provider has implemented an audit reporting protocol ensuring all reviews, such as IPC audits, are available to the Person in	

Charge promptly to facilitate prompt corrective action.
• Healthcare oversight has been bolstered by an appointment tracker to prevent lapses in periodic reviews, such as dental appointments, ensuring residents receive timely professional care.
• The provider has liaised with the organisations Fire Prevention Officer who has confirmed that the current fire alarm system in the centre meets the legal requirement as per the LD1 systems described in the 2017 Community Fire Dwelling Code. The Compliance plan in September 2025 referred in error to upgrades required to bring the fire alarm system up to L1 level, this should have stated LD1 level. An L1 system exceeds the requirements of an LD1 system but is not required in this location, as per the community dwellings guidelines.
• The Fire Prevention Officer has confirmed that they have reviewed all personal emergency evacuation plans and fire evacuation reports for the centre is confident that all current residents can evacuate the centre safely.
• The PIC will ensure alternative escape routes are used at each future fire drill to ensure both residents and staff are familiar with using all available exits in the event of an evacuation

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
• The person in charge has arranged for the infection prevention and control nurse manager to facilitate a work shop with staff in the centre, focusing on management of the sleep apnoea equipment in addition to all other IPC requirements in the centre.
• Immediate environmental remediation has included the replacement of damaged upholstery and kitchen surfaces, as well as a deep clean to remove bathroom mildew. In addition to this new mop buckets have been purchased and the cleaning of them added to the daily/ weekly/ monthly cleaning schedule.
• To prevent the stagnation of water and subsequent bacterial growth, the Person in Charge has included all bathing aids to the daily cleaning schedule.
• The Person in Charge will conduct monthly spot checks and regular IPC audits as per policy to proactively identify and repair worn surfaces/ IPC risks.

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(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/08/2026
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	31/05/2026
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare	Substantially Compliant	Yellow	31/05/2026

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