



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

Issued by the Chief Inspector

Name of designated centre:	Ford Services
Name of provider:	Corlann
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	13 January 2026
Centre ID:	OSV-0004940
Fieldwork ID:	MON-0044770

About the designated centre

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

Ford Services is a designated centre operated by the Brothers of Charity Services Ireland CLG. The centre provides residential care for up to eleven residents, who are over the age of 18 years and who have an intellectual disability. It comprises of five self-contained apartments and a large semi-detached two storey house located nearby. The centre is close to amenities such as public transport, shops, restaurants, churches, post office and a bank. The model of care is social and is based on the process of individualised assessment. Staff are on duty both day and night to support the residents who avail of this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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 13 January 2026	10:00hrs to 18:00hrs	Maureen McMahon	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor compliance with the regulations. The inspection was facilitated by the person in charge and two team leaders. The inspector also had the opportunity to meet with a number of staff who were on duty, and also with all residents that lived in the centre. The last inspection of this centre took place in March 2024. Since then, the service had been reconfigured and now accommodates up to 11 residents across two locations. One location comprises of five self-contained apartments in the centre of a small town, while the second location consists of two modern, two-storey semi-detached houses functioning as one single house, located in a residential area close to a town. Both locations are in proximity to each other.

The centre was home to ten residents on the day of inspection, with one vacancy. It was clear from observation in the centre and discussions with residents and staff that residents had a good quality of life, were supported to live as independently as possible, and be involved in activities they enjoyed both in the centre and local community. However, improvement was required in the governance and management of the centre in relation to staff training and development, oversight of audits, the upkeep of the premises, infection prevention and control (IPC) measures and fire safety arrangements.

Upon the inspector's arrival to the self-contained apartments, they were greeted by the team leader, the person in charge, and a resident. Throughout the morning, residents dropped into the communal kitchen adjoining one of the apartment to say hello, have a coffee and make plans with staff for the day. All residents invited the inspector to view their apartments. During a walk-around, some apartments were found to require further cleaning and upkeep, both internally and externally. Areas identified included the review of storage in one apartment to ensure the resident was able to access their bedroom safely, also this apartment required kitchen repairs to ensure IPC risks were addressed. The inspector saw all residents' bedrooms and living areas were personalised with preferred items such as family photos, football memorabilia, and personalised furniture, including armchairs. The inspector met all five residents in this location. Some residents spoke at length with the inspector about the care and support they received in the centre, for example they described staff as helpful and described independence regarding their daily routine and meal times. All residents spoke positively about the level of care and support provided, with some sharing highlights from 2025 including a holiday to Spain, and reflecting on a holiday to France in 2024. Residents were also supported to participate in activities both within the centre and the local community.

The second location in the centre comprises two semi-detached, two-storey houses in a nearby residential area. These houses were originally two separate dwellings but had since been linked at the rear and now functioned as one single house.

The inspector had an opportunity to meet with all five residents who lived at this location. Residents spoke to the inspector about living in the centre, how they interact and spend their time, and also about different activities they are involved in. All residents spoken with described a high level of satisfaction with the centre and quality of care provided. One resident who had recently transitioned to the centre described how they had settled in easily and staff were very helpful. Residents described some of the activities they enjoy and are supported to partake in, such as art, with one resident telling the inspector about an art exhibition they had held of their work. Other residents spoke about breaks away with family. Records reviewed detailed other activities residents enjoyed such as swimming, visiting restaurants, reflexology, and shopping.

Throughout the inspection, the inspector observed staff spoke with residents respectfully and reassured them where necessary. Relationships with family and friends were very important to residents in this centre, and the management team described how they supported these relationships. For example, many residents had spent Christmas with family or had arranged time with family in the New Year. Residents were also involved in regular community activities, such as going to the barber, shopping, going out for meals or a drink. Residents were well known within the local community and some accessed the community independently. Staff described residents as being very well integrated into the local community and this had resulted in natural safeguards. For example, staff described community members checking in with residents at times. The inspector met a friend of some residents who called into the communal kitchen for a coffee during the afternoon. From discussions held, it was found they regularly called over to share a coffee or a meal with the residents when invited.

In summary, based on what the inspector observed, read and discussed, this service was person-centered, with staff promoting and respecting resident's human-rights. The person in charge told the inspector they are working with residents to apply the Assisted Decision-Making (Capacity) act 2015 to support choice and personal autonomy. While this inspection identified a good level of personalised care and support for residents, there were areas for improvement related to governance and management, monitoring systems and the provider's oversight of this centre.

