

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

## Issued by the Chief Inspector

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| Name of designated centre: | Waxwing 2                                |
| Name of provider:          | Brothers of Charity Services Ireland CLG |
| Address of centre:         | Limerick                                 |
| Type of inspection:        | Unannounced                              |
| Date of inspection:        | 27 August 2025                           |
| Centre ID:                 | OSV-0004842                              |
| Fieldwork ID:              | MON-0048073                              |

## About the designated centre

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

Waxwing 2 consists of two dwellings, one of which is situated in a small town with the other located a short driving distance outside the same town. This designated centre can provide a residential service for a maximum of 9 residents with intellectual disabilities, over the age of 18 and of both genders. Each resident in the centre has their own bedroom and other rooms throughout the two houses of the centre include kitchens, dining rooms, living rooms and bathrooms. Residents are supported by the person in charge, social care workers and care assistants.

**The following information outlines some additional data on this centre.**

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| Number of residents on the date of inspection: | 5 |
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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 27<br>August 2025 | 12:15hrs to<br>16:50hrs | Jackie Warren | Lead |

## What residents told us and what inspectors observed

Residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported to achieve good care, and were involved in activities that they enjoyed. The person in charge and staff were focused on ensuring that a person-centred service was delivered to these residents. However, the premises required improvement which impacted on the fire safety arrangements for residents.

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities, and formed part of the registration renewal process. During this inspection, the inspector met and spoke with all four residents who lived in the centre. The inspector also met with a manager who deputised for the person in charge, and two staff on duty, and viewed a range of documentation and processes. The manager who was deputising for the person in charge will be referred to as the person in charge in this report.

The person in charge and staff prioritised the wellbeing and quality of life of residents. It was clear from observation in the centre, conversations with residents and staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to live their lives as they chose to.

Although most residents were out at day service activities during the day, the inspector had the opportunity to meet with all four residents during the course of the day. On arrival at the centre in the morning, it was found that some residents had already gone out to day service activities, and one resident preferred to stay in bed and get up later on. This resident invited the inspector to visit them in their room and chat with them there.

This resident was happy to talk about their life in the centre. They said they were very happy with all aspects of living in there. They said that they were well supported by staff, who provided them with good care, and that they made their own choices around their lives. They said they liked the food in the centre and always had choices. They told the inspector about going out with a staff for something to eat and that they had enjoyed that. The inspector was told by the resident about other social activities that they liked, and they talked about having good social involvement with friends and family. Family were very important to this resident, and they showed the inspector pictures of family members and explained who each one was. They kept in contact with family by phone calls and also talked about various family members coming to visit them in the centre. They also spoke of their involvement in the local community where they took part in the activities that they enjoyed. They showed the inspector their nails which had been painted and manicured at a local salon, and they talked about frequent visits to the hairdresser for styling and highlights. The resident explained that they had control of their own money and could spend it as they pleased, such as having gone to town the

previous day and bought a board game in one of the shops. They talked about a concert that they had been to and enjoyed. The inspector met briefly with other residents when they returned from day service in the evening. All residents said that they liked and trusted the staff. They told the inspector that they would tell any concerns to staff and were confident that any issues would be addressed. They all agreed that they liked the food in the centre. They also confirmed that they were all good friends and got on well together.

The centre was located close to a range of facilities and amenities such as shops, churches, restaurants coffee shops which residents could access as they pleased. Although the centre was comfortable, the provider had recognised the need to upgrade the entire centre and this was progressing on a phased basis. There were two houses in the centre, one of which was due to close in the near future, as the provider was in the process of opening a new house to replace it. It was intended that the new house would provide residents with spacious, well equipped accommodation that would meet their needs into the future. For example there would be accessible bathrooms, overhead hoists in all bedrooms and good quality surfaces throughout. The existing house that the inspector visited, was comfortable and domestic in style. There were adequate bathrooms which were equipped with contrast colour grab rails for the safety of residents. The centre had dedicated transport, which was used for outings or any activities that residents chose. The staffing levels, and availability of transport, ensured that residents could be supported by staff to do activities of their preference.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how this impacts the quality and safety of the service offered to residents.

