



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

Issued by the Chief Inspector

Name of designated centre:	Woodlands
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	14 October 2025
Centre ID:	OSV-0004891
Fieldwork ID:	MON-0048563

About the designated centre

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

Woodlands can provide care and support to 4 individuals with an intellectual disability male or female over the age of 18. Woodlands has the capacity to support individuals with physical disabilities, severe and profound learning disabilities, epilepsy, communication support needs and who may express themselves using behaviours that challenge.

The premises is a bungalow type residence with all facilities provided at ground floor level. The house is located in a suburb of a large town a short commute from all services and amenities. All residents have their own bedroom and share communal, dining and, kitchen facilities. The centre is laid out to be accessible for those with physical disabilities or mobility issues. Wheelchair accessible transport is available to residents to facilitate their outings and access to community activities.

The model of care is social and the staff team is comprised of social care and support staff under the guidance and direction of a team leader and the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 14 October 2025	10:20hrs to 18:15hrs	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 best possible health, and were involved in activities that they enjoyed. There were some improvements required, but these related mainly to documentation, and did not have a significant impact on residents' overall quality of life.

This inspection was carried out to monitor the provider's compliance with regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met with residents who lived in the centre and observed how they lived. The inspector also met with the person in charge, team leader and four staff on duty, and viewed a range of documentation and processes.

During the course of the inspection, the inspector met with all four residents who lived in the centre. Residents who lived in Woodlands required support with communication, and did not verbally discuss their views on the quality and safety of the service with the inspector. However, they were observed to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. Processes were in place to support residents and staff to communicate with each other. Information was made available to residents, including pictorial meal plans, staff on duty, and the management team.

It was evident that residents were involved in how they lived their daily lives. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by others who knew them well. This information was used for personalised activity planning.

Woodlands is a detached house laid out to meet the needs of residents who live there. On the day of inspection, it was comfortably warm, clean and suitably furnished and equipped. Since the last inspection, the building had been extended to provide spacious, accessible bedroom and bathroom accommodation for one person. Each resident had their own bedroom, and these were comfortably furnished and personalised. There was a garden behind the centre. The provider had recognised that improvements to the garden would be beneficial and had made plans to develop a sensory garden for residents' use. A sensory occupational therapist had been involved in drawing up plans for this project to ensure that the finished garden would be of therapeutic benefit and enjoyable for residents, having regard to their specific needs. This work was scheduled to commence in the near future.

The centre was located close to a busy rural town and this location gave residents good access to a wide range of facilities and amenities, such as restaurants, sports facilities and the library. Residents in this centre were very involved in going out to activities in the community. However, although residents spent much time out and about doing activities and integrating in the local community, there was no evidence

that leisure options within the centre had been explored.

On the day of inspection residents started the day at their own pace and all had plans for the day. Two residents were going swimming, one was going to their family home for a visit, and one was going out for a therapeutic appointment. Residents frequently took part in outings and community activities. For example, some residents had recently been to the Hunt Museum and the Ballinasloe horse fair, and staff showed the inspector photographs of events that residents had been to. Staff explained that a resident who loved spending time outdoors went for walks everyday and had trained and taken part in a fun run. Staff had explored introducing residents to new experiences, and had trialled taking two resident to a football match. They said that residents really enjoyed it and that it's an activity that they would do again. A resident who loved horse riding travelled each week to ride horses at an equestrian centre that suited their needs. Staff had show jumping on the television on the evening of the inspection for this resident to watch. A resident who had recently had a birthday, had been supported to celebrate with a trip away to London for a hotel break and a West End musical. A resident was also planning to go to a Nathan Carter concert in the near future. Residents were more involved in activities external to the centre, and the provider was asked to explore possible activities in the centre that residents would enjoy.

It was clear from observation in the centre, conversations with staff, and information viewed during the inspection, that residents had a good quality of life and were supported by staff to be involved in activities that they enjoyed in the community.

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

Capacity and capability

The findings from this inspection indicated that the provider had good systems in place to manage the the centre. The provider had developed a clearly defined management structure. There was a suitably qualified and experienced person in charge. There were systems in place for the oversight of the service, although improvement to the auditing system was required to ensure that any deficits in the service would be identified. This mainly related to deficits in records, where some documents were not sufficiently clear. Improvement to assessment of leisure activities in the centre was also required.

The centre was well resourced to ensure the effective delivery of care and support to residents. These resources included comfortable accommodation and adequate transport, including wheelchair accessible vehicles, for residents' use. There were sufficient staff on duty during the inspection to support residents to take part in the activities that they preferred, and to ensure that each resident had individualised

care and support. Staff had attended up-to-date mandatory training and other training relevant to their roles.