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 and quality of life of residents.

Capacity and capability

While there were governance and management structure in place, the registered provider needed to further improve the overall governance and monitoring in this centre to ensure the service provided was a safe quality service for residents. The

areas that required review related to staff training and development, and the monitoring systems in areas such as health and safety, fire safety and IPC.

Improvement was required to the oversight and delivery of training in the centre. Some staff members did not have basic training completed in the management of behaviours, whilst others were awaiting fire safety training.

A defined management structure was in place with clear lines of accountability. Staff were supported by the team leader in each location and the team leader reported to the person in charge. There were various oversight arrangements in the centre such as the annual review of the service and provider's six-monthly unannounced audits. The inspector reviewed the most recent annual review which was the annual review for 2024. This review included consultation with residents and their representatives. Feedback from certain residents identified that they wished to swap apartments within the centre. In response, the provider took action and progressed this request. The inspector spoke with a resident regarding this move, who described the positive outcomes experienced since, including a quieter environment and improved access to the local town.

While some oversight arrangements were in place, the inspector identified a number of significant deficits in governance during the inspection. The provider had completed a six monthly unannounced audit of the centre. The inspector reviewed the most recent review completed in November 2025. This review had identified some staff required mandatory training with a timeframe for completion of 31 December 2025; however, this remained outstanding at the time of this inspection. The inspector reviewed audits completed in 2025 and found gaps in documentation. For example, monthly audits of medication management and IPC were not undertaken on five occasions during 2025. An IPC audit was completed in October 2025; however its findings were not consistent with the inspector's observations on the day of inspection. Records further showed multiple dates in 2025 where vehicle safety checklists were not completed. The provider had undertake a review of the centre for 2025 and was aware gaps in oversight had occurred. In addition, the inspector found staff were not supervised in a manner appropriate to their role and responsibilities.

The provider had completed an annual review of the centre for 2024 and was beginning the process of the 2025 annual review at the time of inspection. The feedback mechanism utilised for residents was resident meetings that occurred twice each month. The 2024 annual review highlighted a high level of satisfaction overall with one resident raising some concerns that the provider has since resolved.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. Residents had access to a range of allied health care professionals, including nursing, behaviour support, and psychology services. Residents also had access to transport and could utilise the local train service. The provider had ensured that the staff numbers and skill mixes were aligned with the assessed needs of the residents. The inspector observed that there were adequate

staff on duty to support residents throughout the inspection, a review of staff rotas confirmed that these staffing levels were consistently maintained.

Notwithstanding the deficits identified during the inspection, residents in the centre reported high levels of satisfaction with the centre and the care and support received.

Regulation 15: Staffing

The provider had ensured that the numbers and skill mix of staff were appropriate to the assessed needs of the residents using the service. The provider had responded to the changing needs of residents and allocated additional support hours to the centre. In addition the centre had access to nursing care where required to support the healthcare needs of residents.

The provider had a planned and actual rota in place. This was reviewed for December 2025 and up to the 13 January 2025. This was found to be well maintained and accurate on the day of inspection. Staff who spoke to the inspector were knowledgeable of each resident's individual support needs and clearly described the personal goals each resident was progressing.

The inspector reviewed two staff files and found information and documents specified in Schedule 2 of the regulations was available to view. One staff file was awaiting an up to date Garda Síochána vetting report on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Refresher training and supervision of staff required improvement in the centre. The inspector reviewed the training matrix for the centre and found some staff members required refresher training in fire safety and managing behaviours of concern. In addition three staff had not completed basic training in managing behaviours of concern. The provider had identified these gaps in a recent review and was aware staff required both mandatory and refresher training.

The inspector reviewed staff meeting records and found that meeting were held infrequently with only three meetings having occurred in 2025. Records found that full staff attendance was not achieved at any meeting in 2025. In addition, the minutes reviewed lacked detail, did not share relevant service information, and did not provide opportunities for collaborative problem-solving.

The inspector found staff were not supervised in a manner that was appropriate to their role and responsibilities and as set out by the providers own policy. This was

discussed with the management team who acknowledged this was an area that required attention. Discussions with staff verified that individual supervision was not routinely occurring; however staff did report that they could access members of the management team for support as needed.

