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:	Creg Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	11 June 2025
Centre ID:	OSV-0005007
Fieldwork ID:	MON-0038719

About the designated centre

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

Creg services provides a residential service to four adults. Residents of this service require a high level of support from staff in the context of their assessed needs. Residents may also have medical needs and a combination of nurses, social care workers and care assistants work in this centre. The centre is located on the outskirts of a city where public transport links such as trains, taxis and buses are available. The centre also provides transport for residents to access their local community. Each resident has their own bedroom and an appropriate number of shared bathrooms are available for residents to use. A social model of care is offered to residents in this centre, some residents are receiving an integrated type service with both day and residential supports, provided in the designated centre; other residents attend separate off-site day services. One staff member supports residents during night time hours and three staff members support residents during the day. The day to day management of the centre is assigned to the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 11 June 2025	09:30hrs to 17:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an announced inspection carried out following an application to the Chief Inspector to renew registration of the centre, to monitor compliance with the regulations and to follow up on issues that were required to be addressed following the last inspection in May 2024.

Throughout the inspection, it was evident that staff strived to ensure that the care and support provided to residents was person-centred in nature and that they prioritised the wellbeing and quality of life of residents. However, required works to the premises had not yet been addressed in line with the compliance plan submitted by the provider following the last inspection. Improvements and further oversight was also required to some aspects of staff training, fire drill records, to assessments of residents need and risk management. The provider also needs to address and update floor plans and the statement of purpose to ensure compliance with regulations and ensure that all parts of the centre are registered as part of designated centre.

Creg Services consists of one house located in rural residential area and close to a number of towns and villages. At the time of inspection, there were four residents accommodated. The inspection was facilitated by the person in charge. The inspector also met and spoke with two staff members who were on duty. The inspector briefly met with all four residents and observed their interactions with staff during the day. Residents were unable to express their views of the service due to their communication needs, however, they did appear happy and content in the company of staff and in their environment. The inspector was informed by the person in charge that questionnaires regarding the quality of the service issued to the provider with the application to renew registration of the centre had not yet been sent out to family representatives and therefore, were not available to inform this inspection.

The person in charge outlined that residents had high support needs, requiring support with all activities of daily living. Residents also required supports with managing behaviours, communication, eating, drinking and swallowing difficulties and in managing specific health care conditions. Two residents normally attended day services during the weekdays while the other two residents were provided with an integrated day service from the house. The person in charge reported that residents were generally doing well, that their healthcare needs were stable and that the number of behaviour and safeguarding related incidents had reduced significantly.

There was consistent staffing arrangements in place. Staff spoken with had a thorough understanding of each resident's unique needs, preferences, and interests. Residents were seen interacting with staff members and enjoying their company during the day. Staff were seen responding to and supporting residents' prompts while spending time and engaging in friendly interactions with them. Despite their

lack of spoken language, the inspector saw how well the residents interacted with staff, and how staff were able to comprehend and appropriately interpret their cues and gestures. The staff were observed to be professional and caring towards the residents that they supported.

On the morning of inspection, one resident had already left to attend their day service. The inspector briefly met another resident who was waiting to be collected to go to their day service. They appeared to be in great form as they smiled and waved at the inspector. They appeared happy as they left the centre and smiled and hugged staff as they left to get on the bus. One resident was relaxing in their bedroom having had their breakfast earlier while another resident was being supported with personal care. Later in the morning, both residents were supported by two staff to go out to attend their planned weekly activities. One resident was supported to go to their weekly Jacuzzi session while the other enjoyed going to the recycling centre. The inspector spoke with staff on their return to the centre in the afternoon. They reported that both residents had enjoyed their outings and had also enjoyed having their lunch out together before going for a walk by the coast. Staff reported that both residents got out and about to partake in their preferred activities in the community on a daily basis. Both residents had a planned weekly activity scheduled which also included activities such as horse riding, visiting playgrounds, eating out, and various day trips to places of interest. Some residents liked to visit busy areas such as shopping centres, some enjoyed going for drives in the bus, visiting the airport to see aeroplanes, visiting pet farms, others likes going for walks, going for picnics, cycling the tricycle and music therapy.

From conversations with staff, observations made while in the centre, and information reviewed during the inspection, it appeared that residents had good quality lives in accordance with their capacities, and were regularly involved in activities that they enjoyed in the community and also in the centre. Some residents were supported to enjoy overnight stays away for short breaks and photographs reviewed showed residents enjoying a variety of events and activities including a trip to Fota Wildlife Park, the circus, musical shows, local pumpkin patch and animal farm, eating out and trips to the beach. Staff also spoke of plans to attend upcoming music concerts in Dublin and a local live music, dancing, and superhero-themed fun event. Residents also enjoyed spending time relaxing in the house and sensory room, watching television, listening to music, watching You-Tube videos, using their iPad, playing games, completing art and craft activities, having sensory bath and foot spa treatments and gardening activities. The centre had two vehicles, which could be used by residents to attend outings and activities.