There was a clear organisational structure in place to manage the service, which included a suitably qualified and experienced person in charge. The person in charge was supported by a team leader who was responsible for the day-to-day running of the service. The team leader was manager of two services and divided their time equally between them. They had an office in this centre, and they worked closely with the person in charge and with staff in the centre. Both the person in charge and team leader were very familiar with the residents who lived in this centre and focused on ensuring that these residents would receive high quality of care and support. The provider had recently reviewed the governance arrangements for the centre and was in the process of implementing a change in management structure in relation to the role of person in charge. A new person in charge had been appointed and was due to commence their role in the near future, with responsibility for two designated centres only. As the outgoing person in charge had a much wider management remit, the new arrangements are intended to give the person in charge greater presence and oversight in the centre.

There were arrangements in place to manage the service and support staff when the person in charge was not on duty.

The provider had ensured that the service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided to residents who lived in the centre. The person in charge showed the inspector a range of audits that were being carried out in the service. These included unannounced audits of the service that were carried out on behalf of the provider, in addition to ongoing reviews and checks by the staff team and team leader. The inspector read these audits and saw that high levels of compliance had been achieved and that any areas for improvement had been identified. However, although the audits being carried out were of good quality, they had failed to identify some areas where improvements to personal planning documentation and fire safety records was required.

A review of the quality and safety of care and support of residents was being carried out annually. The inspector read the most recent annual review and found that there was evidence that consultation with residents and or their representatives was taking place and was included in the report.

Regulation 16: Training and staff development

The provider had ensured that staff who worked in the centre had received appropriate training, including mandatory training and training specific to the needs of residents.

The inspector viewed the staff training records which showed that staff who worked in the centre had received mandatory training in fire safety, behaviour support, and

safeguarding, in addition to other training relevant to their roles, such as medication management, children first, first aid, epilepsy management, wheelchair clamping and and in feeding, eating, drinking and swallowing. Training in preparation and presentation of modified textured foods was due to take place in the near future.

Judgment: Compliant

Regulation 23: Governance and management

Overall, there were effective 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, some deficits relating to documentation and records which were found during this inspection, had not been captured by the provider's auditing systems.

The provider had developed a clear organisational structure to manage the centre and this was known to the team leader who discussed it with the inspector. There was a suitably qualified and experienced person in charge, who worked closely with a team leader who was responsible for the day-to-day running of the service. Arrangements were also in place to support staff when the person in charge was not on duty. The inspector met both the person in charge and the team leader during this inspection and both were knowledgeable of the needs of residents and their regulatory responsibilities. The provider was in the process of changing the management structure by appointment of a new person in charge who would have a reduced management remit and would be responsible only for this centre and one other. This was intended to strengthen the management arrangements by ensuring increased presence and oversight of the centre by the person in charge.

The provider had systems in place to ensure that the service was safe and suitable for residents. The inspector viewed the auditing processes and found that they were being carried out in line with the provider's plans. Actions plans had been developed to resolve any issues identified through auditing, and the required improvements were being carried out in a timely manner. Overall the auditing systems were thorough and effective, although some gaps in documentation, such as aspects of personal planning and fire records, had not been identified through the auditing process. For example, progress in achieving residents' personal goals was not being consistently recorded in all residents' plans. The inspector read goal planning records for three residents and found that one had been comprehensively recorded, one was partially recorded and one had limited records of progress. Discussions with staff indicated that residents' goals were being suitably progressed as planned, although absence of up-to-date records could impact on the oversight of achieving residents' goals and information sharing among staff.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. During the inspection, the inspector observed that these resources included the provision of suitable, safe and comfortable accommodation

and furnishing, transport vehicles, Wi-Fi, television, and adequate staffing levels to support residents' preferences and assessed needs. Since the last inspection of the centre improvements to the centre had been made to increase comfort and accessibility for one resident. Staff were being suitably trained for their roles.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There were suitable written agreements in place for the provision of services for residents.

The inspector read a sample of three service agreements and found that they were suitable, and included the required information about the service to be provided. The agreements included information such as the service to be provided, the fee to be charged, what was included in the fee, and what incurred additional costs. The agreements viewed had been signed by both a representative of each resident and on behalf of the provider.