Judgment: Not compliant

Regulation 23: Governance and management

Improvement to the provider's management arrangements was required to ensure that a good quality and safe service would continue to be provided for residents who lived in this centre. These included improvement to auditing and oversight of health and safety including fire safety and local audits.

There was a suitably qualified and experienced person in charge. However, the person in charge also held responsibility for three other designated centres. The provider had undertaken recruitment and the responsibility held by the person in charge is planned to be reviewed in February 2026. A team leader was assigned to each location in the centre to support the person in charge with managerial duties. Although residents were found to have a good quality of life and were safe in the centre, the person in charge had identified during a review of 2025 a shortfall in oversight arrangements such as health and safety checks and medication management audits. For example, in one location a weekly health and safety checklist was not completed on 21 occasions and in another location a monthly medication management audit was not completed on five occasions. The inspector observed practices relating to health and safety required review in one location, for example an exit door was partially obstructed with items on the day of inspection. This was brought to the attention of the provider and immediate action taken to remove these items.

Resident meetings took place in the centre twice each month from discussions had with local management. The inspector sought records of resident meetings from 2025; however, records were only available for two meetings that had occurred during this period. It was not clear if regular resident meetings were taking place in the centre.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

All residents had been provided with a contract for the provision of services. The contract detailed the facilities and services that would be provided to residents living

in the centre. The three contracts reviewed were signed by the resident and their representative.

Judgment: Compliant

Quality and safety

In summary, the overall care provided to residents was good, and residents said they were happy with the service provided to them. The provider ensured that residents experienced a high level of person-centered care, enabling them to enjoy lifestyles of their choice in a way that suited their individual preferences and assessed needs. However, a review of certain aspects of the premises was required, and improvements were also needed in relation to fire safety and IPC practices within the centre.

Residents were supported and encouraged to manage their own personal belongings. They had access to and control over their personal finances and were provided with support where required. The provider had made information available in relation to the Assisted Decision-Making (Capacity) act 2015.

The provider also ensured the centre was located in a community with access to local amenities, services, and public transport. The centre comprised of five self-contained apartments and two linked semi-detached houses. This accommodation met residents' needs, was comfortable, and was personalised in line with residents' individual preferences. Laundry facilities were available for residents use if they wished, and a refuse collection service was provided.

The inspector found that residents had flexibility in how their service was provided. Residents could choose to do home based activities, community-based activities, or join a nearby day service. On the day of inspection, some residents were attending a men's shed in a nearby town where they planned to carry out carpentry work. Other residents had chosen to take a trip to Barna and enjoy a coffee out. Staff described how residents were informed about activities taking place in the local day service, such as music sessions, should they wish to attend.

Assessments of residents' health, personal and social care needs had been carried out. The provider had developed individual plans for all residents based on their assessed needs. Residents' healthcare needs were well supported in the centre. Staff described recent medical appointments for residents and outlined the supports put in place, such as planned admission times and the use of social stories to support residents in attending appointments.

The provider had arrangements in place to protect residents from any form of harm or abuse. These included safeguarding policies, procedures, and systems to support residents in managing behaviours of concern when required. The use of restrictive

practices was minimal, and any restrictions were in place to keep residents safe and were subject to ongoing review.

Improvements were required to fire safety systems in relation to centre evacuation plans and fire drills. Storage and housekeeping arrangements in a resident's bedroom required review to ensure escape routes are unobstructed at all times to safeguard residents and staff and minimise the risk of harm in the event of fire.

Regulation 12: Personal possessions

Residents were supported to have control over and manage their own personal possessions in keeping with their rights, needs and wishes. Residents also had full access to their finances.

The inspector observed the provider had supported residents to decorate their living space with items that were important to them. For example, a resident with an interest in tractors had a sideboard made from a repurposed tractor grill. Other residents were observed to decorate their living space with personalised photos and items they enjoyed such as DVDs and artwork. Residents' personal possessions were treated with respect by staff, for example, where a resident chose to retain items from previous seasons, such as easter, staff were supportive and ensured the resident's rights were respected.

Throughout the inspection, staff were observed seeking permission before entering residents' living areas. The inspector reviewed the financial records for two residents and found them to be well maintained. The provider had a system of oversight in place for cash balances to be checked, and these records were up to date. Account statements were available for residents in the centre, and these were regularly reconciled with cash records.

