



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

Issued by the Chief Inspector

Name of designated centre:	Goldfinch 2
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	17 September 2025
Centre ID:	OSV-0004751
Fieldwork ID:	MON-0048308

About the designated centre

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

Goldfinch 2 consists of three detached bungalows. Two of these are located near one another in a small town while the other is located on the outskirts of a city. Two of the bungalows can support four residents each while the third provides a home for three residents. Combined these three bungalows provide full-time residential care for a maximum of eleven residents of both genders over the age of 18 with intellectual disabilities. All residents have their own bedrooms, some of which have en suite bathrooms. One bungalow also has a kitchen, a sitting room, a utility room and a staff office, another bungalow has a kitchen-dining area and the third bungalow has a kitchen, a dining room, a living room, a utility room and a staff office. Support to residents is provided by the person in charge, nursing staff, care assistants and day service staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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 17 September 2025	09:42hrs to 17:45hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Five residents were met during this inspection but verbal interaction with them was limited. Recorded feedback from residents and their families in an annual review for 2024 was mostly positive. The residents met during inspection were all supported to leave their homes during the inspection day to attend a party.

This centre was made up of three separate houses, two of which were located close by one another with the third being approximately 30 minutes' drive away.

Combined the three houses had a maximum capacity for eleven residents and on the day of inspection ten residents were present between the three houses. During the inspection, the inspector only visited the two houses that were located close by one another. Three residents were living in each of these houses with one of the houses having one vacancy. In total the inspector met five of the six residents that were present in the two houses visited on the day of inspection.

On arrival at the first of these houses, the inspector was informed by a member of staff that residents in both houses would soon to be leaving to attend an end of summer party. This party was operated by the provider's day services and a sign seen on display in the first house indicated that the party would include a barbecue, live music and farm animals. After the inspector's initial arrival he briefly saw two of the residents living in that house in its kitchen area who were sat with a member of staff. The inspector then proceeded to have an introduction meeting for the inspection with one member of staff before speaking with a second member of staff.

During the introduction meeting, it was noted that one staff member on duty supported one resident to leave the house. After completing his discussions with staff, the inspector noted that the remaining two residents were sat in the house's sitting room. The inspector greeted both residents but neither responded verbally to the inspector. Staff members then supported both residents to leave the house using a bus provided. As they did so, such staff were noted to be pleasant in their interactions with these residents with one staff member using a set of keys to help communicate to a resident that they were using this bus.

Soon after this, it was observed that staff of the nearby house were supporting residents living in that house to leave also in another bus. Once they had left both houses were unoccupied so the inspector spent a portion of the inspection in the first house visited reviewing documentation. The documentation initially reviewed mostly related to the first house visited only. However, in the early afternoon the person in charge arrived at the house and brought with them additional requested documentation that related to all three houses. After a discussion with the person in charge, the inspector then reviewed the additional documentation provided.

Amongst the documentation review during this inspection was an annual review for 2024 that had been completed for the centre in February 2025. This included consultation with residents and their families on the services received in the centre.

Such feedback was mostly positive with specific comments included being "I like the familiarity of staff" and "I like the food". Two comments were made though relating to one resident wanting to see their family more and another resident not being able to go out into their garden in the winter time. When queried, the person indicated that the first resident had since been supported to visit their family while an outdoor area had been completed for the other resident to support them to use their garden at different times of the year.

In the later afternoon, the three residents living in the first house visited returned from the summer party which a staff member indicated had gone well. Soon after their return, one resident was in the kitchen while the other two residents were seen present in the sitting room watching television. The inspector greeted such residents but they did not interact verbally with the inspector. Things were generally quiet in the house after residents' return although one resident was heard to vocalise at times. As the inspector was leaving this house, one of the residents was leaving the house at the same time with a staff member to go for a walk.

