



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

Issued by the Chief Inspector

Name of designated centre:	Rowan Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	18 June 2025
Centre ID:	OSV-0004958
Fieldwork ID:	MON-0047269

About the designated centre

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

Rowan Services can provide full-time residential services for up to nine individuals of mixed gender with a mild, moderate or severe intellectual disability and/or autism. The age range of people supported is from 18 years to end of life. The centre comprises of two houses, both located on the outskirts of a well serviced village and suitable transport is provided to assist residents in accessing their local community. Some individuals may present with complex needs such as medical, mental health, mobility and/or sensory needs and dementia and may require assistance with communication. Some also present with behaviours that challenge. The service can support individuals with reduced mobility on the ground floor of both houses. The staff team is comprised of nursing staff, social care workers and support staff with sleep-over staffing arrangements at night-time.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 18 June 2025	09:10hrs to 16:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, carried out to monitor compliance with the regulations. Rowan Services consists of two detached houses which are located in close proximity to one another on the outskirts of a rural village. Both houses were visited as part of this inspection. At the time of inspection, there were four residents accommodated in each house. There was also another resident who was staying on some nights of each week while transitioning to live full-time in one of the houses.

The inspection was facilitated by the person in charge and team leader. The inspector also met with four staff who were on duty. Over the course of the day the inspector had the opportunity to meet with seven residents who indicated that they were happy living in the centre. Throughout the day, the inspector observed that residents appeared to be relaxed and content in their environment and in the company of staff supporting them.

The first house visited during the morning of inspection was a dormer style detached house set on its own grounds overlooking the bay. The four residents living in this house were of an older age profile, had retired from work and, enjoyed a quieter and slower pace of life. An integrated model of care was provided and there were structured arrangements in place to provide residents with activities and programmes of their choosing in their own home. Each resident had a documented weekly activity schedule and included activities such as massage, music, horse riding, swimming, photography, walks, eating out and shopping. The weekly programme included a one to one personal day whereby each resident could decide on an activity or outing of their choosing for the day. The routines observed throughout the morning-time reflected the individualised nature of the service. There was a relaxed atmosphere in the house with residents observed going about their usual morning routines. For example, residents got up as they wished and had breakfast of their choice. Some were observed to relax and chat with staff in the kitchen area, while others relaxed in their preferred sitting room. One resident was supported to have their weekly massage which they preferred to have after their morning shower and another resident decided on getting out for a walk. Despite increasing age and accompanying demands such as decreased mobility, individuals were encouraged to retain skills, remain mobile, and independent while staff offered whatever assistance was required. Residents, for example, were encouraged to dress independently and help with their own laundry. Some residents were observed helping out in the kitchen and bringing their used crockery to the dishwasher.

The house was found to be comfortable, spacious, well maintained and visibly clean throughout. All resident accommodation and facilities were provided on the ground floor, while staff facilities, office and storage spaces were provided on the first floor. The provider had continued to invest in the premises and further improvement works including a new fitted kitchen, new flooring to kitchen, dining room and hallway had been provided. Residents had access to a large kitchen, dining room and two sitting rooms. All residents had their own large bedrooms, four of which

had en suite shower facilities. Bedrooms were found to be decorated and personalised in line with residents preferences including framed photographs, residents own artwork and other items of special significance. There was a separate well equipped laundry room and cleaning store provided externally. The house was designed and well equipped with aids and appliances to support and meet the assessed needs of the residents living there. Specialised equipment including beds, mattresses and showering equipment were provided as required. Following the last inspection, one bedroom had been re-designed to facilitate evacuation directly to the outside of the house in order to improve the safe evacuation needs of that resident in the event of fire or other emergency. Residents had access to a large landscaped garden and outdoor patio area. There were no restrictions in place and residents could choose to go outside as they wished. Some enjoyed tending to and watering the plants.