Judgment: Compliant

Regulation 17: Premises

Improvements were required to some apartments to ensure they were maintained in a good state of repair, both internally and externally.

Some areas were found to be cluttered with items. For example, one resident's bedroom was observed to be restrictive and did not allow free movement for the resident or staff. Bags and suitcases were stacked beside the wardrobe, and the room was also being used to store items such as a wheelchair, a standing hoist, and medical equipment. These items cluttered the room posing a health and safety risk.

The external garden area was not well maintained. A build-up of leaves posed a risk, along with other issues such as a broken fence. Cigarette ends were observed littered to the rear of a residents' property, and it was unclear whether a designated smoking area was available for residents or staff.

The storage of mops in one location also required review. The inspector observed mop heads stored in a disorganised manner, with no colour-coding system in place to guide staff.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had arrangements in place for the assessment, management, ongoing review and learning from risk. This was evidenced by the centre's risk register and individual risk management plans. The inspector reviewed the accident and incident review undertaken by the person in charge for quarter three 2025. This review was comprehensive and demonstrated learning from each incident that had occurred. The management team was proactive in reducing the likelihood of incidents occurring. For example, where an incident involving a lighter had occurred, alternative solutions were explored for the resident. The human rights review committee was also involved in working with the centre to review this scenario. The provider had risk assessments in place for specific risks, including falls and the management of behaviours of concern. These control measures were observed to be in place during this inspection, such as, the use of appropriate handling equipment for a resident and close staff supervision where a falls risk was identified.

The provider had a system in place to respond to emergencies such as loss of power or heat. Staff were aware how to respond in such emergencies and the areas planned should relocation be required.

Judgment: Compliant

Regulation 27: Protection against infection

The National Standards for Infection Prevention and Control in the Community Services had not been fully implemented across all areas of the centre. Improvements were required in the general cleanliness of some apartments.

During a walkaround of the centre, the inspector observed several areas that were visibly unclean. For example, a cooker hood had a build-up of grease and dust, while an oven, air-frier and separate grill were all found to have food residue. Some surfaces were also unclean, including a soiled dishwasher door and handle, and

stained kitchen tiles. Additional findings included a damaged kitchen worktop, chipped paint on kitchen doors and also the kicker board. These surfaces were defective and could not be cleaned effectively. The inspector also observed a couch that was worn, with frayed material, which posed an IPC risk. The inspector reviewed cleaning checklists for December 2025 and found them to be generic in nature. Improvements were also required in the management of household waste, as not all bins were foot-operated or covered, posing a potential risk to residents and staff.

The inspector reviewed the most recent available infection prevention and control audit undertaken in October 2025. There was disparity between the findings of this audit and the observations on the day of inspection which indicated better assurance mechanisms were needed to ensure compliance with the National Standards for Infection Prevention and Control in Community Services. This local audit had found full compliance with IPC practices in the centre.

Judgment: Not compliant

Regulation 28: Fire precautions

Improvement was required to ensure the evacuation procedure for the centre was effective and protected residents from risk of injury should fire occur. The provider had not ensured the centre had regular fire drills.

The inspector reviewed records of fire drills, equipment servicing, internal safety checks, fire training records, and personal evacuation plans. There were arrangements in place for servicing and checking fire safety equipment, and these processes were up to date. However, fire drills did not take place frequently in one location with no night drill having occurred in 2025. The person in charge told the inspector a night drill was identified as a priority and is due to take place in the coming days.

The inspector reviewed the evacuation procedure for the centre, this did not provide sufficient guidance to support staff in the event of a fire occurring. For example, the sequence of evacuation for residents was unclear and planned evacuation routes were not identified.

One resident's bedroom storage required review by the provider to ensure escape routes were not obstructed. Due to poorly stored items a fire exit was partially obstructed and posed a health and safety risk. This matter was brought to the attention of the person in charge, and the items were relocated during the inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs.

The provider had prepared comprehensive assessments of residents' health, personal and social care needs, individual personal care plans had been developed for each resident. For example, one resident with changing needs had clear plans in place to guide staff in areas such as mobility and healthcare. This process was dynamic and updated frequently in line with the resident's needs. The inspector viewed a sample of two residents' personal plans and found these had been developed with input from the provider's multidisciplinary team. Visual personal plans were made available to residents where required.