The inspector then went to the other nearby house with the resident and the staff member from the first house also going in the same direction. This resident then entered the nearby house's kitchen-dining area and turned on a television there before then leaving with their staff to go on their walk. None of the three residents living in the second house were present in the kitchen-dining area at the time so the inspector proceeded to have a discussion with a staff member that was present shortly after his entry to this house. After this was completed, this staff member introduced the inspector to one of these residents as they were in their bedroom. Aside from looking at the inspector, this resident did not interact with the inspector before being brought into the kitchen-dining area for a cup of tea.

Of the other two residents living in this house, the inspector was informed that one resident was spending time in their bedroom (this resident was not met during the inspection) while the other resident was out for a walk. The latter resident returned to the house before the inspection concluded with the inspector introduced to this resident by another member of staff. The inspector asked the resident how their day had been and if they enjoyed their walk. The resident did not respond verbally to such questions but smiled after both questions were asked. Shortly after this, the resident was supported with a meal in the kitchen-dining area by a staff member with the resident saying goodbye to the inspector (with staff encouragement) as the inspector was leaving the house.

In summary, two of the three houses of this centre were visited during this inspection. Some observations from one of these houses related to infection prevention and control (IPC) were of concern are discussed further later in this report. Six residents were present in the two houses visited with five of these residents met. No direct feedback from these residents was received during this inspection but the inspector did speak with staff in both houses while also reviewing feedback from the most recent annual review for the centre.

The next two sections of the report present 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 service being delivered.

Capacity and capability

Evidence gathered during this inspection indicated that residents were well supported in some areas. Regulatory actions were identified though in areas such as staffing and the monitoring systems in operation for the centre.

When this designated centre was last inspected in December 2022, it was highlighted that one of the houses lacked communal and storage space. However, in April 2023 the provider completed some premises works in that house to increase the space available there. The centre's registration was subsequently renewed until October 2026 with no restrictive condition attached. Since that time, no information of high concern had been received from this centre but given length of time since the previous inspection, a decision was made to conduct the current inspection to assess compliance in more recent times.

This inspection was primarily intended to focus on safeguarding, in line with a programme of inspections commenced by the Chief Inspector of Social Services during 2024. However, owing to observations during this inspection related to IPC in one house, the inspection type was changed to allow for Regulation 27 Protection against infection to be included. Aside from this, there were indications that residents were well supported in the houses visited but regulatory actions were identified in most regulations reviewed during this inspection including staffing. This indicated that the monitoring systems in operation for this centre needed some improvement to ensure that relevant issues were identified and addressed in a timely manner.

Regulation 15: Staffing

In keeping with this regulation the provider must ensure that the number, qualifications and skill mix of staff working in a centre is keeping with the assessed needs of residents in that centre and the centre's statement of purpose. Discussions with staff and rotas reviewed during this inspection indicated that appropriate staffing levels were being maintained in the two houses visited during this inspection. It was also highlighted that two day service staff, who formed part of the centre's staffing complement, were in place and were supporting all three houses of the centre. This helped to facilitate activities for residents and was an improvement from the previous inspection of this centre.

Aside from this, the provider must also ensure that nursing care is provided when required. Three previous inspections of this centre between April 2021 and

December 2022 had all highlighted that some nursing shifts were not always filled by nursing staff. During the current inspection, it was indicated that both houses visited were each to have a nursing staff member on duty by day but staff discussions indicated there could be times when a nursing shift in one house by day would be filled by a care assistant. While it was indicated by such staff that this was rare, a recent rota reviewed for one of these houses indicated that this had happened on 13 September 2025.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Under this regulation, staff working in a designated centre must be appropriately supervised. Discussions with staff and documentation reviewed during this inspection confirmed that staff were in receipt of formal supervision on a quarterly basis where matters such as safeguarding and training were discussed. This regulation also requires staff to have access to appropriate training. A training matrix was provided during this inspection that listed 26 different staff members. This indicated that such staff had undergone relevant training in areas as fire safety and safety intervention. When reviewing this matrix though it was noted by the inspector that four staff members had training dates in these areas that were listed for October 2025. When queried with management of the centre, it was indicated that these four staff had previously completed such training but were due refresher training in these areas which was booked to take place in October 2025.

