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:	Joanstown, Rathowen
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	04 November 2025
Centre ID:	OSV-0004906
Fieldwork ID:	MON-0048282

About the designated centre

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

This designated centre is a service provided in a large detached bungalow on the outskirts of the nearest small town, which provides residential care to five ladies with an intellectual disability and autism. The centre comprises of a sitting room, a large kitchen diner with a utility room, four single bedrooms and one shared twin bedroom, two of the bedrooms are en-suite. There is also one large shared bathroom and a further WC located in the utility room. Outside there is a large well-maintained garden both to front and rear of the property. Residents living in the centre have a range of support needs and the centre is staffed by both nurses and health care assistants, providing 24 hour staffing cover.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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 4 November 2025	10:10hrs to 18:10hrs	Karena Butler	Lead

What residents told us and what inspectors observed

On the day of this unannounced monitoring inspection, the inspection findings were positive. The residents were receiving a good standard of person-centred care from a staff team who were aware of and ensured their assessed needs were being met. Some improvements were identified under three regulations and those regulations were found to be substantially compliant. Those regulations related to staffing regarding how the rosters were maintained, premises due to outstanding works, and governance and management with regard to no family consultation in the annual review and due to the outstanding premises works. These regulations and identified areas for improvement will be further discussed later in this report.

The inspector had the opportunity to meet all five residents that were living in the centre. Two residents shared brief pleasantries. The other three residents spoke with the inspector about their thoughts living in the centre. They felt that staff were nice. One resident communicated that they would talk to staff if they had a concern. The three residents communicated to the inspector that they felt safe living in the centre and felt they go on well with their housemates. They felt that they had choice each day in the food they ate and choice in the activities they participated in.

On the day of the inspection, one resident attended a healthcare appointment which the person in charge had facilitated. It had been an early start for them due to the location of the appointment. The resident relaxed at the kitchen table upon return and supported the inspector passing documents to them which they appeared to enjoy. Two residents attended a day service programme and one resident went out for lunch. Due to bad traffic on the way back, the inspector did not have the opportunity to meet two of the residents again before the end of the inspection. Instead due to the traffic delay, they decided to stop for dinner on the way home.

One resident attended an art class and had lunch out with staff support. Upon their return they said they had a nice day. Staff were observed to support this resident in line with their behaviour support plan as well as in line with their communication guidance. For example, the resident was offered to have breakfast in the sitting room as they don't like to have breakfast at the kitchen table. Staff gave the resident time to process information provided.

From communication with staff and a review of documentation, residents participated in activities depending on their interests. For example, reflexology, going out for lunch or dinner, going for coffee out, and family visits.

In addition to the person in charge, there were three staff members on duty during the day of the inspection. The inspector had the opportunity to speak with two staff members. The person in charge and staff members spoken with demonstrated that they were familiar with the residents' support needs and preferences. They were observed to interact with residents in a patient and respectful manner.

The inspector had the opportunity to speak with one family representative on the phone. When asked if they had any concerns about the care and welfare in the centre they responded by saying 'no and that if they had any concerns they would be comfortable raising them'. They said that 'the staff are very good and that they couldn't ask for more'. They said that their family member 'looks to go back to the centre when away so they know it is good'. They went on to say that the staff and person in charge 'were so caring and that they talk to their family member with respect'. They felt their family member 'got on well with the other residents and would say if unhappy'.

The inspector conducted a walk around of the centre. The centre was a single storey house and was found to be tidy and generally clean. This facilitated in the arrangements for good infection prevention and control (IPC). The storage and usage of buckets required improvement and some improvements were required to the premises. These areas will be discussed under the regulation for premises.

Each resident had their own bedroom with one bedroom having an en-suite. The other bedrooms shared bathroom facilities. There was sufficient storage facilities for their personal belongings in each room. Residents' rooms had personal pictures displayed. One resident had their own bright and colourful artwork displayed in their bedroom as well as in the hall.

The centre had a large front and back garden. The front garden had some mature plants and shrubs as well as some potted flowers. This helped create good first impression of the property. The back garden had a garden table and chairs that was available for use in times of good weather.

At the time of this inspection there were no visiting restrictions in place and there were no vacancies. The most recent admission to the centre was in June 2024. While there were two complaints raised in the centre in 2025, they were found to be reviewed with actions taken to address the complaints. They will be discussed in more detail under that specific regulation.

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

Capacity and capability

This inspection was unannounced and was undertaken as part of an ongoing monitoring with compliance with the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). This centre was last inspected in January 2023. At the time of the last inspection the inspector observed good compliance levels with the regulations.