## Capacity and capability

This unannounced inspection was carried out as part of ongoing regulatory monitoring of the centre. The findings from this inspection indicated that residents in the centre enjoyed a good quality of life but that improvement to the physical environment was required. The provider had plans to address this , which were actively in progress. The provider's systems for oversight of care, including fire safety, healthcare and food and nutrition also required improvement.

There was a clear organisational structure in place to manage the service, which included a suitably qualified and experienced person in charge. There were effective arrangements to manage the service and support staff when the person in charge was not on duty. The provider had recently made changes to the management structure for this centre, to improve capacity to govern this and other centres run by this provider in the vicinity. This change resulted in an additional person in charge being appointed to this centre, who had responsibility for this service only. This increased the amount of management time allocated to Waxwing 2. There were

deputising arrangements in place to manage the centre when the person in charge was absent, and these were effective on the day of inspection. As the person in charge was not available, the person who deputised for them facilitated the inspection and was knowledgeable of their legal responsibilities, plans regarding the upgrade of the centre, and of residents' care needs.

The service was subject to monitoring and review to oversee the care, support and safety being provided for residents. Auditing of the service was being carried out in line with the provider's audit schedule. Unannounced audits of the service were carried out twice each year on behalf of the provider. A review of the quality and safety of care and support of residents, which provided for consultation with residents, was being carried out annually. However, improvement to the auditing processes were required, as some of the areas for improvement found during this inspection had not been identified through the provider's auditing processes.

The centre was resourced to ensure the effective delivery of care and support to residents. These resources included the provision of a comfortable living place, transport, access to Wi-Fi, television, and adequate levels of suitably trained staff to support residents with both their leisure and healthcare needs. A range of healthcare services, including speech and language therapy, occupational therapy, and behaviour support were available to support residents as required. The provider had recently put resources in place to improve the management of the centre by appointing a person in charge for the management of this service only. While the provider acknowledged that the physical centre was not suitable, resources were in place to make the required improvements and this work was in progress with one upgraded house ready to replace a sub-standard house in the near future. There were adequate numbers of staff present throughout the inspection, and they supported residents to go out to activities that they enjoyed either in day service or in the community, and to attend appointments. Staff had received training appropriate to their roles, and to the needs of residents.

## Regulation 16: Training and staff development

Staff who worked in the centre had received appropriate training to equip them to provide suitable care to residents. The inspector viewed staff training records and saw that staff had attended training in fire safety, although one new staff member was awaiting this training, a date for which had been booked. All staff had attended mandatory training in safeguarding and behaviour support. Other training that staff had attended included first aid, and manual handling. There was an up-to-date staff training policy. Copies of the regulations were also available to guide staff.

Judgment: Compliant

## Regulation 23: Governance and management

Overall, there were good leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. However, improvement to the auditing process was required, to ensure that any issues that would impact on the safety and comfort of residents would be identified and addressed.

The provider had made improvements to the organisational structure of the centre and this was included in the statement of purpose. A new person in charge had recently been appointed to manage this service. Consequently, the range of other responsibilities assigned to the person in charge had been reduced, which resulted in the person in charge having more time to manage the service. While the previous person in charge had a wider remit of managerial commitments, the new person in charge had no other external responsibilities. The person in charge was the manager of this centre only. They were based in the centre and worked closely with staff and with the wider management team. They had an office in each house in the centre.

The centre was resourced to support residents. During the inspection, the inspector observed that these resources included the provision of comfortable accommodation and furnishing, transport vehicles, Wi-Fi, television, and adequate levels of suitably trained staff to support residents' preferences and assessed needs. Although the houses in the centre were unsuitable due to their layout and to unsatisfactory fire safety installations, the provider had acknowledged this and was addressing it in line with a time bound plan agreed with the Chief Inspector.