All residents required modified diets and staff had completed training on feeding, eating, drinking and swallowing guidelines. Staff spoken with were knowledgeable regarding residents' nutritional needs and dietary requirements including the recommendations of the speech and language therapist (SALT). The inspector noted that the main evening meal was freshly prepared and cooked, appeared wholesome, nutritious and appetising.

Residents were actively supported and encouraged to maintain connections with families. Visiting to the centre was being facilitated in line with national guidance

and there was adequate space for residents to meet visitors in private if they wished. Residents were supported to maintain contact and to regularly visit their families at home or meet up in local parks. The person in charge advised that staff were in weekly communication with families.

The designated centre comprises of a single storey detached house set on its own grounds in a rural area but close to a village and near by city. Three residents had their own bedrooms and one resident had their own apartment. There was an adequate number of toilet and bathroom facilities provided. There was a variety of communal day spaces provided including a sitting room, dining room, sensory room and lounge seating area off the kitchen. Residents had access to a large garden area at the rear of the house. There were raised beds, outdoor furniture and swings provided. Staff reported that some residents enjoyed spending time outside and some residents were interested in gardening activities such as watering the plants. There was a range of colourful potted flowering plants, strawberry plants in window boxes, and a variety of vegetables and herbs which had been planted in raised beds. Works were also in progress to provide a sensory garden area and secure separate garden area for one resident. A chicken coup with three chickens had recently been acquired. While the house was homely in manner, repairs and redecoration was required internally and further maintenance works were required to the external areas of the house and garden. The person in charge outlined that plans in place to carry out extensive works to both the house and garden areas as well as reconfiguration of the house internally to provide one resident with their own suite had not yet been progressed as outlined in the compliance plan submitted by the provider following the last inspection. They advised that drawings and costing had been obtained but that funding had not yet been approved. There was a large outbuilding located on the grounds to the the rear of the centre. The building was being used for storage of equipment, storing of files for archiving, frozen food storage and laundry activities. The building was also being used by some residents for recreation purposes and contained a large ball pool. This building was open plan, found to be unsuitable for these purposes in its current layout and was not registered as part of the designated centre. This is discussed further later in the report.

There were measures in place to ensure that residents' rights were being upheld. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families, and this information was used for personalised activity planning. Staff outlined how they strived to trial new activities and introduce new experiences for residents to determine if they would enjoy them or not. The inspector observed that on the day of inspection, the rights of residents were respected and promoted by staff. Residents had access to televisions, the Internet and information technology. Each resident had their own bedroom and the inspector observed that the privacy and dignity of residents was well respected by staff throughout the inspection. Staff interactions with residents throughout the day were noted to be dignified and respectful.

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 provider had failed to fully implement its own compliance plan submitted following the previous inspection. While there was clear governance and management arrangements in place, the provider needed to prioritise and progress plans to renovate, upgrade and complete planned works to the premises in order to enhance the quality of life for residents.

Improvements and further oversight was also required to some aspects of risk management, to fire drill records, to ensuring that residents had access to medications as required and to assessments of residents need. The provider also needed to address and update floor plans and the statement of purpose to ensure compliance with the regulations and to ensure that all parts of the centre used by residents and staff are registered as part of designated centre.

The provided had appointed a full-time person in charge who had also some other managerial duties in one other designated centre. The person in charge was supported in their role by the staff team who included nursing staff, the area manager and sector manager. There was an on-call management rota in place for out of hours and at weekends. The on-call arrangements were clear and readily accessible to staff in the centre.

The provider had ensured that the staff numbers and skill mix were in line with that set out in the statement of purpose. The inspector noted that there were adequate staff on duty to support the residents on the day of inspection. The staffing rosters reviewed for 1 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. A housekeeping staff member had been recruited since the previous inspection.

Training was provided for staff on an ongoing basis. The training matrix and training records reviewed identified that staff had completed all mandatory training. Records reviewed showed that refresher training was due for two staff members as their training completed in safeguarding and manual handling was out-of-date. 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 and annual reviews of the service. The latest review took place in May 2025. While areas for improvement in each review had identified the need to upgrade and renovate the house as well as provide a new suite for one resident, there was no time bound plan in place to address the outstanding issues at the time of inspection. These reviews of the service had not identified other issues of concern such as ensuring that there

were trained staff on duty at night-time to administer medications if required. Rosters reviewed showed that there were several nights when staff who worked alone were not in a position to administer medicines if required, this posed a risk to residents.