Judgment: Compliant

Regulation 23: Governance and management

This regulation requires the provider to conduct specific measures to assess the quality and safety of care and support provided to residents. These measures include conducting annual reviews and unannounced visits to the centre by a representative of the provider every six months. Documentation provided during the inspection process confirmed that the provider was fulfilling these requirements. Specifically:

- Since the December 2022 inspection, annual reviews had been completed for the centre for 2022, 2023 and 2024. These annual reviews were reflected in written reports which assessed the centre against relevant national standards.
- Two provider unannounced visits had been conducted each year in 2023, 2024 and 2025 (most recently in July 2025). While some of this unannounced visits focused on one house rather than the centre overall, they were also

reflected in written reports and were seen to consider matters relevant to the quality and safety and care and support provided to residents. These included areas such as complaints, safeguarding and restrictive practices.

Such findings provided assurances that the provider was aware of the requirements under this regulation and had been consistently adhering to such requirements since the December 2022 inspection. In addition, as discussed elsewhere in this report, there was evidenced that residents were being well-supported in providing for their needs such as the provision of additional transport. However, the regulation also requires that the management systems in operation must ensure that the centre is consistent and effectively monitored. This inspection found regulatory actions in most regulations reviewed. This indicated elements of inconsistency in aspects of the services provided and that the monitoring systems in operation needed improvement to ensure that all relevant issues were identified and addressed in a timely manner. This latter point was particularly relevant with regard to the findings of Regulation 27 Protection against infection.

Judgment: Substantially compliant

Quality and safety

Some IPC practices in one house were found to need improvement during this inspection with some findings being related to the size and layout of that house. Person-centred planning was used as part of the personal planning process in this centre.

No immediate safeguarding concerns were identified during this inspection although it was found that one safeguarding measure from a previous safeguarding plan was not being implemented consistently. Residents had individualised personal plans provided with goals identified through person-centred planning but the recording of progress with these goals for residents in one house visited was inconsistent. Communal space provided in the other house visited had increased from previous inspections. However, observations in this house raised some queries around aspects of the premises layout and size particularly from an IPC perspective. Other areas related to IPC were found to need improvement during this inspection.

Regulation 10: Communication

While in both houses visited during this inspection, the inspector saw that media devices such as televisions and radios were present. The inspector was also informed that Wi-Fi Internet were available in both houses. This was keeping with the requirements of this regulation which also requires that staff are aware of individual communication supports required by residents. Guidance on the

communication supports required by residents were seen to be present within their personal plans. However, while it was indicated to the inspector that some residents in one house used particular objects of reference to help communicate certain events to them, different staff in this house gave different information as to which residents used such objects.

Judgment: Substantially compliant

Regulation 17: Premises

Two of the three houses that made up this centre were visited during this inspection. The first of the houses visited had a capacity for four residents but at the time of inspection just three residents were living in that house. Each of these residents had their own individual bedrooms which were noted to be nicely furnished. A fourth bedroom was available for this house but at the time of this inspection it was being used as a second sitting room. The inspector was subsequently informed that, while this house previously had four residents living in it, the provider had determined that the current layout and size of the house did not offer sufficient space to support four residents.

As a result, it was indicated that the provider would not admit a fourth resident to this house until an extension was built to the house to add more space. The inspector was informed that planning permission for such an extension had been granted but progression of the works was dependant on the provider receiving funding from their funding body. As such, it unclear at the time of inspection if this planned extension would progress or not. In addition to this planned extension, it was highlighted to the inspector that the provider was seeking to add a new shed to the rear of this house for the purposes of storing generators for the two houses located near one another. The absence of such generators had the subject of complaints from each house in December 2024. While this shed was not yet in place, the inspector was informed that these generators could be obtained if required.

Notwithstanding such matters, the first house visited was seen to be suitable to meet the needs of the three residents that were living there at the time of the inspection. Aside from these residents' bedrooms, the rest of the house was seen to be clean, well-furnished and well-maintained. The inspector did note though that there was a gap in the wall between the house and the kitchen's sitting room. This gap was observed to be obstructed by a press and a noticeboard. The inspector queried the suitability this from a fire containment perspective. Management of the centre advised that given that as the gap had already been there, no issues had been raised around this but they would review this matter.