The provider had systems in place for the ongoing auditing of the service to ensure that a safe and suitable service was being provided and maintained. The inspector viewed these audits, which included unannounced audits by the provider, an annual review of the quality and safety of care and support, and ongoing auditing and checks carried out by staff. However, the audits had failed to identify some deficits which had been identified during this inspection, such as improvement required to some residents' emergency evacuation plans, and an aspect of healthcare planning. Failure to identify and address these issues presented a risk to the safe care of residents.

Judgment: Substantially compliant

## Quality and safety

Overall, the provider ensured that residents received a good level of person-centred care that allowed them to enjoy activities and lifestyles of their choice in a way that suited their preferences. However, significant improvement was required to the physical premises, which impacted on fire safety in the centre and also access to



private visiting facilities for residents. Some improvements to an aspect of healthcare management and to presentation of food was also required.

There were measures in place to ensure that residents' general welfare was being supported. Residents had access to activities in the local community and were also involved in activities and tasks that they enjoyed both in the centre, at day service, and in the local area. Family contact seen as an important aspect of the service and residents had good involvement with family and friends. Residents could have visitors in their home as they wished and were also supported to meet family and friends in other places.

The provider's systems to manage and reduce the risk of fire required improvement. Both existing houses in the centre did not have fire doors fitted to contain the spread of smoke, fire and heat, although one of these houses was due to be replaced with a fire compliant house in the near future. Furthermore, there was no evidence available to demonstrate if any interim measures had been put in place to provide guidance and knowledge for a new staff member who was awaiting fire training. It was also found that records of fire drills did not demonstrate that the drills had been carried out in line with residents' assessed manual handling needs.

The provider had acknowledged that the physical premises required improvement and was committed to addressing this. The provider had agreed a time bound solution the the Chief Inspector and this was progressing as planned. There were two houses in the centre one of which was in the process of being replaced with a refurbished home in the very near future. All residents had their own bedrooms. Laundry facilities for residents' use were available and there was a refuse collection service provided. All houses had gardens where residents could spend time outdoors.

Residents' nutritional needs were generally well well met, but improvement was required to the presentation of food that required to be served in a modified consistency. Well equipped kitchen facilities were available for the storage, preparation and cooking of residents' food. Residents could take part in the shopping, preparation and cooking of their own meals if they chose to, they could take their meals at the times that suited them, and they could go out for something to eat in the community. residents told the inspector that they were very happy with their meals in the centre.

Residents' personal, health and social care needs and goals were agreed at annual meetings and plans to achieve their assessed needs had been developed. Overall, the provider had ensured that residents had access to medical and healthcare services and that they received a good level of healthcare. Residents had access to general practitioners and medical consultants, and could avail of national health screening programmes. Multidisciplinary healthcare services could be arranged as required. On reading residents' files the inspector saw that reports and information from healthcare professionals were available to guide staff in the delivery of appropriate care. However, while most healthcare plans were informative, these

plans required review as one plan provided conflicting guidance on the management of two healthcare issues, which could impact on the wellbeing of a resident.

Residents' civil, political and religious rights were being well supported. Throughout the inspection, the inspector saw that residents had choice and control in their daily lives. Information was supplied to residents through ongoing interaction with staff and the provider had also provided a written guide for residents with information about the service. Residents communicated with each other and with staff at weekly house meetings, when they made plans and discussed topics of interest to them. While information and opportunities were made available to residents, they could use this information to make informed choices around which options they wished to become involved in and which they wanted to decline. For example, residents made choices around their levels of involvement in voting and religion. Residents were also supported to manage and take control of their personal property and finances.

