



**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:	Aoibhneas/Suaimhneas
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	07 October 2025
Centre ID:	OSV-0004782
Fieldwork ID:	MON-0048229

About the designated centre

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

Aoibhneas/Suaimhneas consists of two detached one-storey houses located in a town and on the same grounds of a day services building. One of these houses provides residential support to six residents while the other house provides residential support to six residents and respite care for up to one resident. Combined the two houses have a maximum capacity of 13 with both houses having a kitchen, a laundry, and a day-living area in addition to some other rooms. Thirteen individual bedrooms are available for residents with all of these being suitable for wheelchair users and having access to en-suite bathrooms. Residents with intellectual disabilities can be supported in this centre with support to residents provided by the person in charge, nursing staff and care assistants amongst others.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
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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
Tuesday 7 October 2025	08:15hrs to 16:15hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Both houses of this centre were visited during inspection but most residents encountered did not communicate verbally with the inspector. Such residents were observed to be well supported by the staff that were present in these houses. Staff from each of these house were seen to support the house they were not directly assigned to during the course of the inspection.

This centre was made up of two separate houses located on the same grounds of a day service building. Combined the two houses could provide residential care for six residents each with one of the house also able to support one respite resident at a time. On the day of inspection 13 residents were present in the centre, 12 of whom were met or seen by the inspector. This included one respite resident and one residential resident who only stayed overnight in the centre at weekends. While the inspector visited both houses of the centre, he spent the majority of his time in the first house visited. The final 90 minutes of the inspection were spent in the day service buildings reviewing document and speaking with management of the centre.

When the inspector arrived at the first house visited, the seven residents present there were all still in bed. At this time the inspector observed that four residents' bedrooms doors were open with the inspector later informed that this was what residents wanted. Shortly after though, residents began to be supported with personal care and to get up by staff members on duty. Things were generally quiet in the house at this time although was resident was heard to intermittently vocalise while in their bedroom. A staff member was seen to check on this resident at one point while they moved between bedrooms supporting other residents.

An hour after the inspection had commenced, the inspector observed that a resident was brought into the house's day-living area in their wheelchair by a member of staff. The resident was asked what they wanted for their breakfast by the member of staff with the resident's stated choice then provided. The inspector greeted the resident at this time with the resident responding to this. However, as the resident was having their breakfast at this time, the inspector did not interact further with the resident then. Later in the morning this resident left the centre to attend day services and was not met again by the inspector. As this resident was leaving the house, a staff member was heard wishing the resident a good day.

Other residents in the centre were observed to be brought into the house's day-living area, which seemed to be the only dedicated communal room in the house that all residents could access. Further observations about this house will be discussed elsewhere in this report. One of the residents brought into this day-living area spoke with the inspector and informed the inspector that they had been living in this house for two years. The resident when on to stay that they liked living this house and liked the company there while also mentioning that they went to the see the boats in the port town where this centre was located. Staff later spoken with also referenced accessing this town so that residents could visit the local library and

a museum. When asked what they were doing later in the day, this resident mentioned going to play bocchia in a nearby town.

The resident said that that they played bocchia every week. Complaints records later reviewed highlighted that there had been occasions earlier in 2025 when the resident had been unable to do this due to staff shortages. While this resident was speaking with the inspector, a staff member brought the resident a cup of tea which the resident had asked for. After this another staff member chatted to the resident about the Irish government budget which was due to be announced later that day with the resident also encouraged to help in updating a noticeboard that showed pictures of the staff members on duty. One such staff member was heard to describe updating this noticeboard as the resident's job.

As the morning progressed more residents began to be brought into the day-living area by staff who were heard to be caring, pleasant, respectful and warm in their general interactions with residents. While the inspector was introduced to these residents, most did not communicate verbally with the inspector so the inspector primarily relied on observations to get a sense of how residents were supported in this house. Such residents were wheelchair users and remained in the day-living area of the house. The inspector was informed that a mass would be happening in the first house visited during the morning with residents from the other house of the centre and a priest arriving soon after for this. The inspector left the day-living area while the mass was ongoing.