From a review of the governance arrangements in place, the inspector found they were effective in ensuring the centre was appropriately monitored. For example, the provider had completed audits of the centre as required, such as an annual review of the quality and safety of the service and six-monthly unannounced provider-led visits. However, some improvements were required with regard to adherence to the provider's own deadlines for certain actions as well as ensuring families were consulted as part of the annual review of the service.

A review of the rosters across three months demonstrated that there was sufficient staffing in place to meet the assessed needs of the residents. However, improvements were required as to how the rosters were maintained.

The inspector found that the person in charge ensured that there were appropriate training and staff development arrangements in place. For example, staff had access to training to ensure they had the correct knowledge and skills to support the residents.

The provider and person in charge had systems in place to meet the requirements of admissions and contracts for the provision of services. For instance, Opportunities were also being provided to the individual and their family representatives to visit the centre prior to moving in. In addition, Complaints were also found to have been reviewed and adequately dealt with.

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and met the criteria for compliance with this regulation. They were observed to be dedicated to the residents. For example, they often filled in on duty when no consistent staff member was available for duty if someone called in sick. They explained they did not want the residents to have unfamiliar people working with them where possible.

They were found to be a suitably qualified and experienced manager employed to manage this centre. They held a qualification in supervisory management, in addition to a qualification in nursing. They demonstrated a very good understanding of the residents and their needs, such as what healthcare needs each resident required support with and what preferences they had.

They were also found to be aware of their legal remit to the regulations and were responsive to the inspection process. For example, they were aware that it was their responsibility to ensure the reporting of any adverse incidents that occurred in the centre to the Chief Inspector of Social Services (The Chief Inspector).

Judgment: Compliant

Regulation 15: Staffing

While sufficient staff were on duty to meet residents' needs, improvements were required in how staff rosters were maintained and recorded. Therefore, this regulation was found to be substantially compliant.

The inspector reviewed a sample of rosters across a four month period from August to November 2025. While there was a planned and actual roster in place, there were many occasions when the inspector found it difficult to establish who worked certain shifts when a staff member called in sick. The person in charge communicated that they believed they had filled in for the majority if not all of the required hours and had not amended the roster to reflect this. The person in charge communicated that were possible they preferred to complete the additional hours to support the residents if no familiar staff was available to cover. This was in order to ensure continuity of care and support to the residents. A staff member on duty confirmed that the person in charge was very dedicated to the residents and would fill in for the majority of required shifts if no known staff was available. The staff member and the person in charge stated that minimum safe staffing levels were always maintained; however, this had not been formally risk-assessed. Clear and accurate rosters are essential to ensure that at any given time, management can verify that safe staffing levels are in place to meet residents' assessed needs.

While the centre did not have a full complement of staff due to unforeseen circumstances, the person in charge had ensured that there were consistent staff working in the centre. There were sufficient staff available to meet the assessed needs of residents. For example, one of the agency staff working in the centre had worked there for the last four years. The residents were observed to be very content in the presence of the staff members on duty. The person in charge believed that the staff vacancy would be filled by the end of this year.

As previously mentioned, the staff on duty on the day of the inspection were observed to be respectful and caring towards the residents.

As previously mentioned, the inspector had the opportunity to speak with a family representative on the phone. They believed the staff were "very understanding" and that "staff are very good, couldn't ask for more".

Staff personnel files were not reviewed at this inspection. However, the inspector reviewed a sample of four staff members' Garda Síochána (police) vetting (GV) certificates which included the agency staff working in the centre. The person in charge had arrangements for safe recruitment practices that were in line with best practice.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were suitable arrangements in place to support training and staff development. The inspector reviewed the training oversight matrix for training completed. Additionally, a sample of between two to three staff certification for 12 training courses completed by them. This review confirmed that staff received a suite of training to help them carry out their roles safely and effectively.

Examples of the training staff had completed included:

- safeguarding vulnerable adults
- Autism awareness
- fire safety
- cardiac first response
- human rights
- assisted decision making
- training related to IPC, such as hand hygiene, and standard and transmission based precautions.

The inspector also reviewed the supervision schedule and files for four staff members. The review confirmed that staff received formal supervision in line with the provider's own policy, dated May 2025. The person in charge confirmed that supervision was an opportunity for staff to raise any concerns they may have.