### Regulation 11: Visits

Residents could receive visitors in accordance with their own wishes. Although the house that the inspection took place in did not have a separate visitors room, the person in charge explained that arrangements were always made for residents to meet visitors in private if required. There was a spacious sitting room and a kitchen with a table and chairs where residents could meet visitors outside of mealtimes. Residents were also being supported to visit family homes and to meet family and friends in other locations. Residents, who met the inspector, appeared happy with the current arrangements. One resident talked about various family members coming to visit them in the centre, while another resident had weekly meetings with their parent, either in the centre or out in the community. The provider had been working to improve the standard of accommodation for residents. The provider had plans to upgrade all parts of the centre and part of these plans included the proposed addition of a new house in which ample visitors space would be available.

Judgment: Substantially compliant

### Regulation 17: Premises

The provide had acknowledged that both houses in the centre the centre required refurbishment to improvement levels of comfort and safety for residents who lived there. To achieve this the provider had submitted a time bound plan for improvement works to the Chief Inspector. The first phase of this plan was at an advance stage of progress, with a newly renovated house ready to replace one of the existing houses in the centre in the very near future. The existing house in the centre was warm, clean and comfortably furnished.

Judgment: Not compliant

## Regulation 18: Food and nutrition

Residents' nutritional needs were being supported. However, some improvement to a resident's choice around food presentation, and recording of residents' meals was required.

The inspector saw that there was an up-to-date food and nutrition policy to guide staff. The inspector visited a well equipped kitchen where food could be stored and prepared in hygienic conditions. The inspector saw that the fridge was stocked with fresh produce including meat, fruit, vegetables and snacks. Alternatives were also available from the freezer. The inspector saw how choice was being offered to residents. Residents had weekly meetings with staff at which they planned their main meals for the coming week. The inspector saw that the meal plan was clearly displayed to keep residents updated. However, both staff and a resident told the inspector that this plan was flexible and that they could have what they wanted each day. Main meals were freshly prepared in the centre. Meals were prepared and served in line with each resident's preferences and assessed needs and staff who spoke with the inspector were knowledgeable of these requirements. However, an aspect of choice required improvement. A staff member explained the process for the presentation of modified meals for a resident, and this indicated that one resident's modified meals were not being presented in an appetising manner. Although the food was safe and was being modified appropriately in line with speech and language therapist's recommendations, all components of the meal were being blended together and did not give the resident the opportunity to taste various ingredients in the meal separately. Staff and the person in charge also confirmed that records of food being provided to residents were not being kept. Although residents confirmed that they enjoyed their meals in the centre and had choice, there was insufficient information available to establish if meals were wholesome, varied and nutritious on an ongoing basis.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

While the provider had some systems in place to protect residents, staff and visitors from the risk of fire, improvement to containment of fire and to emergency evacuation plans was required.

During the inspection, the inspector saw that there were no fire doors to prevent the spread of fire, heat and smoke in the centre. The provider had acknowledged this deficit and had a time bound plan to address it which had been agreed with the Chief Inspector. The first stage of the plan was at an advanced stage of completion

and it was expected that one house in the centre would be closed and replaced with a fully fire compliant house in the near future.

Fire drills were being carried out to establish if evacuations could be carried out effectively in the centre and records of drills indicated that this was not being consistently achieved. An inspector viewed fire drill records since the centre opened in April 2025. Some fire drills were being carried out in a timely manner, but in some instances residents did not cooperate with staff and the drills were abandoned. This had been identified in the provider's recent audit of the centre, but alternative evacuation processes or plans had not been put in place. This presented a significant risk to residents in the event of a fire in the centre. Personal emergency evacuation plans had been developed for each person who lived in the centre, but these did not include sufficient information to guide staff throughout the full evacuation process. For example, there was no information to guide staff on how to maintain the safety of each resident after evacuation from the centre, particularly at times of minimum staffing levels.

Judgment: Not compliant

## Regulation 6: Health care

Overall, appropriate healthcare was provided for each resident, although an aspect of a resident's healthcare required improvement to ensure that it was appropriate to the identified needs of a resident.