In terms of the second house visited during this inspection, three residents, who were all wheelchair users, were living in this house. Three inspections of this centre between April 2021 and December 2022 had all highlighted that given this house's

size and layout, there was insufficient storage and communal space available for these residents. The provider completed some premises on that house in April 2023 to provide more space. Communication received the same month indicated that one resident living in that house was on the provider's admission and transfer list which was related to the premises provided by this house. During the current inspection it was indicated that no resident of this centre was on the admission and transfer list and that the resident previously highlighted was doing well in their current home.

When viewing this house, it was noted that the amount of communal space in this house had increased since the December 2022 inspection which was an improvement. However, the majority of the communal space in this house was provided by one room which was the dining-kitchen area. Another room in this house was classed as a visitors rooms but in reality this was doubling as a staff office with three storage units seen to be present in the same room. Aside from bathrooms, this visitors' room was the smallest room in the house and staff spoken with indicated that residents did not use it for visitors and instead used the dining-kitchen area or their bedrooms. Two of these bedrooms were seen and generally noted to be spacious and well-presented. However, it was noted that one resident's bedroom was used to store a standing frame that was used by two residents while outside the visitors' room two disused chairs were being stored.

Such observations raised queries as to whether this house had sufficient storage space available given its overall size and the equipment required to support residents' needs. The presence of a sluice sink in a bathroom used by staff also raised queries around the layout and space available in this house. This is discussed further in the context of Regulation 27 Protection against infection. Aside from this, in the second house visited it was observed that there were some parts of the kitchen-dining area which were either chipped or marked. The inspector was informed that some of these were related to how one resident interacted with their environment.

During the course of the inspection, the inspector also queried if specific beds used by residents, in both houses visited, had received appropriate servicing to ensure that they were in proper working order. Communication received following the inspection indicated that three beds were out-of-date for servicing and that the provider had requested that the three beds be serviced immediately. During the inspection, the inspector also observed an overheard hoist in one house that was marked as being overdue a service. When queried, the inspector was informed that this hoist was no longer in use and was to be removed.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider is required to ensure that appropriate IPC practices are adopted in a centre that are consistent with relevant national standards. However, based on

observations in one of the houses visited, the provider was found not to be meeting such requirements for the following reasons:

- A cleaning schedule was in place for the house that listed certain items that were to be cleaned both by day and by night in the house. The inspector reviewed cleaning records for the seven days leading up to this inspection which indicated that such day and night cleaning had been consistently completed. Despite this, part of the kitchen-dining area in this house were seen to be unclean. This included the kitchen sink, the inside of some presses and the inside of the oven. This was despite the sink indicated as being cleaned on the day of inspection based on records reviewed while the oven and presses were not expressly included in the cleaning schedule reviewed.
- A sluice sink, which is intended to be used for the hygienic disposal of clinical waste, was present in the house. However, this sink was seen to be unclean and was located within a bathroom that was used by staff. This was not an optimal layout from an IPC perspective. The layout and overall size of this house had been a previously identified issue as discussed further under Regulation 17 Premises.
- Based on discussions with staff and a notice seen on display in the house, coloured coded cleaning equipment was to be used in different areas of the house. This is an important IPC measure as it is intended to reduce the potential for any cross-contamination between different rooms. The notice on display indicated that blue, green and red cleaning equipment were to be used to clean general areas, kitchen and bathrooms respectively. Despite this, in the bathroom with the sluice sink it was seen that blue and green brushes were stored beside the sluice sink with the brush heads on the floor. This was not appropriate storage location for these brushes.
- A staff member was observed wearing personal protective equipment (PPE) including gloves and was seen to enter a resident's bedroom to support with personal care. After this, the same staff member was seen in the house's kitchen-dining areas touching a kitchen work surface while still wearing the same PPE. Not discarding the PPE before interacting with this work surface was not in keeping with appropriate IPC practices.

