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:	Rosshaven Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	24 September 2025
Centre ID:	OSV-0005276
Fieldwork ID:	MON-0039504

About the designated centre

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

Rosshaven Services is a residential centre for people with moderate to severe intellectual disabilities, and who may also have autism, and or mental health, communication, and behaviour support needs. The service can accommodate up to five male and female residents, aged from 18 years to end of life. There are normally five full-time residential placements in the centre. The centre is a large comfortable two-storey house, which incorporates two self-contained apartments with separate secure gardens to the rear. It is located in a residential area close to both a city and a busy rural village. Residents are supported by a staff team which includes nursing and social care staff. Staff are based in the centre during the day, and remain on duty at night to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 24 September 2025	09:40hrs to 17:20hrs	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 February 2025. The inspection was facilitated by the person in charge and team leader. The inspector also met with two staff members who were on duty.

As part of this inspection, the inspector briefly met with all five residents during the day. The residents were unable to tell the inspector their views of the service but appeared in good form, content and comfortable in the company of staff. The residents were observed to be familiar with and comfortable in their surroundings and were observed to move freely throughout the house during the day, coming and going as they wished from their bedrooms and following their own routines. Residents were observed to get up when they wished, supported to have snacks and meals of their choice as well as being supported to get out and about and partake in their preferred activities. 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.

The person in charge outlined that residents had high support needs, requiring support with various 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 three 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 related incidents had reduced significantly.

The designated centre comprised of a dormer style two-storey house, located in rural residential area, within close proximity to local villages and close to a city. It was located close to amenities such as public transport, shops and restaurants. The centre was generally found to be well maintained, visibly clean, spacious, furnished and decorated in a homely style. Two residents who preferred to have their own space were accommodated in their own apartments with separate bedroom, bathroom facilities and kitchen /dining room areas. Three residents who resided in the remainder of the house had their own bedrooms and had access to shared bathroom and shower facilities. Each bedroom was furnished in line with residents' wishes and assessed needs. Some residents liked their living spaces and bedrooms decorated with photos, pictures and personal items while others preferred more minimal decor. Residents in the main house shared communal spaces including a kitchen, dining room, sitting room, sun room and small sensory room. There was a variety of wall mounted interactive sensory light and bubble panels provided to the sensory room. Residents had access to a large well maintained garden area at the

rear of the house. There were raised beds, outdoor furniture, swings, trampoline and poly tunnel provided. Staff reported that residents enjoyed spending time outside, some used the swings while others enjoyed gardening activities and the inspector saw photographs of residents enjoying outdoor activities in the garden.

All residents had a planned weekly activity scheduled in picture format which included activities such as walks in the community, music therapy, swimming, horse riding, and various activities in the house such as baking, gardening and visiting the recycling centre. Some residents enjoyed going out for a pint to the local pub, going to football matches, visiting the local markets, eating out or getting takeaway meals, shopping, and going on day trips to places of interest. Residents also enjoyed time relaxing at home, listening to the radio or music, watching television or music videos, and spending time in the sensory room and garden. Throughout the day, residents were observed coming and going from the centre, going for drives and walks in their preferred locations in the local community.There were lots of photographs of the residents enjoying outings in the community, walking in parks, celebrating birthdays, attending family celebrations and using exercise equipment. The centre had dedicated transport, which could be used for outings or any activities that residents chose.

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 throughout the day. Staff were seen responding to and supporting residents' prompts while spending time and engaging in friendly warm 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, gestures and Lámh key word signs. The staff were observed to be professional and caring towards the residents that they supported.

Residents were observed being supported by staff to select their preferred meal options, drinks and snacks throughout the day. There was colorful pictorial menu options and food choices displayed so that residents could easily see and select their preferred options. Staff confirmed that residents were supported to go shopping to select their preferred food items, to eat out and get their preferred takeaway meals. Staff spoken with were knowledgeable regarding residents' nutritional needs and dietary requirements including the recommendations of the speech and language therapist (SALT) and dietitian.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. There were no restrictions on visiting to the centre and there was adequate space for residents to meet visitors in private if they wished. Residents received regular visits from family members and also met up with family for walks and meals out.