Judgment: Compliant

Regulation 23: Governance and management

While the centre had effective day-to-day management and monitoring systems, improvements were required in meeting deadlines for maintenance and ensuring family consultation in the annual review. Therefore, this regulation was found to be substantially compliant.

The centre had a clearly defined management structure in place which was led by the person in charge.

The provider had completed an annual review of 2024 of the service and had carried out unannounced six-monthly provider-led visits in November 2024 and May 2025 as required by the regulations. However, the annual review did not include family representative feedback as required.

In addition, while the majority of actions from the annual review and provider led visits were completed by the time of this inspection, there were delays in completing some identified areas for improvement with the premises. The provider had set completion deadline dates for identified areas requiring improvement and those

dates had passed by the time of this inspection. There was no set date provided to the inspector for when the works would be completed. Those delays in addressing identified maintenance issues meant that residents were living in an environment that required repair for longer than necessary.

There were a schedule of local monthly audits conducted in areas, such as residents' finances, medication management, and health and safety.

Team meetings were occurring monthly and the inspector reviewed the meeting minutes for June, July, September and October 2025. Topics included safeguarding, complaints, staff training, care plans, and health and safety. The inspector observed that any incidents occurring within the centre were reviewed for shared learning with the staff team.

From the two staff spoken with, they communicated that they would feel comfortable going to the person in charge if they were to have any issues or concerns and they felt they would be listened to.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The inspector found that there were appropriate arrangements in place to meet the requirements of this regulation.

The most recent admission to the centre was supported in moving in through an individual transition plan. The transition planning also included a compatibility review of residents, which helped to promote residents' safety and wellbeing.

From a sample of one resident's contract, they were provided with a contract of care that laid out the services and conditions of their service and fees to be charged to them and they were signed. Some aspects required more elaboration and inclusion in the contract, such as whether phones or transport were included in the charges. The person in charge said that they were included in the cost and therefore available at no additional fee to the residents. They committed to raising this with their manager for the points discussed to be better clarified in the contracts for going forward.

From speaking with one family representative they confirmed that their family member had the opportunity to visit the centre prior to admission. They believed that the transition was "brilliant". They 'couldn't believe how well it went'. They felt that their family member was made to feel "fierce welcome". They also confirmed that their family member had received a contract of care explaining the terms and conditions and any fees to be charged. They confirmed that their family member chose how they wanted their bedroom to look and if they wanted to bring any

belongings from the family home when moving in. They 'couldn't have expected how well their family member has settled in'.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy last reviewed in February 2024, and there were associated procedures in place. The complaints procedure was available for the residents and was observed to be displayed in the hall. There was also a designated complaints officer nominated.

The inspector observed any complaints made had been suitably recorded, reviewed and attempts were made to resolve any identified issues. From a review of the complaints log and associated paperwork, the inspector observed that there were two complaints in 2025. One related to the person in charge and a staff member making a complaint on behalf of the residents with regard to noise levels at times in the centre. This demonstrated to the inspector that person in charge and staff member were advocating for the residents to ensure a more comfortable living arrangement for all. Behaviour support completed a review of one resident's needs and gave advice. From communication with the staff member and the person in charge reported that this advice has helped to prevent further instances of increased noise. The person in charge was continuing to monitor this situation.

The other complaint related to a resident's television not working during a storm. They had wanted to listen to music and an alternative battery radio was sourced for them and this was found to be helpful.

Judgment: Compliant

Quality and safety

This inspection found that the residents living in this service were supported in line with their assessed needs and were happy living in this centre. Some improvements were required in relation to the premises to ensure it was thoroughly clean and could be cleaned effectively.

There were suitable arrangements in place to ensure they were safeguarded in the centre and in the community. For example, there was safeguarding policy in place to guide staff to recognise and escalate any safeguarding concerns. Residents were supported to keep control of their personal belongings and have access to their finances.

There were systems in place to meet residents' assessed needs with regard to positive behaviour support, communication, and general welfare and development.

For example, there were communication plans in place to promote effective communication. The residents had access to opportunities for recreation in line with their preferences. When required they had a positive behaviour support plan in place to guide staff as to how best to support them should they be experiencing periods of distress.

Furthermore, there were suitable fire safety management systems in the centre. For example, residents had personal emergency evacuation plans (PEEPs) to guide staff as to their evacuation support needs in the event of an emergency.

Regulation 10: Communication

Communication was facilitated for residents in accordance with their needs and preferences. The person in charge and a staff member spoken with were familiar with how the residents communicate and how best to communicate with them.