This regulation was not intended to be reviewed during this inspection but owing to the observations of this inspection, the decision was made to change the inspection type to allow for this. Such observations were highlighted to management of the centre during a feedback meeting for the inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

As required by this regulation, residents should have individualised personal plans in place to set out their health, personal and social needs. Such plans should also provide guidance on how such needs are to be met. Personal plans must be

subject to a multidisciplinary review that involves residents and their representatives. During this inspection the personal plans of four residents was reviewed. The documentation within these confirmed that multidisciplinary reviews were taking place while a process of person-centred planning was used to involve residents and their representatives to identify goals for residents to achieve.

Person-centred planning records were reviewed for the three residents in one house and indicated that goals for residents had been identified. Such goals included going to the Limerick races, going to a tea dance, having overnight stays away and going to beaches. The records for one resident indicated that their identified goals were regularly reviewed and progressed. However, for the other two residents the recorded evidence of goal reviews was inconsistency and some time frames for achieved some goals had not been set out. As such, from the documentation reviewed, it was unclear if some goals had been progressed or not. The inspector did query such goals to staff and management who stressed that these goals had been achieved for the residents involved.

Staff also spoke of other activities residents did such as swimming and eating out as well as residents having tickets to attend an upcoming concert and a panto. Such information provided assurances that resident's social needs were being well provided for. Complaints records reviewed did highlighted some instances from 2024 where transport matters were impacting residents' ability to pursue certain activities away from the two houses visited during inspection. However, the inspector was informed that such matters had been resolved and that one of the houses had gotten new transport which allowed for more wheelchair users to be transported. The inspector was further informed that the house of the centre not visited during this inspection had also received an additional vehicle to improve their transport options.

These matters were positively noted and provided further assurances around the arrangements to meet residents' social needs. In terms of residents other needs, it was highlighted during this inspection that some residents' health needs were increasing as a result of aging. While no evidence was found that suitable arrangements were not in place to meet such needs at the time of this inspection, this would need to be kept under close review by the provider.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Some restrictive practices were in use the houses visited during this inspection. Documentation reviewed the during inspection along with further information received following the inspection, confirmed that such restrictive practices were subject to regular review which included multidisciplinary input. Further documentation reviewed and discussions with a staff member also confirmed that a reduction in one particular restrictive practice for one resident was being trailed at

the time of this inspection. This was positively noted given the requirements under this regulation for the least restrictive practice to be used for the shortest period. Aside from restrictive practices, guidance was seen to be present within residents' personal plans on how to support them to engage in positive behaviour. Staff members spoken with demonstrated a good knowledge of such guidance while incident records reviewed referenced such guidance being followed.

Judgment: Compliant

Regulation 8: Protection

Since the December 2022 inspection of this centre, the Chief Inspector had been notified of two safeguarding matters that had been identified as occurring in the centre. Documentation provided during the inspection process, confirmed that these two safeguarding matters had been the subject of a preliminary screening and referred to a relevant statutory body in keeping with relevant national policy. Aside from these two safeguarding matters, discussions with staff during this inspection and documentation reviewed, such as incident reports from all three houses since 1 June 2025, raised no immediate safeguarding concerns. This was a positive finding.

However, for one the safeguarding matter that had occurred since the December 2022 inspection, the safeguarding plan for this matter indicated that a daily shift plan was to be put in place and documented as a safeguarding measure. This shift plan was to identify specific staff who were to supervise residents in one house for safeguarding reasons. While this safeguarding plan had been formally closed, the inspector was informed that this safeguarding measure was to continue. Despite this, records provided indicated that this shift plan had not been put in place on eight occasions in August 2025 and once in September 2025.

It was noted though that the shift plan had been documented on all other dates in August and September 2025 including on the day of inspection while staff spoken with were aware of this shift plan. The staff spoken with during this inspection demonstrated a reasonable knowledge around how to respond to and report any safeguarding concerns that arose. The training matrix provided during this inspection also indicated that all staff had completed relevant safeguarding training. It was noted though that staff knowledge's around the different types of abuse that could occur needed improvement. For example, one staff member indicated that only three types of abuse could occur.