From conversations with the person in charge, team leader and staff working in the centre, observations made by the inspector and information reviewed during the inspection, it appeared that residents had a good quality of life in accordance with

their capacities. They were supported by a staff team who knew their needs well and continued to be regularly involved in activities that they enjoyed in the community and also in the centre. Overall, there was good compliance with the regulations reviewed on inspection. However, improvement and further oversight was required to some of the audit systems in place, to staffing arrangements and to ensuring that documentation in relation to achievement of individual goals were updated.

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

There were effective governance and management arrangements in place that were accountable for the delivery of the service. There was a clear organisational structure in place to manage the service. Areas for improvement identified at the previous inspection had largely been addressed. Overall, while there was good compliance with the regulations reviewed on this inspection, improvement and further oversight was required to some of the audit systems in place, to staffing arrangements and to ensuring that personal planning documentation was updated.

Governance arrangements had been strengthened and were now in line with that set out in the statement of purpose. There was a suitably qualified and experienced person in charge who was supported by a recently appointed team leader. The person in charge worked full-time and had some other managerial duties in the organisation. There were on-call management arrangements in place for out-of-hours. These arrangements were clear and readily accessible to staff in the centre.

The inspector noted that there were adequate staff on duty to support the residents on the day of inspection, however, staffing levels on some days required review. The staffing rosters reviewed for 7 September to 20 September 2025 and 21 September to 4 October 2025 indicated that there were normally three staff on duty during the day-time, however, there were some days when there were only two staff on duty. This had the potential to impact on residents choice in partaking in activities as all residents required one to one support while out in the community. The person in charge advised of one staff vacancy which was being covered by regular locum staff and that recruitment for the post was in progress. They also advised that a house keeping staff member had recently been recruited but had yet to commence in the role. Some improvements were also required to the staff roster to ensure that the staff member in charge of each shift was clearly identified.

Training was provided for staff on an ongoing basis. The training matrix and training records reviewed identified that staff had completed all mandatory training. Additional training had also been provided to staff to support them in their roles.

While the provider had systems in place to monitor and review the quality and safety of care in the centre, improvements were required to some of the audit systems, to ensure that they were accurate, meaningful and routinely completed. Weekly and monthly audits were completed to monitor areas such as health and safety, infection prevention and control and medication management. The audits were completed on a computerised system, however, some audits lacked adequate information and indicated inaccurate compliance levels. For example, recent medication audits indicated 75% compliance, however, there were no non compliance's identifiable in the audit. The information provided in relation to the number of medication errors, returns to the pharmacy and PRN stocks were incomplete, therefore, the audits were not an accurate reflection of practices in the centre. While there were systems and checks in place for the management oversight of residents financial records, these checks had not been carried out during the past year.

The person in charge carried out quarterly reviews of incidents and accidents, medication errors and complaints. The results of recent reviews indicated that there had been no recent complaints, no recent medication errors and that the number of incidents relating to behaviours that challenged had greatly reduced.

The provider had continued to complete six monthly and annual reviews of the service. The latest review took place in May 2025. Actions required as an outcome of this review had been addressed. The provider had also arranged for audits on medication management and infection, prevention and control by the community nurse, the results of these recent audits indicated satisfactory compliance

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector as required.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge was responsible for this designated centre and also had other managerial responsibilities in the organisation. The person in charge was suitably qualified and experienced for the role. They had a regular presence in the centre.

Judgment: Compliant

Regulation 15: Staffing

Some improvements were required to ensure that the staff complement and skill-mix was appropriate to the number and assessed needs of residents. The staffing rosters reviewed for 7 September to 20 September 2025 and 21 September to 4 October 2025 indicated that there were normally three staff on duty during the day-time, however, there were some days when there were only two staff on duty. This had the potential to impact on residents choice in partaking in activities as all residents required one to one support while out in the community. The person in charge advised of one staff vacancy which was being covered by regular locum staff and that recruitment for the post was in progress. Some improvements were also required to the staff roster to ensure that the staff member in charge of each shift was clearly identified.

Judgment: Substantially 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, epilepsy care and feeding, eating and drinking guidelines. Some staff had commenced completing modules on a programme for a human rights-based approach in health and social care. There were 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 recently recruited a team leader to support the person in charge manage the day-to-day operation of the centre and further enhance oversight of the service. While the person in charge advised that recruitment was taking place for a vacant support worker post, the provider needed to ensure that in the interim, the staffing levels were appropriate to meet the assessed needs of residents living in the centre.