From discussion had with staff members and residents, it was clear that personal planning was undertaken with the resident at the centre of the process, with family involvement as appropriate. Residents spoke to the inspector about some personal goals they had recently achieved. For example a trip abroad to Spain, while another had taken a hotel break with family over the recent Christmas period.

Judgment: Compliant

Regulation 6: Health care

Where residents were assessed with health care needs, the provider had arrangements in place to ensure they received the care and support that they required.

Residents were supported to make informed decisions about their care and treatment they received. The person in charge discussed a recent medical procedure for a resident and the reasonable adjustments advocated for this resident whilst accessing the hospital system and the positive outcome that had resulted. The centre was supported by allied health care professionals, including nursing and specialist community teams as required.

Management and staff were proactive in referring residents to healthcare professionals. For example, on the day of inspection, a resident was supported to attend a medical appointment as a follow-up to a previous finding. A sample of two files reviewed confirmed that residents were supported to avail of seasonal vaccinations, such as for influenza vaccine. Residents who were eligible were also supported to access national screening services, including BowelScreen.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to safeguard residents from any form of harm or abuse. The provider had previously submitted a notification to the Chief Inspector regarding an identified safeguarding issue in the centre. The provider had taken appropriate measures to ensure the safety of all residents. The inspector discussed these control measures and found them to be effective on the day of inspection.

The person in charge had ensured that all staff had received appropriate training in relation to safeguarding, including the prevention, detection and response to abuse or allegations of abuse. Staff were knowledgeable about the learning from this training and their responsibilities in relation to safeguarding. The designated officer was available to the centre, and their contact details were clearly displayed.

Residents were supported to develop their self-awareness and self-care skills. For example staff had assisted residents to develop their independence skills whilst accessing the community for activities such as shopping or visiting the local pub. Support measures including check-in phone calls and the use of a wearable alert system, were in place to promote independence whilst ensuring that care and support was balanced and proportionate to living a safe and fulfilling life.

Residents had intimate care plans to guide staff where assistance was required in line with the resident's personal plan. Throughout the inspection, the inspector saw staff promoting residents' privacy and dignity, for example seeking permission to enter a residents apartment or knocking before entering a room.

Judgment: Compliant

Regulation 9: Residents' rights

The centre had a system in place to support residents' human rights where individuality was respected and promoted. Human rights training had commenced in the centre and was ongoing for staff members. Staff interactions with residents were observed to promote residents' human rights. For example, staff ensured residents had time to respond during conversations and residents were listened to carefully for their opinion and views on matters. Staff were observed encouraging residents to plan their routine as they wished, such as moving times of meals or affording time to residents to do activities at a time of their choosing.

Throughout the inspection staff were observed respecting residents' expressed needs and choices. For example, in the days prior to the inspection, one resident has expressed a wish to change their general practitioner (GP). The provider had supported this resident to understand the process, make enquiries with a new GP and progress this request.

In discussion with the person in charge, the inspector was informed of a current project focused on establishing an advocacy group within the centre. An expression of interest flyer had been circulated to all residents, and the process was ongoing. Residents also had access to complaints processes and independent advocacy services. Accessible information about these services was available throughout the centre to inform residents and their representatives.

The layout of the centre provided each resident with their own private apartment, or, in the second location, a private sitting room or sensory room. This ensured that residents could enjoy privacy or time alone as they wished. Residents could also choose to join others in communal areas in the centre.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ford Services OSV-0004940

Inspection ID: MON-0044770

Date of inspection: 13/01/2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>In accordance with regulation 16(1) (a) the provider has completed a full review of the training matrix has been completed, and all outstanding mandatory and refresher training in fire safety and the management of behaviours of concern has been completed as of January 27th.</p> <p>In accordance with Regulation 16 (1) (b) a structured supervision schedule has been implemented to ensure all staff receive individual supervision in line with the provider's policy. Team Leaders will support the Person in Charge in delivering and recording these sessions. Staff meetings will take place on an 8-weekly basis with attendance reviewed and recorded in line with the service providers Template. These actions will ensure that staff are appropriately trained, supported, and supervised to carry out their roles safely and effectively</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In accordance with regulation 21(C) the provider will ensure that the current standardised system for weekly health and safety checks, monthly medication management audits, fire safety monitoring, and resident meeting records will be consistently audited with Team leader to ensure same are completed in a timely manner and are reflective of the current status within the centre. The person in charge will meet</p>	

on a monthly basis with Team leader to review compliance with the above. PIC will schedule refresher training (Flex) on audit completion, documentation, and health and safety practices. These actions will ensure consistent compliance and improved oversight across the service. New member of Management who will be commencing the role on February 3rd 2026 will be participating in PIC responsibilities ensure overall governance within the designated centre.