Judgment: Compliant

Quality and safety

The provider had systems in place to ensure that residents living at this centre received person-centred care and support, and a good level of health care. However, some improvement to emergency evacuation records and personal planning documentation was required. Access to leisure equipment and materials in the centre also required review to ensure that these were adequate for residents' needs.

As this was a home-based service, residents could take part in a range of activities in the community. Suitable support, including one-to-one staffing and access to suitable vehicles, was provided for residents to achieve these in accordance with their individual choices and interests, as well as their assessed clinical needs. Residents were involved in activities such as shopping, exercise, swimming, attending entertainment and sporting events and going out for something to eat. Contact with family and friends was supported both in the centre and elsewhere in line with residents' preferences.

The centre suited the needs of residents, and was comfortable, well maintained, accessible and suitably furnished and equipped. All residents had their own

bedrooms and spacious en suite bathrooms, and bedrooms were decorated to each person's liking. The centre was maintained in a clean and hygienic condition throughout. The centre was warm and comfortable on the day of inspection. There was a garden surrounding the house where residents could spend time outdoors. Residents also had access to laundry facilities and a refuse collection service was provided by a private company.

Overall, there were good measures in place to safeguard residents, staff and visitors from the risk of fire, but some improvement to the fire evacuation drill records was required to inform learning and improvement. Effective practices included staff training, servicing of fire safety equipment by external experts and ongoing fire safety checks by staff. Fire doors were fitted throughout the building to limit the spread of fire. Emergency evacuation drills recorded that all evacuations had been carried out in a prompt and timely manner. However, the information recorded was not sufficient to provide full oversight of the process. Some records did not state if any assistive equipment, such as wheelchairs or evacuation sheets had been trialled. Also, while use of wheelchairs and evacuation sheets was stated in emergency evacuation plans, this required review to specifically state when use of each was required.

Comprehensive assessments of the health, personal and social care needs of each resident had been carried out and were recorded. Individualised personal plans had been developed for all residents based on these assessments and residents' personal goals had been agreed at annual planning meetings. Overall, plans of care had been developed to a good standard, and staff were very familiar with residents' care needs. However, some plans of care required review to ensure that they were sufficiently detailed to guide practice, particularly in the event of new or unfamiliar staff being present in the centre.

The provider had ensured that residents had access to medical and healthcare services. Staff supported residents to achieve good health through ongoing monitoring of healthcare issues, and encouragement to lead healthy lifestyles and take exercise. All residents had access to general practitioners and other health professionals and attended annual health checks.

Residents' nutritional needs were well met. A well equipped kitchen was available for the storage, preparation and cooking of residents' food. Residents who wished to were involved in the shopping for food, although staff told the inspector that residents were not interested or did not have the capacity for preparation and cooking of their own meals. Staff cooked varied and nutritious meals for residents, which were appropriately presented and served.

Overall, residents' human rights were being well supported by staff and by the provider's systems. Throughout the inspection, the inspector found that residents' needs were supported by staff in a person-centred way. Information was supplied to residents through ongoing interaction with staff and the person in charge. Communication techniques to achieve this had been developed and were known to staff. However, it was not clear how residents' choice and consent around civil rights such as being registered to vote, having a passport and accessing national health

screening programmes, was being sought. There was also no evidence to demonstrate how residents' choices and preferences around leisure activities in the centre had been established.

Regulation 10: Communication

The provider had made arrangements to support residents to communicate their needs.

The inspector reviewed the care records of two residents who could not communicate verbally and found that communication plans were in place for these residents. These provided guidance to staff on how to support each resident to make their views known and to express their preferences. These plans had been developed by the staff team and were largely based on knowledge of the residents and observations of their actions and reactions. One resident used some Lámh signs (a form of Irish sign language) to communicate, and staff were seen communicating with this resident in this way. There was an up-to-date policy to guide staff. Throughout the inspection, staff appeared very familiar with residents' gestures and actions.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of the residents. The centre was found to be warm, clean, comfortably furnished and accessible throughout.

The centre comprised one house in a residential area of a rural town. During a walk around the centre, the inspector saw that the centre was spacious, that all parts were clean and well maintained, and that all residents had their own bedrooms. Since the last inspection of the centre, the provider had added an additional bedroom wing to the house to provide spacious and accessible bedroom accommodation for one resident. There were gardens to the front and rear of the centre. The centre was equipped to ensure the safety and comfort of residents. For example, there were overhead hoists in all bedrooms and bathrooms. There was no heating source in the kitchen, although this room was comfortably warm on the day of inspection, as was the rest of the centre. The provider had identified this as an area for improvement. The person in charge explained that they were planning to monitor ambient kitchen temperatures, and to implement corrective action as required.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being supported, and residents could choose meals that they enjoyed.