The inspector viewed the healthcare plans for two residents and found that their healthcare needs had been identified and that they had good access to a range of healthcare services. The person in charge confirmed that all residents had access to general practitioners in the local community and records of appointments with general practitioners, healthcare professionals and medical consultants were being retained. Residents were also supported to attend national health screening programmes that they were eligible for, and the inspector saw that records of these screening were documented.

Plans of care had been developed to manage any identified healthcare needs. Staff were also supporting and monitoring various aspects of health to ensure that residents remained healthy. For example, residents' weights were being monitored, a sleep chart was being kept for a resident who had a poor sleep pattern, and daily records showed that a resident was taking part in an exercise programme which had been designed by the physiotherapist. However, a plan of care for a resident's health required review to ensure that accurate information was available to guide staff. The inspector read the guidance for the care of two specific health issues for one resident and found that these plans did not provide adequate guidance and also appeared to provide conflicting information to staff.

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                |
|---|-------------------------|
| <b>Capacity and capability</b>                |                         |
| Regulation 16: Training and staff development | Compliant               |
| Regulation 23: Governance and management      | Substantially compliant |
| <b>Quality and safety</b>                     |                         |
| Regulation 11: Visits                         | Substantially compliant |
| Regulation 17: Premises                       | Not compliant           |
| Regulation 18: Food and nutrition             | Substantially compliant |
| Regulation 28: Fire precautions               | Not compliant           |
| Regulation 6: Health care                     | Substantially compliant |

# Compliance Plan for Waxwing 2 OSV-0004842

Inspection ID: MON-0048073

Date of inspection: 27/08/2025

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

| Regulation Heading  | Judgment                |
|---|-------------------------|
| Regulation 23: Governance and management  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Emergency Evacuation Plans</p> <ul style="list-style-type: none"><li>• A review of all Personal Emergency Evacuation Plans (PEEP's) is to be completed for all persons supported by the PIC. The focus of this review will be to ensure that all PEEP's contain comprehensive information relating to the individual needs of the person supported, in the event of the need to evacuate. This will include information relating to;<ul style="list-style-type: none"><li>o Specific locations in the house where an evacuation will take place, i.e., the living areas or bedrooms and exit routes</li><li>o The equipment required for manual handling</li><li>o Sequence of evacuation</li><li>o Supervision of residents following evacuation</li></ul></li><li>• Fire drills will be carried out monthly for the next 3 months October, November and December 2025, monitored/observed by the PIC to ensure the effectiveness of the PEEP's.<ul style="list-style-type: none"><li>o These will be carried out with actual staffing in place for the rostered time (the PIC will observe and time the evacuation only and will not provide support or supervision)</li><li>o One of the fire drills will be at night time when all persons supported are in bed</li><li>o A detailed fire drill evacuation report will be documented to evidence the PEEP's effectiveness, learning and risks identified.</li></ul></li><li>• This will be completed by 31/12/2025</li></ul> <p>Healthcare Planning</p> <ul style="list-style-type: none"><li>• A review of all health care plans will be completed in consultation with the CNS in Age Related Care, to ensure their accuracy and suitability for the individual residents. 30/11/2025</li><li>• The plans with conflicting guidance on the management of two healthcare issues, will be reviewed as a priority to give clarity to staff supporting the resident ensuring that appropriate supports is provided by staff. 10/10/2025</li><li>• Health care plans will be subject to annual audits by the PIC or sooner if required in response to the residents individual needs.</li></ul> |                         |



#### Governance and management

- The Person in Charge will provide oversight by their presence in the center and their active review and auditing of documentation and practices.
- The Person in charge will review, audit and update PEEP's and Health care plans as stated above and thereafter at agreed intervals to ensure that they comply with best practice and reflect the needs of the residents or sooner if the needs of the residents indicate this is required.