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Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 In accordance with Regulation 17 (1) (b) the provider will ensure that all apartments are maintained in a good state of repair both internally and externally. The identified individual's bedroom has been decluttered, and items for storage such as the wheelchair, standing hoist, and medical supplies now have an alternative and more suitable storage space. The external garden area has been cleared of leaves, and the broken fence has been removed. A designated smoking area has been in place to the rear of the property since previous inspections. This area includes a sheltered canopy and a wall mounted cigarette disposal unit. The provider will ensure that these facilities are used appropriately at all times and that cigarette waste is managed effectively. The storage of mops has been reviewed, and a colour coded system has now been implemented in line with infection control guidance. Mop heads are now stored in an organised and hygienic manner. These actions will ensure that the premises remain safe, well maintained, and compliant with Regulation 17.

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Regulation 27: Protection against infection	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:
 In accordance with Regulation 27 the provider will ensure Immediate cleaning of the identified apartments has taken place, including deep cleaning of the cooker hood, oven, air fryer, grill, dishwasher door and handle, and all kitchen surfaces. Damaged or defective surfaces, including the kitchen worktop were completed on the weekend of the 30th of January, Chipped paint on kitchen doors and the kicker board, have been reported for repair to ensure they can be cleaned effectively. This will be completed by 28th of February The worn couch with frayed material has been removed and replaced with suitable

furniture that meets IPC requirements.

Cleaning checklists are being reviewed and updated to ensure they are specific, task focused, and reflective of the cleaning needs of each apartment. Staff have been briefed on same and the expectations for daily and weekly cleaning routines. Improvements have also been made to the management of household waste, with all bins now foot operated or covered to reduce infection control risks.

The PIC has scheduled an IPC practitioner to conduct an IPC audit and all actions will be completed in a timely manner. The PIC will liaise with the Team leader to ensure that all actions are addressed as a priority. Management have also requested a review of the IPC audit tool.

Audits will now be completed monthly by the Team Leader and reviewed by the Person in Charge. Any deficits identified will be actioned immediately and monitored through the centre's governance processes and facilities work requests portal on Flex.

These actions will ensure that infection prevention and control practices are consistently implemented and monitored, and that the environment remains safe and hygienic for individual and staff.

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Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: In accordance with Regulation 28(2)(B)(i) the provider ensured the partially obstructed escape route identified in one resident's bedroom was immediately addressed during the inspection, and storage arrangements in this apartment have since been reviewed to ensure escape routes remain unobstructed at all times.

In accordance with Regulation 28(3)(d) the PIC and Team leader have reviewed the center's evacuation procedures are currently underway and were completed by 30 January 2026. This review ensures the procedure provides sufficient direction to staff, including a clear sequence of evacuation for people supported and the identification of planned evacuation routes. Personal evacuation plans have also been reviewed to ensure they accurately reflect individual' needs and support safe and effective evacuation.

In accordance with Regulation 24(B) a night drill has now been completed, and a revised fire drill schedule has been developed to ensure drills occur at appropriate intervals, including both day and night scenarios. All staff will participate in drills to ensure they are fully aware of the procedure to be followed in the event of fire, and drill outcomes will be reviewed to inform ongoing improvements.

In accordance with Regulation 28(5) The provider will update the fire procedures to include clear evacuation routes and the resident evacuation sequence. These updated procedures will be displayed prominently in all required locations, and staff will be informed of the changes and shown where the procedures are located.

These actions will ensure that fire safety arrangements, evacuation procedures, and staff awareness are strengthened and maintained in line with regulatory requirements

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Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	27/01/2026
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	20/01/2026
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	22/01/2026
Regulation 17(1)(c)	The registered provider shall ensure the premises of the	Substantially Compliant	Yellow	22/01/2026

	designated centre are clean and suitably decorated.			
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.	Not Compliant	Orange	31/03/2026
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	28/02/2026
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	20/01/2026
Regulation 28(3)(d)	The registered provider shall make adequate	Substantially Compliant	Yellow	30/01/2026

	arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 28(4)(b)	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.	Not Compliant	Orange	28/02/2026
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	31/01/2026