After the mass had finished, five residential residents were seen in the day-living area. No staff member was initially present with these residents although one staff member was seen to move in and out of the adjoining kitchen. A resident that the inspector had spoken with earlier indicated that they had prayed at the mass and that such masses happened every Tuesday. This was also confirmed by staff who said that such masses took place in the two houses of the centre on alternating weeks. Another resident present at time also briefly spoke with the inspector and said that they had to tidy their bedroom. A second staff member then entered the day-living area and was heard to chat with residents. One of these residents then left the house while two dogs were then brought to the house so remaining residents could avail of pet therapy.

Once the pet therapy in the house had finished, things are quiet in the house. It was then seen that some residents did some table top activities (such as colouring and using a peg board) while relaxing music was played from a smart television in the day-living area. For residents that were not engaged in table top activities, a staff member was seen to give these residents hand massages. Staff present during this time continued to engage in a caring and pleasant manner with residents. For example, at one point one resident got a little upset but was immediately reassured by the staff member supporting them who praised the resident's appearance and the tidiness of their bedroom.

Soon after residents began to be supported to get ready for their dinner which was delivered to the centre before being provided to residents by staff of the house. Dinner was the only meal that was delivered to the centre but complaints records

reviewed indicated that there had been some complaints about the quality of the food provided earlier in 2025. Four residents (all wheelchair users) were present in the day-living area of first house visited at this time along with two staff. Three of these residents were brought to the one dining table in this room. The delivered meals were then brought out for the three residents (but not all at the one time) by one staff member while the other staff member supported and supervised the three residents at the dining table with their meals. One of these three residents was heard to describe their meal as "lovely".

The fourth resident initially remained away from the table but was able to see other residents receiving their meals. Once one of the three residents at the dining table had been supported to finish their meal, this resident was moved away from the dining table with the fourth resident then brought to the dining table. To the inspector it was initially unclear why the fourth resident had remained away from the dining table and awaiting their meal for 25 minutes while the three other residents had received their meals. Such observations were highlighted to management of the centre who indicated following the inspection that this resident was not positioned at the dining table with their peers as it made the resident anxious. It was also indicated that this resident followed a specific eating drinking and swallowing plan.

With the meal time in the first house visited being finished up, the inspector then briefly visited the second house of this centre. Upon entry into this house, it was seen that six residents were present in that house's day-living area with all sat around a dining table being supported with meals by staff present. The inspector greeted the residents at this time but none of them responded verbally to the inspector. As residents were finishing their meals, the inspector did a walkthrough of the house provided for residents to live in. Observations from this house and its layout will be discussed later in this report particularly relating to residents' ability to access the kitchen.

After residents in this house (most of whom were wheelchair users), had finished their meals they were supported by staff to move away from the dining table. As with the first house visited, the staff in the second house visited were noted to pleasantly and respectfully engage with and support residents at this time. One of these staff introduced the inspector to residents in this house. None of these residents interacted verbally with the inspector but two residents did raise a hand to greet the inspector with one of these residents seen to smile as they did so. Residents then initially remained in the house's day-living area with some Daniel O'Donnell music put on a smart television. One resident though seemed to have their own television set up for them in the same room which was located on a small table beside an armchair.

This resident was seen to be supported to their armchair and then put on some headphones as they watched their television. Another resident left this house to go to stay with their family for the night with the inspector informed that some other residents of the house would be going on bed rest. Staff in this house then called for staff support from the other house of the centre to support while these residents were helped to bed. It was later suggested by staff spoken with that it was rare for

staff from one house of the centre to support the other house. However, this was observed to happen in both houses of the centre during the day of inspection while day services staff were also seen to be present in the first house visited at times.

The inspector briefly returned to the house that he started the inspection in. Shortly after he did so, one resident was seen to return to the house from their day services. As they entered the house, the resident indicated that they had done some baking at day services. The atmosphere in this house before the inspector left again was quiet and calm. As the inspector was leaving this house, three residents were seen to be present in the day-living area. The inspector said goodbye to all three residents with one of these residents responding in kind. The inspector then went to the nearby day services building. While there he reviewed an annual review report that had been completed for the centre in March 2025. This contained some feedback from residents and their relatives which was recorded as being positive overall.