#### Regulation 11: Visits

Substantially Compliant

#### Outline how you are going to come into compliance with Regulation 11: Visits: Visits

- During visits to the residents in the house staff to encourage the utilisation of available communal space in the house which include Sitting room, Dining room and the kitchen area.
- Staff support meetings/visits for persons supported outside the house where requested.
- Staff offer activities to peers either in the house or outside the house to support private time for persons supported with their visitors in the house.
- This will be discussed with staff at the staff meetings in October and November 2025 – 30/11/2025.
- As a part of upgrade relating fire compliance, the residents in the property where space for visiting is limited, it is expected that more suitable spaces for visiting will be available to residents receiving visitors - 30/11/2026.
- As part of the fire containment works for the centre, part of a condition of registration, it is planned that the residents will move to another house where living space will be improved, including space to spend time with visitors.

#### Regulation 17: Premises

Not Compliant

#### Outline how you are going to come into compliance with Regulation 17: Premises: Premises

- The provider has agreed a time bound solution the the Chief Inspector to provide premises for the residents which meet the require standards for the service provided including frie compliance.
- Phase one of the plan involves the closing of one of the houses in the centre. This will take place when the house is registered with HIQA. The one remaining person supported living in the house will move to the newly registered property on a date to be agreed

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| <p>with the HIQA inspector.</p> <ul style="list-style-type: none"> <li>• Phase two of the plan involves an extensive remodeling of the property closed in phase one of the plan, this will ensure it is accessible meeting the needs of all persons supported and fire compliance. This property will be for the residents in the second house in the centre.</li> <li>• This time bound plan of the agreed with the HIQA Chief Inspector with a completion date of 30/11/2026.</li> </ul>  |                         |
| Regulation 18: Food and nutrition   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Food and nutrition</p> <ul style="list-style-type: none"> <li>• Staff are trained in how to modify and foods to the prescribed texture by the SLT for persons supported who have an Eating, Drinking and Swallowing plans.</li> <li>• Correspondence with an instruction to modify each item of food separately was shared with staff on 01.10.2025.</li> <li>• Modification of foods will be discussed at staff meetings in October and November 2025 – 30/11/2025</li> <li>• A record of meals reflecting the choice of the persons supported in the residence is maintained in the minutes of the weekly house meeting</li> <li>• These meals are prepared freshly by the staff in the house</li> <li>• On occasions residents may change their mind on the meals prepared and may request alternative foods in its place.</li> <li>• A system for recording meals consumed by all residents in the centre is in place since 15/10/2025</li> </ul> |                         |
| Regulation 28: Fire precautions   | Not Compliant           |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire Precautions</p> <ul style="list-style-type: none"> <li>• The provider has agreed a time bound solution the the Chief Inspector to provide premises for the residents which meet the require standards for the service provided including frie compliance</li> <li>• Phase one of the plan involves the closing of one of the houses in the centre. This will take place when the house is registered with HIQA. The one remaining person supported living in the house will move to the newly registered property on a date to be agreed with the HIQA inspector.</li> <li>• Phase two of the plan involves an extensive remodeling of the property closed in phase</li> </ul>   |                         |