Residents in this centre communicated verbally. A review of two residents' files showed that communication plans, dictionaries or information in behaviour support plans were in place as required to guide staff on how best to communicate with them. They were found to have been reviewed within the last year. One resident's plan explained that they show through their behaviour when they are upset as they may remove their watch and throw it.

On review of other arrangements in place to meet the requirements of this regulation, the inspector observed that residents had access to a radio, television, Internet, and a phone. Four of the five residents choose to have a personal mobile phones.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had ensured that residents retained control of their personal property. Residents had their own items in their home and those items were recorded in a log of personal possessions of which the inspector reviewed a sample of two logs.

In addition, from communication with the person in charge and from a review of two residents' financial documents, residents were facilitated to have a financial account in their own name and have access to their own money.

Judgment: Compliant

Regulation 13: General welfare and development

The person in charge had ensured that residents had access to opportunities for leisure and recreation. Residents engaged in activities in their home and community.

Different residents regularly visited family members and some had gone on hotel breaks with their family members.

Residents were supported to set and achieve personal goals in order to enhance their quality of life. For example, some residents wanted to attend specific concerts which they did. Four residents chose that they wanted to go to Christmas pantomimes in 2025 and were supported to chose which one they would like. Different residents chose different pantomimes to book to see. One resident had a vision board in their bedroom with things that were important to them and what they would like to do in 2025. Three residents went on a weekend breakaway in June 2025.

One resident was observed to have received a certificate for completing a Tai Chi course in 2024.

From a review of two residents' files over a October 2025, the inspector observed that residents were being offered and participating in activities of their preference. Ranging from going to mass, going out for lunch or dinner, visiting pet farms, visiting different towns for days out, attending museums, and going shopping.

Judgment: Compliant

Regulation 17: Premises

This regulation was found to be substantially compliant. At the time of the inspection the premises was adequate in terms of layout and design for the assessed needs of the residents. However, some areas for improvement were identified.

While the centre was generally found to be very clean and in a good state of repair some areas required cleaning or replacement in order to ensure they were hygienically maintained or to ensure they could be appropriately cleaned.

For example, the back door had mildew surrounding it which was observed at the last inspection. The person in charge confirmed that the door was due to be replaced; however, there was no set date for when this would happen. Some minor

mildew was also observed in the grouting of some of the shower tiles. Mildew has the potential to impact on the residents' respiratory health.

The microwave was found to be dirty with some of the surface peeling. The flooring in one resident's bedroom was observed to have many marks from their chairs which also resulted in some of the floor being raised in those areas. While this was self-identified by the provider and funding was now approved for replacement of the flooring, there was no set date for when this would happen.

Each resident had their own bedroom with adequate storage facilities.

There were appropriate facilities in place to facilitate good hand hygiene, for example the inspector observed that hand wash and disposable hand towels were available. There were colour coded or labelled equipment used for cleaning the centre and preparing food. However, from speaking with a staff member and from observations, the inspector found that the staff were not always following the colour coded guidance or storage of the buckets instructions given by the person in charge. For example, the inspector observed that the bucket due to be used for bathroom only use was left stored outside the back door. A staff member communicated that it was used for all floors with a different mop head used for the different areas and as already stated this was not as per the written guidance for staff. This could put residents more at risk from contracting healthcare-related illnesses due to cross contamination. This was also identified at the last inspection for this centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and firefighting equipment, each of which was regularly serviced. Staff had received training in fire safety.

The inspector's review of three residents' PEEPs, confirmed that they guided staff on how to support residents in an emergency evacuation.

Regular fire drills were completed in order to assure the provider that residents could be safely evacuated from the building at all times including with minimum staffing levels and maximum residents participating. The inspector reviewed a sample of four drills. One drill was observed to have taken place during the hours of darkness as required.

There were fire containment doors in place where required and they were fitted with self-closing devices, intumescent strips and cold smoke seals. This meant that the doors would help prevent the spread of fire and smoke throughout the premises. All fire containment doors, which would facilitate containing a fire in the case of an

emergency, closed as required except for two. The identified doors were fixed on the day of this inspection.

The inspector queried if the fire alarm category was adequate for the centre. The person in charge arranged for a competent fire person to confirm in writing, post inspection, that they were satisfied that the fire alarm was sufficient.

Therefore, based on the inspector's review of the centre's fire precautions, it was found that measures in place at this time of this inspection were appropriate to keep the residents safe.

Judgment: Compliant

Regulation 6: Health care

This regulation was found to be compliant. Residents were supported with their healthcare needs and had access to allied health professionals when required.