In summary, staff on duty were seen to interact with and support residents in a caring and pleasant manner. Most of the residents met or seen during this inspection did not communicate verbally with the inspector. Positive feedback was recorded on an annual review report read and was received directly from one resident who did speak with the inspector. Other residents were seen to be supported with meals, to avail of pet therapy, to get hand massages and to do some table top activities. Observations around the two houses that made up this centre will be discussed later in this report.

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 the provider was monitoring the services provided in this centre. Documentary provided indicated that an emergency admission had recently taken place in the centre

This designated centre had last been inspected on behalf of the Chief Inspector of Social Services in October 2024 where an overall good level of compliance was found aside from one non-compliance relating to aspects of fire safety. The provider submitted a satisfactory compliance plan response to that inspection outlining the measures that they would take to come back into compliance for identified regulatory breaches. This compliance plan response was accepted and the centre subsequently had its registration renewed until April 2028 with no restrictive conditions. No significant regularly engagement had occurred concerning this centre since then for most of 2025 leading up to this current inspection.

However, in August 2025 the provider did conduct a review following queries made by the Chief Inspector related to notifications that had been received from the centre over a period of time. A decision was subsequently made to conduct the current inspection which was to focus on the area of safeguarding in line with a programme of inspections commenced by the Chief Inspector during 2024. Overall, the current inspection found no immediate safeguarding concerns and evidence that the services provided were being monitored by the provider. It was noted though that one admission had occurred during August 2025 that was contrary to the centre's statement of purpose. Some staff were also overdue refresher training in some areas based on a training matrix provided following this inspection.

Regulation 16: Training and staff development

During this inspection it was indicated that staff working in this centre were to receive formal supervision on a quarterly basis. A supervision log for the centre provided during the inspection indicated that the majority of staff had received such supervision for the third quarter of 2025. It was noted though that six staff members were overdue such supervision. The inspector was informed that these six staff were prioritised for supervision in the week following this inspection. It was also indicated to the inspector that staff team meetings were to occur every two weeks. However, when reviewing notes of such meetings in one house, no meeting notes were present for August and September 2025. The inspector was informed that a staff team meeting had occurred in the weeks leading up to this inspection but that the notes of this were still awaited.

On the day of inspection, the inspector requested to review training records for the staff but was informed that a training matrix for the centre was in the process of being updated. This matrix was subsequently provided the day following this inspection and indicated that the majority of staff had completed in-date training in various areas. This included fire safety, manual handling and hand hygiene. It was noted though, based on the matrix provided that some training gaps were present at the time of inspection. This included:

- Three staff who were overdue refresher training in fire safety.
- Three staff who had not completed site specific manual handling and people handling training.
- Three staff who were overdue refresher training in hand hygiene.

Judgment: Substantially compliant

Regulation 23: Governance and management

Records provided during this inspection confirmed that the provider was meeting specific regulatory requirements in monitoring the quality and safety of care and support provided to residents. For example, an annual review for the centre had been completed in March 2025 which assessed the centre against relevant national standards. In addition, since the October 2024 inspection, a representative of the provider had conducted unannounced visits to the centre in February 2025 and August 2025 based on written reports provided. These unannounced visits considered areas such as complaints, incidents and safeguarding with action plans put in place for identified areas of improvement. The reports of these provider unannounced visits indicated that such areas of improvement were followed up on.

Such unannounced visits provided assurances that there was monitoring of the services provided in this centre from a provider level. In addition, staff spoken with during this inspection were aware of senior management with the provider and commented positively on the support that they received from the person in charge. This person in charge was present during the inspection and indicated to the inspector that they reported to one of the provider's named senior managers who also involved in the management of this centre. However, it was noted when reviewing the statement of purpose provided during this inspection that the stated reporting structures for the centre in this document indicated that the person in charge reported to a different individual. This was highlighted to management of the centre during feedback for the inspection.

The statement of purpose provided during this inspection indicated that the centre did not accept emergency admissions. Despite this, during this inspection documentation reviewed indicated that a resident had been admitted to the centre on an emergency basis during August 2025 with this resident now living in the centre on a full-time basis. As such, this admission was not line with the centre's statement of purpose. It was acknowledged though that there were particular circumstances behind this admission and there were no indications found on this inspection that the resident's admission had adversely impacted this resident or others residents that they now lived with.