The centre had a well equipped kitchen where food could be stored and prepared in hygienic conditions. The inspector saw how choice was being offered to residents. Although residents could not communicate their choices verbally, staff explained how they planned meals around residents' likes and preferences. They also showed the inspector the visual method through which one resident made meal choices and explained that the resident could also choose from actual food from the storage areas in the kitchen. The inspector saw that the meal plan was clearly displayed to keep residents updated. Main meals were freshly prepared in the centre and the dinner that was made on the day of inspection appeared wholesome and nutritious. Meals were prepared and served in line with each resident's preferences and assessed needs and staff who spoke with the inspector were very knowledgeable of these requirements. Staff also showed the inspector a new piece of equipment which had recently been purchased to modify foods to the required textures. Staff were keeping meal records for each resident. The inspector read these records for two residents and saw that varied and nutritious meals and snacks were being provided to them.

Judgment: Compliant

Regulation 28: Fire precautions

There were measures in the centre to safeguard residents, staff and visitors from the risk of fire. The inspector examined fire safety systems and found that these measures were generally effective. However, some improvement to personal emergency evacuation plans and to fire drill records was required.

On a walk through the centre, the inspector saw that there were fire doors with self closing devices throughout the buildings to contain and reduce the spread of fire.

The person in charge showed the inspector records of fire drills, equipment servicing, internal fire safety checks and personal emergency evacuation plans. There were arrangements in place for servicing and checking fire safety equipment and fixtures both by external contractors and by staff. Records for 2025 viewed by the inspector showed that these processes were up to date.

Fire evacuation drills involving residents and staff were being carried out in the centre. The inspector viewed records of fire drills carried out in 2025, and found that

residents had been promptly evacuated to safety on all occasions, both during the day and in night time situations. However, the records of fire drill did not provide sufficient information to clearly show how the drills were carried out. For example, they did not state whether evacuations were carried out when residents were in bed or asleep, if transfers from beds to wheelchairs had been part of the drills, or if evacuation sheets had been used. The inspector also reviewed the personal emergency evacuation plans which had been developed for each resident. Although these plans were generally well written and informative, some aspects of these plans were not specific in their guidance to staff. For example, some plans guided that night time evacuations should take place either by transfer to a wheelchair or by evacuation sheet, but did not guide as to when each of these options would be used. This presented a risk that staff might not be sure about which would be the most effective means of evacuation to be used in the event of an emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Assessment of the health, personal and social care needs of residents had been carried out, and personal plans had been developed for each resident based on their assessed needs. While these were generally of good quality, were up to date, and were informative, some plans required review to ensure that they were sufficiently detailed to guide practice, and that residents' in-house leisure preferences were being reflected and supported.

The inspector viewed a sample of two residents' personal plans. These plans had been developed by the person in charge and a nurse who was on the staff team. The plans were based on their working knowledge of residents, advice from residents' general practitioners, and guidance from multidisciplinary reviews. The plans were being reviewed annually. The personal plans identified residents' support needs and stated how these needs would be met. Overall, these plans of care were clear and were up to date. However, some plans lacked sufficient clear information to guide care practice. Although staff in the centre were very clear about residents' care needs, this present a risk that new or unfamiliar staff would not have suitable information to deliver appropriate care to residents. Furthermore, although there had been appropriate multidisciplinary involvement in the development of residents' plans, some of this multidisciplinary information had not been reviewed annually, as required. This presented a risk that the most up-to-date information may not be available to guide staff.

Residents' personal goals had been agreed at annual planning meetings and these goals were meaningful to residents. For example, one resident had a goal to set up their own bank account and this had been achieved.

Judgment: Substantially compliant

Regulation 6: Health care

The provider had ensured that residents had access to medical and healthcare services to ensure their wellbeing. Residents had access to general practitioners and attended annual health checks. Medical specialist consultations were arranged as required. Appointments with allied healthcare professionals were arranged as necessary. These were being accessed either through the provider's multidisciplinary staff, the public health system, or by private consultations.

The inspector reviewed the healthcare records and found that plans of care for good health had been developed based on residents' assessed needs. Staff supported and encouraged residents to lead healthy lifestyles by incorporating appropriate exercise into their daily routines, and by monitoring health indicators such as weight.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had systems in place to support residents' human rights. However, it was not clear how residents' choice and consent around civil rights such as being registered to vote, having a passport and accessing national health screening programmes was being sought.