The inspector visited the second house during the afternoon of inspection. The house is a single storey detached bungalow with an apartment attached and located on its own mature landscaped grounds. Staff reported that the four residents living in this house were generally in good physical health and led active lives. Three residents attended day service programmes on a varying number of days per week. One resident attended day programmes on three mornings a week while two others attended four to five days per week. One resident living in the apartment was supported with a day programme from the house. Staff outlined how this resident was supported with a full weekly timetable of activities specific to his interests which included social farming, music, art, horse riding, swimming, gymnasium and reflexology. This resident also enjoyed volunteering as a dog walker. Residents in this house enjoyed partaking in a range of activities and in attending social events together. Residents had recently enjoyed attending the Riverdance show at the Gaiety Theatre in Dublin, visiting the Velorail in Co. Mayo, an Alpaca show in Mullingar and a night at the greyhound racing track in Galway. Residents spoke about how they were looking forward to planning and getting dressed up in various costumes for the upcoming Club Tropicana themed event later in the week. They were also looking forward to attending Ablefest, an inclusive music & arts festival in Dublin later in the summer. Two residents had recently enjoyed an overnight stay away on Achill Island and cycling on the greenway. Residents continued to be involved and attend a variety of events in their local community including eating out in local restaurants, having a drink in local bars, shopping, attending music events and shows. Some residents enjoyed partaking in a number of sporting activities including badminton, boccia, tennis and basketball, while others enjoyed attending and watching matches on television and supporting their local football teams. All residents enjoyed attending the local church at weekends. Residents also liked to spend time in the house relaxing, watching television or DVD's, using their hand held computer devices and helping out with household tasks such as vacuuming the floors, assisting with laundry, changing bed linens, putting away clothes and setting the table for meals.

The second house visited was found to be bright and spacious, well maintained and visibly clean. It was furnished and decorated in a comfortable and homely manner. Residents in the main house had access to large kitchen dining area, sitting room and snug. Each resident had their own bedroom, one of which had en suite shower

facilities. Bedrooms were found to be comfortable and personalised with items of significance to each resident. There was adequate personal storage space provided. Residents had access to a large garden and terrace area to the rear of the house. The garden areas were planted with a variety of colourful plants and shrubs. There was a variety of outdoor garden furniture including a dining set, swing chair and trampoline. On the day of inspection, one of the residents was observed spending time outside and having snacks at the outdoor dining table. The provider had plans in place to provide a roofed garden pergola so that residents could enjoy spending more time outside. The apartment to the rear of the main house was fully self-contained with kitchen, dining, sitting room, bedroom and fully assisted shower room. The resident accommodated in the apartment had access to their own secure enclosed garden area.

There was continuity of care from a core staff team who knew the residents well in both houses. Staff spoken with were very knowledgeable regarding the level of care and support needs of residents including their likes, dislikes and interests.

Staff stated how, in addition to daily communication in the house, they met with residents once a week to discuss general issues that arose in the house and to allow residents to express any concerns they may have. Residents also had the opportunity to discuss their preferred menu plan for the week, and be reminded about upcoming events and medical appointments. Staff also confirmed that residents could access advocacy services and how one resident was a member of the the providers advocacy forum, attended the groups meetings and advocacy conference.

Residents were facilitated to maintain relations with their respective family members and friends. There were no visiting restrictions in place. Each resident could meet with visitors in private if they wished. Staff spoken with confirmed that some residents received visits from family members and friends in the centre and some routinely visited their family members at home. Staff had recently supported a resident to visit their family member who was residing in a nursing home and another resident to visit a family member in Co. Roscommon.

In summary, the inspector observed that residents were treated with dignity and respect by staff. Throughout the inspection, the inspector saw staff members actively engaging with residents, offering choices and supporting their preferences. They continually strived to ensure that the care and support provided to residents was person-centred in nature and that they prioritised the wellbeing, autonomy and quality of life of residents. It was clear from observation in the centre, conversations with residents and staff, as well as, information reviewed during the inspection, that residents had a good quality of life and had choices in their daily lives.

Overall, there was good compliance with the regulations reviewed on this inspection and issues identified from the previous inspection had largely been addressed. However, improvements were required to some aspects of fire safety, to staff roster records and to updating of some residents personal plans.

The next two sections of the report outline the findings of this inspection, in relation

to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

The findings from this inspection indicated that the service was being well managed. There was a clear organisational structure in place to manage the service. The person in charge worked full-time and was supported in their role by a team leader in each house, staff team including nursing staff and sector manager. There were on-call management arrangements in place for out-of-hours. The arrangements were clear and made available to staff who worked in the centre.

The compliance plan submitted following the previous inspection had largely been addressed, however, improvements and further oversight was required to some aspects of fire safety, to ensuring that staff rosters clearly reflected the hours worked by staff in the centre and to ensuring that all support plans were regularly reviewed and updated.