Improvements and further oversight were required to some of the audit systems in place, to ensure that they were accurate, meaningful and routinely completed. For example, recent medication audits completed reported 75% compliance; however, no non-compliance's were identified in the audit. The information provided about the frequency of medication errors, pharmacy returns, and PRN stocks was inadequate, hence, the audits were not an accurate reflection of practices in the centre. There was no evidence of management oversight or checks on residents financial records during the past year.

Further oversight was also required to ensuring that personal outcomes documentation was regularly updated to reflect progress updates in relation to the achievement of individual goals

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose submitted with the application to renew registration of the centre. The statement of purpose required updating in order to fully comply with schedule 1 of the regulations. For example, the statement of purpose submitted did not accurately reflect the names of persons participating in the management of the centre and the full-time post requirement of the person in charge.

Judgment: Substantially compliant

Quality and safety

The management team and staff ensured that residents' independence, community involvement and overall well-being were supported and respected. The inspector found that residents were supported and encouraged to pursue their preferred interests and lifestyles, and that their rights and autonomy were protected. Some improvements were required to ensuring that the personal outcomes documentation was updated to reflect progress in relation to the achievement of individual goals. Issues outlined in the previous compliance plan relating to fire safety management had been addressed.

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. Overall, the files were well maintained, informative, person centered and up-to-date. There were individual risk assessments

and support plans in place for all identified issues including specific health care conditions. Residents weights and medical conditions continued to be closely monitored. There was evidence of regular review and input from the speech and language therapist (SALT), dietitian and psychologist. Residents had comprehensive plans in place which were tailored to their individual communication preferences and support needs. Independent living skills intervention plans were also in place and residents were supported to be as independent as possible through the identification of skill building goals such as learning to complete various personal hygiene and household tasks.

Personal plans had been developed in consultation with the residents, their representatives and their key workers. Review meetings took place annually 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 meaningful goals for each resident, however, improvements were required to ensure that progress updates were documented to reflect progress in relation to the achievement of individual goals.

Safeguarding of residents continued to be promoted through staff training, regular review by management of incidents that occurred, and the development of intimate and personal care plans. The inspector was advised that there were no active safeguarding concerns at the time of inspection. All staff had received training in supporting residents manage their behaviour. Residents who required support had access to behaviour specialist and psychology services and had positive behaviour support plans in place. Staff spoken with advised that behaviour support guidelines in place were working well for residents and that incidents relating to behaviours had greatly reduced.

The layout and design of the house suited the needs of residents. The house was spacious, bright, comfortable and visibly clean. All residents had their own bedrooms and two residents had their own self contained apartments within the house with separate access to their own garden areas. The house and garden areas were easily accessible. The person in charge spoke of an upcoming planned assessment of the house by the DAT (digital and accessible technology) team with a view to promoting the use of digital and accessible technology by residents and staff in the house.

Improvements had taken place to fire safety management and issues identified at the previous inspection had been addressed. Regular fire safety checks were taking 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. Regular fire drills of both day and night-time scenarios had taken place involving all staff and residents. The results of recent fire drills reviewed showed that residents could be evacuated in a timely manner.

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. Some staff were completing the training modules as part of a programme for a human rights-based approach in health and social care

Regulation 10: Communication

The provider had systems in place to support and assist residents to communicate in accordance with their needs and wishes.

Throughout the inspection, the inspector saw staff communicating with residents in line with their capacity using speech, sign language and verbal prompts. The speech and language therapist (SLT) had recently assessed the communication needs of all residents in the centre. The person in charge spoke of an upcoming planned assessment by the DAT (digital and accessible technology) team following a referral from the SLT with a view to promoting the use of digital and accessible technology by residents and staff in the house.