It was also acknowledged that the provider was making ongoing efforts to ensure that the centre was provided with suitable staffing resources. This was important given that this regulation requires the provider to ensure that the centre is appropriately resourced to ensure the effective delivery of care and support in accordance with the centre's statement of purpose. While there was some indications that staffing in the centre could be stretched at times, information gathered during this inspection highlighted how the provided had ensured that some additional staffing was provided to one house of the centre to ensure appropriate support to residents. This action was positively noted by the inspector.

Judgment: Substantially compliant

Quality and safety

Weekly residents' meetings were occurring and there had been no safeguarding notification from this centre in recent times. Some actions were identified during this inspection relating to access to kitchens and personal plans.

Based on documentation residents living in or availing of respite in this centre had personal plans in place. Some areas for improvement were identified regarding such personal plans. For example, some contents of a respite resident's personal plan had not been reviewed for over four years. Other documentation reviewed during this inspection confirmed that residents were being given information through weekly residents' meetings. Such information covered topics like safeguarding and no safeguarding notification had been received from this centre since the October 2024 inspection. Notifications that had been received since then indicated that there was limited restrictive practices in use in the centre. However, observations and staff discussion indicated that not all residents could access the kitchen that was in each house.

Regulation 10: Communication

As highlighted earlier in this report, most residents present during this inspection did not communicate verbally. The personal plan of one such resident was reviewed and it was seen that their personal plan contained guidance on how the resident communicated non-verbally. This included a communication dictionary which described certain physical actions that the resident could make and what the resident was trying to communicate when they did these. The same communication dictionary also outlined how staff were to respond when the resident engaged in these actions. Such information provided assurances that guidance was available for staff to enable them to support non-verbal residents with their communication.

Judgment: Compliant

Regulation 17: Premises

The two houses that made up this designated centre were of a similar size and layout although some rooms were different between the two houses. Overall, both houses were seen to be reasonably presented and clean on the day of inspection. Some maintenance issues were observed though such as some doors being marked, worktops in laundry rooms being worn and some roof fittings being missing from one house which exposed some insulation. The inspector was informed that these roof fittings had been blown off on account of some recent adverse weather in the time leading up to this inspection.

Given the combined capacity of the centre, between the two houses of the centre there were thirteen individual bedrooms available for residents to avail of. This included a dedicated respite bedroom which had its own en-suite bathroom in one of these houses. All other bedrooms had access to shared en-suite bathrooms with sets of two bedrooms able access the same en-suite bathroom from different doors. The inspector was informed that the use of these shared en-suite bathroom raised no issues particularly as residents needed support to use these bathrooms.

During the course of the inspection, the inspector observed six resident bedrooms between the two houses. These bedrooms were seen to be well-furnished with wardrobes and televisions provided in them amongst others. When viewing such bedrooms the inspectors noted that three of these beds had maintenance labels on them which indicated that they had last been serviced in May 2024 and were due to be serviced again in May 2025. It was queried with management of the centre if these bedrooms had been serviced since May 2024. It was subsequently confirmed that these beds had not been serviced in 2025 but that a request had been made the day after the inspection for such servicing to occur.

Aside from bedrooms, both houses had large day-living areas that were furnished with items like large televisions and a fish tank. The two houses also had a kitchen and a laundry but residents' ability to access to these is discussed further under Regulation 7 Positive behavioural support. Outside of these rooms, the communal space between the two houses varied. The house where seven residents could reside did have a snoozelen room (a multisensory room) but this was being partly used for storage. For example, it was seen that a suitcase and a vacuum cleaner were present in this room. The floor plans for the other house indicted that it had a separate sitting room and a visitors' room. Despite this, it was seen on the day of the inspector that the visitors' room was a staff room.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Previous inspections of this centre in October 2024 and March 2023 had raised some issues related to the maintenance and use of fire doors in the centre. Such fire doors are important in containing the spread of fire and smoke in a centre while also providing for a protected evacuation route if required. While fire safety was not a focus of the current inspection, at various points during this inspection the following was observed:

- In one house the fire door to a snoozelen room was prevented from closing by the presence of a chair.
- In the other house the fire door to a store room was held open by a box while the fire door to the kitchen in the same house was wedged against a fridge.