The local management team also completed weekly and monthly audits to review areas such as health and safety, infection prevention and control and medication management. The audit systems also included a quarterly review of incidents and accidents, medication errors and complaints. The results of recent audits reviewed generally indicated good compliance. The inspector noted that there had been no recent complaints and that issues identified following the review of incidents including a medication error had been discussed with the staff team to ensure learning and improve practice.

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge had other managerial responsibilities 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 the residents in the centre. The staffing levels at the time of inspection met the support needs of residents. Staffing cover was maintained by a core staff team, with limited use of relief staff. There was a full compliment of staff and a housekeeping staff member had been recruited since the previous inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Some improvements were required to staff training and 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, however, training records reviewed indicated that refresher training

was due for two staff members as their training completed in safeguarding and manual handling was out-of-date.

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, feeding eating and drinking guidance and epilepsy care. While most staff had completed training on the administration of medications, there were some staff rostered on duty at night-time who had not been provided with this training. This posed a risk to residents as these staff worked alone at night-time and could not administer medicines if required by residents during the night time hours.

Judgment: Substantially compliant

Regulation 23: Governance and management

While there was clear governance and management arrangements in place, the provider needed to prioritise and progress plans to renovate and upgrade the premises. They also need to complete planned works to provide a separate suite for one resident in order to enhance the quality of life for residents and address safeguarding concerns. The compliance plan submitted following the previous inspection in relation to these issues had not been implemented and there was no time bound plan in place to address the issues at the time of this inspection.

Improvements and further oversight was also required to aspects of risk management, to fire drill records, to ensuring that residents had access to medications as required, to assessments of residents need and to providing secure appropriate storage for archived files. The provider also needed to address and update the floor plans and the statement of purpose to accurately reflect the layout and narrative description of the centre.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose required updating to reflect all information as required by schedule 1 of the regulations. For example, the narrative room descriptions did not accurately reflect the function of all rooms in the centre. The outbuilding located on the grounds to the the rear of the centre which was being used for storage, laundry and recreational purposes was not described or mentioned in the statement of purpose.

Judgment: Not compliant

Quality and safety

The local management team and staff were committed to promoting the well-being of residents and ensured that they received an individualised service. However, as discussed earlier in the report, in order to improve residents' quality of life and address safeguarding concerns, plans to renovate the house and create a separate suite for one resident needed to be advanced. Improvements were also required to to some aspects of risk and fire safety management, as well as to ensuring comprehensive assessments of residents needs were completed.

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 the files of two residents which were being maintained on a computerised documentation system. The inspector found that some records maintained on the system were not always comprehensive and up-to-date. 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 had recently taken place 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.

While there were fire safety management systems in place, improvements were 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 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes. Staff were focused on

ensuring that they communicated appropriately with residents. During the inspection, the inspector observed staff communicating with residents in line with their capacity including the use of gestures, objects of reference and verbal prompts. All residents had a communication passport outlining their communication support needs.

Judgment: Compliant

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. Residents regularly visited family members at home or met up in local parks.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space to store their personal clothes and possessions. The inspector observed that personal clothing was laundered regularly and clothes stored in individual wardrobes were found to be clean, neatly folded and maintained in an orderly manner.

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 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

Improvement works were still required to the premises to ensure it was maintained in a good state of repair externally and internally. This was a repeat non compliance and the provider had not addressed the issues as outlined in the compliance plan submitted following the last inspection. At the time of this inspection, there was still no time bound plan in place for the completion of works.

Improvement works required included the reconfiguration to the internal layout of the building to provide a separate suite for one resident as recommended in the safeguarding plan.

Other improvements required included repainting of internal walls, doors, door frames and skirting. Repairs were also required to damaged woodwork in the utility room. The raw wooden frames constructed to provide protection around two radiators in the sensory room and residents bedroom were unsuitable and needed to be replaced. A defective toilet seat needed to be repaired.

Other planned improvements to provide pathways to the garden area to improve accessibility, plans to provide a sensory garden and safe enclosed garden area for a resident had not been completed.

The outbuilding located on the grounds to the the rear of the centre was unsuitable for its purposes in its current layout (storage of equipment, storing of files for archiving, storing of frozen food, laundry activities and for recreation purposes) and was not registered as part of the designated centre.