The provider had ensured that the staff numbers and skill mix were in line with the assessed needs of the residents, statement of purpose and the size of the designated centre. The inspector noted that there were adequate staff on duty to support residents on the day of inspection. The staffing rosters reviewed for 15 June 2025 to 28 June 2025 indicated that a team of consistent staff was in place. The roster clearly set out the staff on duty including their roles however, the staff member in charge of each shift and the hours worked by staff at night-time was not always clear.

Staff training records reviewed indicated that all staff had completed mandatory training and further training was scheduled. Additional training had also been provided to staff to support them in their roles.

The provider had systems in place to monitor and review the quality and safety of care in the centre. The provider had continued to complete six monthly reviews of the service. The last review took place in May 2025. The annual review for 2024 had been completed and included consultation with residents and their families which indicated positive feedback. Priorities and planned improvements as a result of this review included further improvements to the premises including the upgrading and refurbishment of a bathroom in one of the houses and the provision of an outdoor pergola in the other house. Regular staff meetings continued to take place. Meetings were used as an opportunity to share information, to discuss the outcome of reviews and audits, including reviews of incidents, falls, medication errors, incidents of behaviour that challenged to ensure learning and to facilitate staff to have discussions or raise concerns about the service.

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge was also responsible for one other designated centre in the organisation. The person in charge was suitably qualified and experienced for the role. They had a regular presence in the centre. They were knowledgeable regarding the support needs of residents.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix was appropriate to the number and assessed needs of residents. The staffing levels at the time of inspection met the support needs of residents. The inspector found that the staffing levels were in line with levels set out in the statement of purpose. There were stable staffing arrangements in place. The staffing rosters reviewed for the weeks 15 June 2025 to 28 June 2025 indicated that a team of consistent staff was in place. The roster was found to be reflective of staff on duty however, further clarity was required to ensure the roster clearly set out the staff member in charge of each shift and the hours worked by staff at night-time.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that all staff who worked in the centre had received mandatory training in areas such as fire safety, positive behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them to safely meet the support needs of residents including various aspects of infection prevention and control, administration of medications, feeding eating and drinking guidance, dementia awareness, first aid, open disclosure and basic observations. The person in charge had systems in place to ensure all staff were provided with refresher training as required.

Judgment: Compliant

Regulation 23: Governance and management

The findings from this inspection indicated that the centre was generally being well managed. There was a clear management structure in place as well as an on-call management rota for out of hours and at weekends. The provider had continued to invest resources, had appointed a team leader in each house to further enhance oversight of the service and had carried out further improvements to the premises. The provider and local management team had systems in place to maintain oversight of the safety and quality of the service including annual and six monthly reviews. There was evidence that issues identified from reviews were actioned and addressed.

While the compliance plan submitted following the previous inspection had largely been addressed, improvements and further oversight were required to some aspects of fire safety, to ensuring that staff rosters clearly reflected the hours worked by staff in the centre and to ensuring that all support plans were regularly reviewed and updated.

Judgment: Substantially compliant

Quality and safety

Residents received a person centred service where their overall wellbeing and welfare was maintained by a good standard of care and support. The provider had adequate resources in place to ensure that residents got out and engaged in activities that they enjoyed on a regular basis and the staff team promoted and supported them to exercise their rights and achieve their personal and individual goals. Improvements outlined in the previous compliance plan that were required to infection, prevention and control and to formally reviewing an outbreak of infection that had occurred in the centre had been completed. Improvements works carried out to the premises had further enhanced infection, prevention and control and ensured that residents had a comfortable home. While the provider had completed works to improve the evacuation needs of residents, further improvements were required to other aspects of fire safety. Further oversight was also required to personal planning documentation to ensuring that support plans in place were regularly reviewed and updated.

Staff spoken with were familiar with and knowledgeable regarding residents' up to date healthcare and support needs. Residents had access to general practitioners (GPs), out of hours GP service and a range of allied health services. The inspector reviewed various sections of five residents files which were being maintained on a computerised documentation system. The inspector noted a range of risk assessments had been completed including post falls risk assessments for a resident who had recently fallen. Care and support plans were in place for all identified issues, however, some required review and updating. This is discussed further under

Regulation 5: Individual assessment and personal plan.