Judgment: Substantially compliant

Regulation 9: Residents' rights

During this inspection, the inspector was informed that particular processes had to be followed for all residents living in this centre to access their own finances. While it was indicated that residents were never short of finances, the current processes limited residents' access to and control over their own finances. As such this impacted residents' legal rights. It was also highlighted that all residents had their bank accounts with the same financial institution but did not have any choice in this. Such matters had been identified in a number of inspections on behalf of the Chief Inspector in other designated centres operated by the provider.

While such matters did need review from a rights perspective, records reviewed in one house from 12 July 2025 on, indicated that residents' meetings were occurring consistently in that house on a weekly basis. These meeting records also indicated that residents were being given information in areas such as activities, complaints, menus and safeguarding. These residents' meeting records provided assurances that residents were being given information related to the services that they received. For example, residents were indicated as being informed who the designated officer (person who reviews safeguarding concerns) and complaints officer for the centre were.

It was also highlighted that residents had access to an advocate within the provider who supported residents where required. The inspector was informed that this advocate had helped the residents in the two houses visited to engage with the county council to improve the provision of footpaths in the area where these two houses was located. This engagement had been successfully and resulted in the footpaths just outside the houses and into the town where the houses were located being improved. As some of the residents living in these houses were wheelchair users, this was a positive development in terms of enhancing residents' right to access their community.

Judgment: Substantially 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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Goldfinch 2 OSV-0004751

Inspection ID: MON-0048308

Date of inspection: 17/09/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none">• There is a planned roster in the designated centre.• The vacant nursing position in the designated center has now been filled.• There was one incidence on the 13th September where a nurse was backfilled by a Care assistant to support the residents. The clinical oversight was provided by a nurse in the neighboring house.• Risk assessment in place regarding the nursing levels and is reviewed every quarter. This risk assessment highlights that at times there may be only be one nurse in the designated center and forms part of the Statement of Purpose.• Ongoing recruitment continues for a relief panel.• HOIS & ADON meet with the night managers bi-weekly to review the roster.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none">• 18/09/2025 CNM2 spoke to staff who did not practice appropriate IPC practices on the day of inspection. This staff was advised to complete refresher training on HSELAND.• All staff have completed mandatory hand hygiene training.• In light of the findings of the inspection, the Link Practitioner in IPC will deliver IPC refresher training to all staff in the designated center.• 22/09/2025 Meeting held with Facilities manager to priorities IPC cleaning schedules and practices.• 24/09/2025 and 1/10/2025 Staff meetings held, CNM2 discussed the appropriate IPC practices in the designated center.	

<ul style="list-style-type: none"> • Cleaner now in place in the designated center with new cleaning schedule. • 30/09/2025 Deep Clean carried out in the designated center. • Shed has been ordered for external storage of mops and brushes. 	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <ul style="list-style-type: none"> • 24/09/2025 and 1/10/2025 Staff meetings held, CNM2 discussed the importance of all staff both regular and relief, being familiar with each resident's communication objects of reference. • Person in Charge will monitor the use of these by staff as part of oversight of the centre to ensure consistency. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • 22/09/2025 Meeting held with Facilities manager in relation to maintenance, painting and storage. • Generators are now stored in Bruff in the outside sheds. • A new steel tech shed has been ordered for one of the houses. • On the day of inspection it was noted there was a gap in the wall between the house and the kitchen sitting room. This gap will now be built up and sealed and provide a compartment in relation to Fire Safety. • Standing Frame is used by both individuals in one house and will now be stored in the new steel tech shed that has been ordered as advised by the OT. • 25/09/2025 Servicing company contacted in relation to their service agreement and servicing of appliances. The three beds that were out of date for servicing have been serviced by the company. • 30/09/2025 Servicing Company removed one hoist, which is no longer in use. • 30/09/2025 the two disused chairs were removed from outside the visitor's room. • Meeting being arranged by Head of Integrated Services with Servicing company to ensure the timely serving of all equipment takes place. 	

Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • 18/09/2025 CNM2 spoke to staff who did not practice appropriate IPC practices on the day of inspection. This staff was advised to complete refresher training on HSELAND. • All staff have completed mandatory hand hygiene training. • In light of the findings of the inspection, the Link Practitioner in IPC will deliver IPC refresher training to all staff in the designated center. • 22/09/2025 Meeting held with Facilities manager to priorities IPC cleaning schedules and practices • 24/09/2025 and 1/10/2025 staff meetings held, CNM2 discussed the appropriate IPC practices in the designated center. • Cleaner now in place in the designated center with new cleaning schedule. • 30/09/2025 Deep Clean carried out in the designated center. • New Shed has been ordered for external storage of mops and brushes. • Head of Integrated services will meet with Facilities to determine if a better layout could be developed for bathroom where sluice is located. 	
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> <ul style="list-style-type: none"> • 01/10/2025 CNM2 meet both staff who are the Keyworkers involved in completing the PCP's for two residents. CNM2 discussed with each Keyworker that their recorded evidence of goals was inconsistent and progress notes and time frames need to be clearly set out. • CNM2 discuss with staff at their quarterly support and supervision residents PCP goals and progress to date. • Each resident's goals are discussed at weekly meetings in the designated centre. • During the inspection, it was highlighted that the health needs in the designated centre were increasing as a result of aging. All residents in the designated centre have access to OT, SLT, Physio, Psychology, GP, Psychiatrist and CNS in Age Related Care. 	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection:	

- 24/09/2025 and 01/10/2025 CNM2 met with staff in relation to responding and reporting any safeguarding concerns.
- Safeguarding will continue to be discussed at weekly meetings and include the difference types of abuse that could occur.
- All staff have completed mandatory safeguarding training and complete a refresher every 3 years.
- 01/10/2025 Shift plan in place has been reviewed, staff were reminded of the importance of filling this out daily & same noted.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The BOCSILR Policy on the Handling of the Personal Assets of Adults Supported by the Services includes a permission form which supports people to opt in or opt out of support from the BOCSILR in the management of their personal assets.
- No resident is restricted from managing their own personal assets if they choose to opt out of support from the BOCSILR. Residents may choose to manage their personal assets independently, with a decision supporter or another person outside of the services should they choose to.
- In order to support people to make an informed decision information is provided to them regarding the nature of the support that the BOCSILR can offer to them in terms of the management of their personal assets.
- At present the BOCSILR have identified one suitable deposit account and one suitable current account through which support can be offered in a safe manner both for the person supported and for staff.
- The BOCSILR Policy on the Handling of the Personal Assets of Adults Supported by the Services clearly sets out the limitations on direct access to personal assets inherent in the use of this type of account in order to ensure full transparency when a person is choosing to opt in or opt out of support.
- Every effort is made to mitigate the impact of the restrictions on direct access to personal assets inherent in the use of this type of account and these are set out in the policy.
- Limitations on direct access to personal assets inherent in the use of this type of account as well as those in place to minimize the vulnerability to misappropriation of funds are not notified to the regulator as restrictions as each person support has the right to opt in or opt out of support.
- The BOCSILR is committed to exploring all alternative accounts that may facilitate less restrictive direct access to personal assets for people supported who opt in to support from the BOCSILR. In this regard the engagement with the assisted decision making department with the HSE seeking guidance in assisting residents in relation to banking arrangements was commenced on 11/11/2024. Engagement with banking institutions has also been perused to identify possible suitable banking products that would be a less restrictive alternative for residents within the service.

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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	01/10/2025
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	17/10/2025
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	Substantially Compliant	Yellow	31/12/2025

	externally and internally.			
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	30/09/2025
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2025
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	31/12/2025
Regulation 27	The registered provider shall ensure that residents who may be at risk of a	Not Compliant	Orange	31/10/2025

	healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	31/12/2025
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	01/10/2025
Regulation 08(2)	The registered provider shall protect residents	Substantially Compliant	Yellow	01/10/2025

	from all forms of abuse.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	31/12/2026
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.	Substantially Compliant	Yellow	31/12/2026