The inspector saw that each resident had a good level of choice and control in how they spent their days. Each resident was being supported in an individualised way to take part in whatever activities or tasks they wanted to do. Allocation of one-to-one staffing for each resident and several transport vehicles, including wheelchair accessible transport, ensured that each resident could attend activities that they preferred in the community.

All residents had access to their own finances and were supported to manage their money safely with the required support from staff. Some residents had passports although it was unclear if those who did not hold passports had had this option. It was also unclear about whether or not residents had been consulted about being registered to vote or to practice religion. The inspector also found that there was no evidence that options for recreation and leisure in the centre had been explored. Although residents were out and about a lot during the day, there was very little equipment or materials for leisure or play available to residents in communal areas.

Residents were not eligible for most national health screen programmes. However, there was one such programme available to two residents, and while it was recorded that this screening would not be required, there was no clear record of how they had been agreed with the residents.

Throughout the inspection, the inspector observed that staff interacted with residents with kindness and respect, and that all residents were nicely dressed. Each resident had their own spacious bedroom, with plentiful space for storage of clothes and personal belongings.

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	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Woodlands OSV-0004891

Inspection ID: MON-0048563

Date of inspection: 14/10/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	
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. This will be ensured by:	
<ul style="list-style-type: none">• PIC will provide feedback to Senior Management Team and Quality and Enhancement Compliance Office re: auditing process.• The provider will ensure that an unannounced visit is facilitated by a nominated person at least once every six months. The nominated person will prepare a written report on the safety, quality of care and support provided in the centre. Furthermore an action plan will be created to address any concerns or required improvements to the standard of care and support within the designated centre. <p>(Completion Date 08/12/2025)</p>	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	
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. This will be ensured by:	
<ul style="list-style-type: none">• Staff are currently sourcing appropriate slip on footwear for individuals. This will ensure that during an evacuation footwear can be put on quickly and safely reducing time it takes to evacuate from the building.• PEEPs will be updated to reflect the use of various aids and appliances used during a fire evacuation and their specific purpose. PEEPs will clearly outline which aids are to be used, and when – this will be determined based on site-specific Fire Safety and Evacuation training which will be scheduled in January 2026.	

The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

This will be ensured by:

- The coordinator will discuss detail required in fire drill records, with the team at their next team meeting.
- A sample fire drill report will be drafted by the coordinator, to guide staff on report-writing standard and detail required.

(Completion Date 31/01/2026)

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

The person in charge shall ensure that each resident's personal plan reflects the resident's needs, as assessed in accordance with paragraph (1), and 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.

This will be ensured by:

- Health care plans to be reviewed by co-ordinator in conjunction with RNID and SCWs – based on guidance from relevant clinicians and multi-disciplinary team. Plans will be updated to provide clear, simple information to guide care practice.
- All multi-disciplinary information will be reviewed annually, or as per professional recommendation.
- Regular scheduled social care worker meetings to review POMS and Health Care plans progress to be scheduled throughout the year for 2026.
- Keyworkers are assigned responsibility for maintaining and regularly updating progress notes on residents' person-centred plans, and this will be monitored by the coordinator quarterly.
- All staff in the service to be trained in POMS, to support facilitation of residents' goals and wishes.

(Completion Date 31/03/2026)

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

The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support; and 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.

This will be ensured by:

- Seek out support from advocacy co-ordinator for individuals with high needs and whom require extra support with making decisions.
- The service will introduce a range of accessible materials including easy-read guides and pictorial explanations relating to voting, passport applications and health screening.
- All staff including new staff completing HIQA Human Rights in Social Care- Intro to Human Rights and People at Centre of Decision Making.
- All residents are confirmed to be on the voting register.
- The service will continue to support 2 residents to attend mass weekly in accordance with their will and preference.
- SLT input will be sought to enhance communication within the DC, including use of adaptive devices where appropriate.
- Living room upgrades are in progress, taking into account residents' preferences in terms of decorating and leisure activities.
- Residents participation in national health screening will be reviewed with them in an accessible format, and discussed at annual GP reviews (or more often if required) to determine suitability and preferences for participation.

(Completion Date 31/05/2026)

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 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	08/12/2025
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	31/01/2026
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals,	Substantially Compliant	Yellow	31/01/2026

	that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/03/2026
Regulation 05(6)(a)	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 be multidisciplinary.	Substantially Compliant	Yellow	31/03/2026
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where	Substantially Compliant	Yellow	31/05/2026

	necessary, to decisions about his or her care and support.			
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	31/05/2026