Judgment: Not compliant

Regulation 26: Risk management procedures

While there were systems in place for the identification, assessment, management and review of risk, improvements were required to some aspects of risk management.

During the course of the inspection it became apparent that there were three staff who were rostered to work alone at night-time who were not trained to administer medication. This posed a risk to residents as there were times when there were no staff on duty between 21.00 and 8.00 hours who could administer medication should any resident need assistance and require medicine during these hours. This risk had not been identified and there were no written protocols in place for staff to mitigate this risk.

The risk register also required updating to reflect risk in the centre and to ensure controls outlined to mitigate identified risks were accurate. For example, the controls outlined in relation to identified fire risks inaccurately reflected the controls in place for the centres identified safeguarding risks.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required to aspects of fire safety management. For example, improvements were 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, the drill records provided limited information, and did not include details of required corrective action or actions taken. The most recent fire drill of a night-time scenario dated 5 March 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.

The inspector also noted that one bedroom door was not closing properly, a smoke seal to a bedroom door was damaged and painted over. This posed a risk as the door may not effectively prevent the spread of smoke in the event of fire.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had systems in place to the ordering, receipt, prescribing, storage, disposal and administration of medicines. The person in charge demonstrated knowledge when outlining procedures and practices on medicines management. Regular medicines management audits were completed by nursing staff, the results of recent audits indicated satisfactory compliance.

All medicines including those requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medications that required specific temperature control. Systems were in place for checking medicines on receipt from the pharmacy and for the return of unused and out-of-date medications to the pharmacy.

The inspector reviewed one medicines prescribing and administration chart and found that all medicines were administered as prescribed.

Some staff had not been provided with medicines management training. This has been included as an action under Regulation 26: Risk management procedures.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was no comprehensive assessment of the each residents health, personal and social care needs available. While the person in charge outlined residents individual care and support needs and there were corresponding assessments, as well as, care and support plans recorded for those needs, it was difficult to be assured that each residents needs were being appropriately met in the absence of a comprehensive needs assessment.

Judgment: Substantially compliant

Regulation 6: Health care

Staff continued to ensure that residents had access to the health-care that they needed. The person in charge outlined that residents had regular and timely access to general practitioners (GPs) and health and social care professionals. However, records of these appointments were not always up-to-date on the computerised records reviewed. A review of a sample of two residents' files indicated that residents had been regularly reviewed by the speech and language therapist, behaviour support specialist, psychiatrist and psychologist. 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 they 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 continued to regularly review restrictive practices in use. There were risk assessments, including clear rationale for their use and input from the multidisciplinary team was evident. Restrictions in use had been approved by the organisations human rights committee. The person in charge spoke of plans to reduce some restrictive measures on doors once the safe enclosed garden area has been completed.

Judgment: Compliant

Regulation 8: Protection

While the provider had systems in place to support staff in the identification, response, review and monitoring of any safeguarding concerns, the recommendations outlined in the safeguarding plan had still not progressed in line with the compliance plan submitted following the last inspection. Safeguarding was discussed regularly with staff and was a standing agenda item at each staff meeting.

At the time of inspection, there were still peer to peer safeguarding concerns in place. The person in charge outlined how the staff supervision protocols in place were working well during the daytime and the levels of safeguarding incidents had greatly reduced. However, plans to reconfigure the premises in order to provide a separate suite for one resident had still not progressed. It was difficult for staff to implement the supervision protocols during the morning times in particular when there was only one staff member on duty up until 8am.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a caring and respectful manner. The residents had access to televisions, the Internet and information in a suitable accessible format. Residents were supported to communicate in accordance with their needs. Restrictive practices in use were reviewed regularly by the organisations human rights committee.

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	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Creg Services OSV-0005007

Inspection ID: MON-0038719

Date of inspection: 11/06/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • The Person in Charge has forwarded the two identified staff for refresher training in manual handling and safeguarding respectively, which will be complete by the 23rd of September 2025. • To augment the overnight management support system currently in place, the Person in Charge has scheduled all night staff from the designated centre to complete Safe Administration of Medication training, which will be complete by the 16th of September 2025. Until this training has been undertaken, a clear night-time protocol has been produced for staff to ensure residents access to PRN medication, using the current management system.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The Person in Charge will outline the requirement for greater detail in the recording of every fire drill undertaken, to help identify actual and potential risks, at the next team meeting on the 10th of July 2025. • The Person in Charge has scheduled all night staff from the designated centre to complete Safe Administration of Medication training, which will be complete by the 16th of September 2025. Until this training has been undertaken, a clear night-time protocol	