Personal plans had been developed in consultation with the residents, their representatives and their key workers. Review meetings took place regularly at which the residents' personal goals and support needs for the coming year were discussed and planned. The documentation reviewed was found to clearly identify goals for each resident, with a clear plan of action to support residents to achieve their goals. From discussions with staff and residents, a review of documentation and photographs, it was clear that some goals set out for 2025 had already been achieved while others were plans in progress. For example, a resident had recently enjoyed an overnight stay in Athlone, a boat trip on the river Shannon, a visit to a garden centre and to Ireland's oldest pub in line with their personal goals. A number of residents were looking forward to a planned trip to the Willie Clancy Music Festival in Co. Clare in July.

Both houses that comprised the centre were comfortable, visibly clean, spacious, furnished and decorated in a homely style. Residents that required assistive devices and equipment to enhance their mobility and quality of life had been assessed and appropriate equipment had been provided.

There were systems in place for the regular review of risk in the centre including regular reviews of health and safety, infection prevention and control and, medication management. Identified risks, as well as recent incidents, including falls, choking, behaviours of concern, safeguarding and medication errors were regularly discussed with staff in order to share learning and improve the quality and safety of the service. However, the risk register required updating to ensure that it was reflective of these reviews and risk in the centre. The management and staff team continued to promote a restraint free environment. There were no longer any restrictive practices in use in one of the houses and a reduction in some restrictions in use were being trialled in the other house.

While there were fire safety management systems in place, improvements were required to ensuring clarity around the locations of zones as displayed on the fire alarm panel. Some improvements were also required to fire drill records in order to provide assurances that residents could be evacuated safely in a timely manner in the event of fire particularly at night time when one staff on duty. Daily and weekly fire safety checks continued to take place. There was a schedule in place for servicing of the fire alarm system and fire fighting equipment. All staff had completed fire safety training.

Residents' rights were promoted in the centre. Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents' choice was respected and facilitated in the centre.

Regulation 11: Visits

Residents were supported and encouraged to maintain connections with their families. There were no restrictions on visiting the centre. There was adequate space available for residents to meet with visitors in private if they wished. Staff also supported residents to visit their family members at home, those residing in nursing homes or in other counties.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable support was provided to residents to achieve this in accordance with their individual interests and capacities. The centre was located close to a range of amenities and facilities in the local area and nearby city. The centre also had its own dedicated vehicles, which could be used for residents' outings or activities. From conversations with residents and staff as well as information and photographs reviewed during the inspection, it was evident that residents lived meaningful lives and spent time going places and attending events that they enjoyed.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met resident's individual needs. Both houses were found to well maintained, visibly clean, furnished and decorated in a homely style. There was a variety of shared communal living spaces available and an adequate number of toilets and shower facilities. The provider had continued to invest in the premises and further improvement works including a new fitted kitchen, new flooring to the kitchen, dining room and hallway as well as some new soft furnishings had been provided in one of the houses. Further improvements works were planned to upgrading and refurbishing a bathroom and replacing damaged flooring to an en suite shower room in one of the houses.

The design of the houses promoted accessibility with all accommodation for residents provided on the ground floor of both houses. Residents that required assistive devices and equipment to enhance their mobility and quality of life had been assessed and appropriate equipment had been provided.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. The centre had an emergency plan and all residents had a recently updated personal emergency evacuation plan in place. There were regular reviews of health and safety, incidents, medication management as well as infection prevention and control. The recommendations from reviews were discussed with staff to ensure learning and improvement to practice. However, the risk register required updating to ensure that it was reflective of these reviews and risk in the centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections. Issues identified at the previous inspection had been addressed. The guidance available to staff on infection prevention and control and, the prevention and management of COVID-19 had been reviewed and updated. There was evidence of good practice in relation to infection prevention and control noted. Staff working in the centre had received training in various aspects of infection prevention and control and were observed to implement this training in practice. There was a colour coded cleaning system and a documented cleaning programme being implemented. The building, environment and equipment were visibly clean and well maintained. Suitable storage facilities were provided for the storage of cleaning equipment and appropriate laundry arrangements were in place. Recent refurbishments to the kitchen and floor surfaces further enhanced infection prevention and control. Staff had access to an infection, prevention and control practitioner in the organisation who was available for guidance and support. Regular reviews of infection, prevention and control were taking place. Issues identified following a recent infection prevention and control audit had been addressed.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements were required to some aspects of fire safety management. For example, the fire alarm panel in one of the houses indicated three zones, however, staff were unclear as to what rooms were located in each zone. There was no layout plan of the house indicating the location and specific rooms in each zone. For example, staff were unclear as to which zone the kitchen was located in. This posed