Judgment: Compliant

Regulation 11: Visits

Residents were supported and encouraged to maintain connections with their families. There was adequate space available for residents to meet with visitors in private if they wished. Some residents received regular visits from family members. Staff also supported residents to visit their family members at home, out in the community and attend family events.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met resident's individual needs. The house was laid out to ensure that each resident had the communal and private space that they required. The centre was divided into three separate living areas, the main house and two apartments. All three units had their own separate entrances. The house was found to well maintained, visibly clean, furnished and decorated in a homely style. All residents had access to the garden areas.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in 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. Regular fire drills had taken place of both day and night-time scenarios. The records of recent fire drills reviewed indicated that residents could be evacuated safely and in a timely manner in the event of fire or other emergency. All staff and residents had taken part in fire drills.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Some improvements were required to personal planning documentation. The personal outcomes documentation reviewed showed that meaningful goals were set out for each resident, however, improvements were required to ensure that progress updates were documented to reflect progress in relation to the achievement of individual goals.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to General Practitioners (GPs), out of hours GP service, consultants and a range of allied health services. Residents had also been supported to avail of vaccination programmes. Files reviewed showed that residents had their annual medical review recently. Each resident had an up-to-date hospital 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 were knowledgeable and familiar with identified triggers and supportive strategies. Staff clearly outlined how the current strategies used by staff were working well and had resulted in a reduction in behaviour related incidents.

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.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to support staff in the identification, response, review and monitoring of any safeguarding concerns. The centre was also supported by a safeguarding designated officer, and all staff had received up-to-date training in safeguarding. There were no active safeguarding concerns at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The local management and staff teams were committed to promoting the rights of residents. There was evidence that residents had choices in their daily lives. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a respectful manner. The residents had access to information in a suitable accessible format, as well as access to the Internet, televisions and radio. Residents were supported to visit and attend their preferred religious services, some residents had recently visited Knock religious shrine, some liked to visit local churches and visit family graves. Restrictive practices in use were reviewed regularly by the organisations human rights committee. Some staff were completing training modules as part of a programme for a human rights-based approach in health and social care

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	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 Rosshaven Services OSV-0005276

Inspection ID: MON-0039504

Date of inspection: 24/09/2025

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The Registered Provider, through the Person in Charge, held interviews for supported workers on the 14th of October, in an effort to fill the current vacancy within the designated Centre, ensuring that staffing requirements are met at all times. Additionally, interviews were held recently to appoint a housekeeper, with the successful candidate scheduled to commence on the work in the designated Centre on the 2nd of November. • The Person in Charge, through the Team Leader, will ensure that the Senior Staff member on duty each day is clearly identified on the roster of the designated Centre. This commenced on the 25th of September 2025.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The Registered Provider, through the Person in Charge, held interviews for support workers on the 13th and 14th of August and 14th of October, to provide both additional locum and permanent staff, ensuring that staffing requirements within the Designated Centre are met at all times. • The Registered Provider, through the Person in Charge, has arranged the recent appointment of a Team Leader to assist in the accurate completion of required audits. This includes the generation of local actions required and undertaken where deficiencies are identified through use of the Provider's audit tool. This includes actions around medication errors, pharmacy returns, and PRN stocks. • The Person in Charge, through the Team Leader, will ensure that financial audits are	

completed on a monthly basis by the T/L, which will be augmented by quarterly audits by the Person in Charge.
• The Person in Charge, through individual keyworkers, will ensure that all steps taken to support residents achieve personal outcome goals are clearly identified and outlined in the resident's outcomes folder. This will be reviewed on a quarterly basis by the Team Leader, with oversight provided by the Person in Charge.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
• The Registered Provider, through the Person in Charge, has reviewed, updated and resubmitted the Statement of Purpose of the Designated Centre to HIQA on the 30th of September 2025 in order to comply with Schedule 1 of the regulations.

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, through individual keyworkers, will ensure that all steps taken to support residents achieve personal outcome goals are clearly identified and outlined in the resident's outcomes folder. This will be reviewed on a quarterly basis by the Team Leader, with oversight provided by the Person in Charge.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/11/2025
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	30/09/2025
Regulation 03(1)	The registered provider shall prepare in writing	Substantially Compliant	Yellow	30/09/2025

	a statement of purpose containing the information set out in Schedule 1.			
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	31/10/2025
Regulation 05(7)(a)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include any proposed changes to the personal plan.	Substantially Compliant	Yellow	31/10/2025
Regulation 05(7)(b)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the	Substantially Compliant	Yellow	31/10/2025

	rationale for any such proposed changes.			
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	31/10/2025