has been produced for staff, to ensure residents access to PRN medication using the current management system.
• The Provider has made arrangements for all archived files held in the designated centre to be accounted for appropriately, and will ensure that these files are stored in an appropriate fashion.
• The Provider, through the Person in Charge, has reviewed the statement of purpose of the designated centre, and has forwarded this document to HIQA on the 14th of July , including the additional building to the rear of the centre, and to accurately reflect the layout and narrative description, as required.
• To ensure the safety of all people supported by the designated centre, the Provider has prioritized the original project to provide an additional suite within the designated centre, and has set aside funding to achieve this. Due to the significant spend involved in this action, the project must be retendered. The project is currently being re-costed by the Provider's Facilities and Estates Dept., with a view to commencement and completion of the project by 31st of May 2026. The provider continues to ensure additional staffing is made available as required, and that the situation continues to be reviewed on a regular basis by the frontline team supported by the Multi-Disciplinary Team and Designated Officer.

Regulation 3: Statement of purpose	Not Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
• The Provider, through the Person in Charge, has reviewed the statement of purpose of the designated centre, and has forwarded this document to HIQA on the 14th of July, including the additional building to the rear of the centre, and to accurately reflect the layout, function and narrative description, as required.
• The building located to the rear of the main section of the designated centre has been included in the statement of purpose, to fully reflect the usage and presence of this building in the designated centre.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• The Person in Charge has arranged for all decorative jobs identified to be undertaken at the earliest opportunity, with these being completed by the 30th of July 2025.
• The Provider, through the Person in Charge and frontline team, will continue to work in the developing pathways in order to improve accessibility to the garden areas for all residents.

• The Provider, through the Person in Charge, has reviewed the statement of purpose of the designated centre, and has forwarded this document to HIQA on the 14th of July. This includes the additional building to the rear of the centre, to accurately identify the narrative function of all rooms within the designated centre, repurposing this area as a utility room only.
• To ensure the safety of all people supported by the designated centre, the Provider has prioritized the original project to provide an additional suite within the designated centre, and has set aside funding to achieve this. Due to the significant spend involved in this action, the project must be retendered. The project is currently being re-costed by the Provider's Facilities and Estates Dept., with a view to commencement and completion of the project by 31st of May 2026.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
• To augment the overnight management system currently in place to ensure residents have access to medication at night time, the Provider has arranged for Safe Administration of Medication training to be provided for the identified staff, which will be completed by the 16th of September 2025. Until this training has been undertaken, a clear night-time protocol has been produced for staff, to ensure residents have access to PRN medication using the current management system.
• The Person in Charge along with the PPIM reviewed and amended the risk register document on the 12th of June, to ensure all controls to mitigate identified risks were accurately reflected.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Re-emphasized the requirement for greater detail in the recording of every fire drill undertaken, to help identify actual and potential risks, at the next team meeting on the 10th of July 2025.
• Reviewed the Fire Action Plan for the designated centre on the 16th of June 2025 to ensure it remains fit for purpose.
• Made arrangements for the review and replacement where required, of all smoke seals on doors within the designated centre, on the 16th of June 2025.
• Made arrangements for the repair of the bedroom door, identified as not closing properly, which was completed on the 16th of June 2025.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
• The Person in Charge has developed an individual summary outlining each resident's individual's comprehensive assessments in place. This summary will provide a comprehensive overview of the assessed needs of each resident, to more fully assure that the needs of each individual are being appropriately met, which will be complete by the 31st of July 2025.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The Provider has ensured that :

• Additional staffing supports have been provided.
• The situation remains open on both the caseload of the Organisation's and HSE's respective safeguarding teams.
• To ensure the safety of all people supported by the designated centre, the Provider has prioritized the original project to provide an additional suite within the designated centre, and has set aside funding to achieve this. Due to the significant spend involved in this action, the project must be retendered. The project is currently being re-costed by the Provider's Facilities and Estates Dept., with a view to commencement and completion of the project by 31st of May 2026. The provider continues to ensure additional staffing is made available as required, and that the situation continues to be reviewed on a regular basis by the frontline team supported by the Multi-Disciplinary Team and Designated Officer.

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.	Substantially Compliant	Yellow	23/09/2025
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/05/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and	Not Compliant	Yellow	31/05/2026

	kept in a good state of repair externally and internally.			
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	31/05/2026
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	16/09/2025
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	12/06/2025
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	30/08/2025

	maintaining of all fire equipment, means of escape, building fabric and building services.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	10/07/2025
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Not Compliant	Yellow	14/07/2025
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	31/07/2025
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/05/2026