From a review of two residents' files, the inspector observed that they had healthcare plans for any identified supports needs, for instance epilepsy care plans, and diabetes care plans. In addition, they had hospital passports, that would be used to guide hospital staff should the resident require a hospital stay.

A resident's diabetes care plan for type two diabetes did not contain information to guide as to the signs and symptoms to monitor for when the person was experiencing high or low blood sugars. This information was updated on the day of the inspection by a staff nurse.

The person in charge and one staff member spoken with were knowledgeable in the areas related to residents' healthcare needs and supports required.

Residents were supported to avail of national screening tests and vaccinations when they were deemed eligible. For example, from a review of two residents' files they had undertaken breast and bowel checks. Both residents were found to have received their flu, and COVID-19 vaccinations in 2025.

Residents were found to have access to a range of allied health care services, such as a general practitioner (G.P), a physiotherapist, an optician, and a neurologist when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience best possible mental health and when required had access to the support of allied health professionals. For example, they had access to a behaviour therapist, and a psychiatrist as required.

From a review of one resident's file, the inspector found that where required, residents had a positive behavioural support plan in place which was reviewed in June 2025 by a behaviour therapist. This ensures staff have the correct, up-to-date information to provide the resident with the right support.

The behaviour Support plan was found to outline potential triggers of behaviours as well as both proactive, reactive strategies and a post crisis section to guide staff in how to support the resident in times of distress.

For instance, the plan guided staff to change the subject and redirect the resident during times they were being distressed.

There were no restrictive practices in place at the time of this inspection.

Therefore, based on the above information, the inspector was satisfied that the systems in place met the requirements of this regulation.

Judgment: Compliant

Regulation 8: Protection

There were suitable arrangements in place to protect the residents from the risk of abuse.

The inspector reviewed the finance balance recording sheets for one month for two residents and found that the residents' money was being checked daily by staff to facilitate safeguarding of their money.

Examples of some of the other suitable arrangements in place included:

- staff were suitably trained to recognise and escalate any safeguarding concerns
- there was a reporting system in place with a designated safeguarding officer (DO) nominated for the organisation
- a staff spoken with was able to identify who the DO was to the inspector, and the identity of the DO was displayed in the centre.

There were no reported safeguarding concerns in the centre since 2023. A staff member spoken with was familiar with the steps to take should a safeguarding concern arise including a witnessed peer-to-peer incident or an unwitnessed disclosure. The person in charge was aware of the requirement to report any safeguarding concerns to the relevant external bodies.

From a review of three residents' files, the inspector observed that there were intimate care plans in place that clearly guided staff as to supports residents required. Based on the above information, the systems in place promoted a culture of safeguarding.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Joanstown, Rathowen OSV-0004906

Inspection ID: MON-0048282

Date of inspection: 04/11/2025

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC has developed a new roster template on 05th November to clearly identify the planned and actual roster for all staff on day and night shift in the centre. The centre has a sign-in book, identifying the staff present on duty each day/night. The new roster template will identify if there is a reduction in staff levels required due to residents absent from the centre. The PIC developed a risk assessment identifying the control measures when staffing levels are reduced due to resident absence in the centre, such as holidays or overnights with family. The PIC completed a risk assessment, outlining the risk and control measures in the event of staff out on sick leave.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The HSE Estates department have identified the tender, to complete the identified improvement works to the centre. The outlined works will be completed by 31st January 2026. The PIC will send out a resident's representative's questionnaire by 01st December 2025 to families, to be completed and returned and information collated in advance of the annual review 31st January 2026. This will form part of the representative views on the services provided to the residents and an opportunity to anonymously present feedback. The ADON will contact families during the annual review and six-monthly inspection reports and document a summary of the representatives views on quality, safety of care and support provided to the resident.	

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The HSE Estates department have identified the tender, to complete the identified improvement works to the centre. The outlined works, to include replacement of the back door, renovation of the ensuites, kitchen units renovated and replaced floor covering will be completed by 31st January 2026. The tiles in the main bathroom has been re-grouted on 24th November 2025. The microwave has been replaced on 26th November 2025.
The cleaning schedule and the standard operating procedure on the color coding of the mops and buckets has been reviewed and updated on 05th November. This information has been discussed with staff and they have read and signed understanding of same. The cleaning schedule forms part of a rolling agenda on the staff meetings.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	10/11/2025
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	31/01/2026
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	05/11/2025
Regulation 23(1)(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	10/11/2025

	systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/01/2026