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| <p>one of the plan, this will ensure it is accessible meeting the needs of all persons supported and fire compliance. This property will be for the residents in the second house in the centre.</p> <ul style="list-style-type: none"> <li>• This time bound plan of the agreed with the HIQA Chief Inspector with a completion date of 30/11/2026.</li> <li>• One of the houses in the center will be moving to a fully fire compliant house in the coming weeks once registration has been issued by HIQA for the new property.</li> <li>• Both houses contain the following, detecting, containing and extinguishing fires aids; <ul style="list-style-type: none"> <li>o Integrated fire alarms</li> <li>o Emergency lighting</li> <li>o Fire extinguishers</li> <li>o Fire blankets</li> </ul> </li> <li>• A review of all Personal Emergency Evacuation Plans (PEEP's) is to be completed for all persons supported by the PIC. The focus of this review will be to ensure that all PEEP's contain comprehensive information relating to the individual needs of the person supported, in the event of the need to evacuate. This will include information relating to; <ul style="list-style-type: none"> <li>o Specific locations in the house where an evacuation will take place, i.e., the living areas or bedrooms and exit routes</li> <li>o The equipment required for manual handling</li> <li>o Sequence of evacuation</li> <li>o Supervision of residents following evacuation</li> </ul> </li> <li>• Fire drills will be carried out monthly for the next 3 months October, November and December 2025, monitored/observed by the PIC to ensure the effectiveness of the PEEP's. <ul style="list-style-type: none"> <li>o These will be carried out with actual staffing in place for the rostered time (the PIC will observe and time the evacuation only and will not provide support or supervision)</li> <li>o One of the fire drills will be at night time when all persons supported are in bed</li> <li>o A detailed fire drill evacuation report will be documented to evidence the PEEP's effectiveness, learning and risks identified.</li> </ul> </li> <li>• This will be completed by 31/12/2025</li> <li>• Staff are trained in fire safety as part of mandatory training.</li> <li>• The new staff identified in the above report had not attended this training as there were no spaces available, and has since gone on unplanned leave. They have been booked to attend this training on 28/10/2025. This staff is not lone working.</li> <li>• The PIC will complete and document an induction with him in the centre for fire safety highlighting, the fire system, PEEP's, routes of evacuation, equipment required, locations and types of firefighting equipment.</li> <li>• This staff member will participate in a fire drill in the house by 31/10/2025</li> </ul> |                         |
| Regulation 6: Health care  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 6: Health care: Health Care</p> <ul style="list-style-type: none"> <li>• A review of all health care plans will be completed in consultation with the CNS in Age Related Care to ensure their accuracy and suitability for the individual residents.</li> </ul>   |                         |

30/11/2025

- The plans with conflicting guidance on the management of two healthcare issues, will be reviewed as a priority to give clarity to staff supporting the resident ensuring that appropriate supports are provided by staff. 10/10/2025
- Health care plans will be subject to annual audits by the PIC or sooner if required in response to the residents individual needs.

## 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 11(3)(b) | The person in charge shall ensure that having regard to the number of residents and needs of each resident; a suitable private area, which is not the resident's room, is available to a resident in which to receive a visitor if required. | Substantially Compliant | Yellow      | 30/11/2025               |
| Regulation 17(1)(a) | The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.   | Not Compliant           | Orange      | 30/11/2026               |
| Regulation 18(2)(a) | The person in charge shall ensure that each resident is provided with  | Substantially Compliant | Yellow      | 30/11/2025               |

|                     |  |                         |        |            |
|---------------------|--|-------------------------|--------|------------|
|                     | adequate quantities of food and drink which are properly and safely prepared, cooked and served.   |                         |        |            |
| Regulation 18(2)(d) | The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.                        | Substantially Compliant | Yellow | 15/10/2025 |
| 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 to residents' needs, consistent and effectively monitored. | Substantially Compliant | Yellow | 31/12/2025 |
| Regulation 23(1)(f) | The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the chief inspector.   | Substantially Compliant | Yellow | 30/11/2025 |
| Regulation 28(1)    | The registered provider shall ensure that effective fire safety management   | Not Compliant           | Orange | 30/11/2026 |

|                     |  |                         |        |            |
|---------------------|--|-------------------------|--------|------------|
|                     | systems are in place.  |                         |        |            |
| Regulation 28(3)(a) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.  | Not Compliant           | Orange | 30/11/2026 |
| Regulation 28(3)(d) | The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations. | Substantially Compliant | Yellow | 31/10/2025 |
| Regulation 06(1)    | The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.   | Substantially Compliant | Yellow | 30/11/2025 |