All of these measures had the potential to prevent these fire doors from operating as intended if required. While it was acknowledged that all of the observations outlined above were resolved by the end of the inspection, the observations made did not assure that the risks related to the use of fire doors in this way were fully understood.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

In keeping with this regulation, residents should have individualised personal plans in place to set out their health, personal and social needs. Such plans should be put in place within 28 days of a resident's admission to a centre and be subject to annual reviews. Personal plans must also be subject to a multidisciplinary review and take account of changes or new developments while being available for residents in accessible format. During this inspection the inspector reviewed documentation relating to three residents. One of these residents was admitted to the centre in August 2025, another was a longer term residential resident and the third resident attended the centre for respite. From this documentation the following was noted:

- All three residents had personal plans in place including the most recent admission to the centre.
- These personal plans did contain guidance on how to support residents' needs in areas such as their health, intimate personal care and communication.
- The contents of two residents' personal plans had been reviewed recently although the intimate care plan and people moving and handling care plan for one of these residents contained some inconsistent information.
- Some content of the respite resident's personal plan had not been reviewed in a number of years. For example, an intimate care plan and a people moving and handling care plan and for the resident had not been reviewed since August 2021. This was despite notes of a February 2025 multidisciplinary meeting for the resident indicating that there had been changes in the resident's mobility.
- All three residents had been subject to multidisciplinary review which included input from various health and social care professionals such as a psychologist, an occupational therapist and a social worker.
- When reviewing the three residents' personal plans, the inspector did not observe any accessible version of their personal plans. This was queried with the person in charge who later confirmed that most residents of the centre did not have accessible personal plans in place.

Person-centred planning was used to identify outcomes for residents as part of the personal planning process. For the respite resident, it was noted that the person-centred planning documentation in their personal plan was from September 2022.

Documentation provided for the recent admission confirmed that their person-centred planning was underway. The third resident had person-centred planning outcomes identified with recorded review comments indicating progress with such outcomes. For example, this resident had identified outcomes to have a night away and commence 1:1 sessions with review comments from July 2025 indicating that the resident had gone on a foreign holiday for five nights and had started 1:1 art sessions.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Notifications received from this centre since the October 2024 inspection and discussions with the person in charge during this inspection indicated that there was limited restrictive practices in use in this centre. However, as highlighted earlier in this report, a number of residents living in this centre were wheelchairs users and it was observed that the width of the doorframes to the kitchen and laundry rooms in each house were noticeable narrower compared to the doorframes for other rooms such as residents' bedrooms. When asked, a staff member in one of these houses indicated that residents using wheelchairs in that house could not access either the kitchen or the laundry. In the other house, it was observed that the amount of space offered by the opening of the kitchen door was reduced on account of the size of a large industrial like fridge that was located beside this door. This also meant that residents with wheelchairs could not access the kitchen. As such, based on staff comments and observations of the inspector, most residents could not access the kitchen in both houses. This had not been identified as an environmental restriction for this centre.

Judgment: Substantially compliant

Regulation 8: Protection

The Chief Inspector had not been notified of any safeguarding allegation or incident from this centre since the October 2024 inspection. Incidents records reviewed, observations during the inspection and staff discussion raised no immediate safeguarding concerns. The staff members spoken with during this inspection demonstrated a good awareness of how to respond in the event that a safeguarding concern arose. Such staff also demonstrated an awareness of the different types of abuse that could occur and their indicators. The training matrix provided following this inspection confirmed that all staff had completed safeguarding training within the previous three years. A safeguarding folder was also reviewed in one house of the centre which contained relevant information in this area although it was

observed that some contents of this could be reviewed to ensure that they were in date.

Amongst the information that was contained within the safeguarding folder seen was contact details for the provider's designated officer. In keeping with relevant national policy, the designated officer is someone who safeguarding concerns are to be reported to for review. Contact information about this person was seen to be on display in both houses of the centre. In notes of residents' meeting reviewed in one house, it was read that residents were informed about who the designated officer was along with other safeguarding related information. Easy-to-read information for residents around safeguarding and different types of abuse was seen to be present in one house. In the same house, one resident had an identified person-centred planning outcome to help them understand certain words related to safeguarding. Review notes for this outcome indicated progress with this.