a risk and could result in a delay in identifying the location of a fire. Improvements were also required to fire drill records in order to provide assurances that residents could be evacuated safely in a timely manner in the event of fire particularly at night time when one staff on duty. While regular fire drills of both day and night-time scenarios were taking place involving all staff and residents, some drill records provided limited information. The most recent fire drill of a night-time scenario dated 25 February 2025 indicated that the time taken to evacuate residents required improvement, however, the corrective action required was not recorded and a follow-up drill had not yet been undertaken.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Further oversight was required to personal planning documentation to ensure that all support plans in place were informative, regularly reviewed and updated. The inspector reviewed various sections of five resident's files which were being maintained on a computerised documentation system. The inspector noted that a range of risk assessments had been completed and that care and support plans were in place for all identified issues. However, some support plans reviewed required review and updating. For example, the care and support plans for a resident to guide their intimate care, and other specific healthcare needs had last been reviewed in October 2023. A behaviour support plan had a last review date of October 2021.

Judgment: Substantially compliant

Regulation 6: Health care

Staff continued to ensure that residents had access to the health-care that they needed. Residents had regular and timely access to general practitioners (GPs) and health and social care professionals. A review of residents' files indicated that residents had been regularly reviewed by the speech and language therapist, occupational therapist (OT), behaviour support specialist, psychologist, chiropodist and other medical consultants. Residents were supported to avail of vaccine and national health screening programmes. Each resident had an up-to-date hospital and communication passport which included important and useful information specific to each resident, in the event of them requiring hospital admission.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had access to specialists in behaviour management, psychology and had a written positive behaviour support plans in place. All staff had received training in order to support residents manage their behaviour. Staff were supported by on-going multi-disciplinary involvement in the review of residents' behavioural interventions. Staff spoken with had a good understanding of the residents' behavioural needs.

The local management team promoted a restraint-free environment and continued to regularly review restrictive practices in use. There were no longer any restrictive practices in use in one of the houses and a reduction in some restrictions in use were being trialled in the other house. There were risk assessments, including clear rationale for restrictions in use and input from the multidisciplinary team was evident. Restrictions in use had been approved by the organisations human rights committee.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to support staff in the identification, response, review and monitoring of safeguarding concerns. All staff had received specific training in the protection of vulnerable people and some staff were receiving refresher training on the day of inspection. The inspector was satisfied that a safeguarding incident recently notified to the Chief Inspector was being managed appropriately in line with the safeguarding policy.

Judgment: Compliant

Regulation 9: Residents' rights

The local management and staff teams were committed to promoting the rights of residents. There was evidence of ongoing consultation with residents, residents spoken with confirmed that they were consulted with and had choices in their daily lives. The residents had access to information in a suitable accessible format, as well as access to the Internet, televisions and newspapers. Some residents had their own mobile telephones. Residents advised that they could attend religious services and some regularly attended local church services. Some residents were registered to vote and could choose to vote in elections if they wished. Residents were supported to access advocacy services and residents were represented on the providers

advocacy forum.
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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rowan Services OSV-0004958

Inspection ID: MON-0047269

Date of inspection: 18/06/2025

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: In order to come into compliance with Regulation 23: The Team Leader has adjusted the roster to reflect the actual hours that staff work each day. A system is in place to identify easily whom is working sleepover. The Team Leader has also colour coded the roster now to highlight the senior person on shift each day. The Person In Charge has displayed a new Fire Plan in the house to indicate the zones of each part of the house clearly.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: In order to come into compliance with Regulation 26: The Risk Register has been updated since inspection, and will be kept under review to reflect any changes in Risk. One individuals Risk Register which required updated at inspection has now been completed.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: In order to come into compliance with Regulation 28: In one House in the Designated Centre The Person In Charge has displayed a new Fire Plan in the house to indicate the	

zones of each part of the house clearly.

The Team Leaders in Both Houses attached to the Designated Centre will provide more detailed information on the Fire Drills that occur going forward, this in order to provided assurances that all persons can be evacuated safely in a timely manner.

Corrective Actions following drills will be discussed at Team Meeting and actions arising from drills will be addressed in a timely manner.

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:

In order to come into compliance with Regulation5: The Personal Plan for Person Supported will be reviewed by Keyworkers to ensure they are updated for 2025.

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	15/07/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	15/08/2025
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety	Substantially Compliant	Yellow	15/07/2025

	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.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	12/09/2025