Judgment: Compliant

Regulation 9: Residents' rights

Throughout this inspection, staff members on duty were observed and overheard to engage with and support residents in a respectful manner. For example, a staff member was heard to ask one resident what they wanted for breakfast while another staff member provided a cup of tea that was asked for by another resident. The staff members that were spoken with during this inspection also spoke of residents in a respectful manner. Such staff facilitated residents' meeting based on records reviewed in one house. Such records indicated that residents' meetings had taken place weekly since 12 July 2025 and that various topics were discussed with residents including complaints, safeguarding advocacy, meals and activities.

While such matters were positively noted from a rights' perspective, during this inspection the inspector was informed that particular processes had to be followed for most 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. Such matters had been identified in a number of inspections on behalf of the Chief Inspector in other designated centres operated by the provider.

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 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Aoibhneas/Suaimhneas OSV-0004782

Inspection ID: MON-0048229

Date of inspection: 07/10/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none">• Monthly staff meetings are scheduled. Following the inspection the minutes of the staff meeting held in September have now been filed. There was no staff meeting held in August due to holidays. A staff meeting was held 22/10/25 and a further meeting is scheduled for the 7/11/2025.• Training for the staff who require refresher training in Fire Safety has been scheduled for 10/11/2025 and 10/12/2025.• One staff has completed the site specific Manuel Handling and people handling training. One staff is booked in for training on the 05/12/2025. Remaining staff on long term sick will complete training when they return to work.• Three staff have completed their AMRIC hand hygiene on Hseland.• The person in charge has ensured all staff have access to the BOCSI Training procedure as part of their professional development.• The PIC has completed Support and Supervisions for the six staff who were overdue. All remaining staff attended supervision in line with the BOCSI policy.	
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">• The Statement of purpose and function has been updated to reflect the reporting structures for the centre.	

<ul style="list-style-type: none"> • The Statement of purpose and function has been updated to reflect the emergency admission process. 	
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"> • On site meeting with the Facilities Coordinator held on Friday 31st Oct regarding access to the kitchen and laundry and maintenance in the designated centre The Facilities manager will review the building with an engineer on 7/11/25 to explore possibilities. • The worktops in the laundry will be updated and the roof fittings from one house have been replaced. • The marked Fire doors will be reviewed by the Fire Engineer and advice sought on how to progress this action. • Servicing company contacted in relation to their service agreement and servicing of appliances. All beds in the designated are scheduled to be serviced on 7/11/2025. • The multisensory room / Snoozelen has been deep cleaned and the suitcase and vacuum cleaner have been removed. • The Statement of Purpose and Function has been updated to reflect changes in the visitor's room. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • Fire Safety discussed at staff meeting held on 22/10/2025 • All obstacles removed to ensure free opening and closing of fire doors. • The industrial fridge in the kitchen where the fire door was wedged has now been replaced by a domestic fridge. 	
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"> • The Intimate Care plan, Moving, and Handling plan for one resident has been reviewed and updated. • The respite resident's personal plans have been reviewed and updated in line with MDT recommendations. • As per BOCSI Person Centred planning policy, an accessible version will be made available to the residents where meaningful. 	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> • On site meeting with the Facilities Coordinator held on Friday 31st Oct re access to the kitchen and laundry. The Facilities manager will review the building with an engineer on 7/11/25 to explore possibilities. • The industrial fridge in the kitchen where the fire door was wedged has now been replaced by a domestic fridge. • MDT arranged for 26/11/2025 for the residents in the designated centre who cannot access the kitchen and laundry. Environmental restrictions will be considered, in line with the BOCSI Restrictive practice decision making process. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	10/12/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	24/10/2025
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 externally and internally.	Substantially Compliant	Yellow	31/12/2025
Regulation 17(4)	The registered provider shall ensure that such equipment and	Substantially Compliant	Yellow	07/11/2025

	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.			
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)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	17/10/2025
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	Substantially Compliant	Yellow	17/10/2025

	to residents' needs, consistent and effectively monitored.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	14/11/2025
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	30/11/2025
Regulation 05(6)(c)	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 assess the effectiveness of the plan.	Substantially Compliant	Yellow	05/11/2025
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	Substantially Compliant	Yellow	05/11/2025

	frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/11/2025
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	30/11/2025
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

