



**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:	Meadowview
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	10 November 2025
Centre ID:	OSV-0005508
Fieldwork ID:	MON-0039959

About the designated centre

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

Meadowview designated centre comprises a bungalow located in Co. Sligo. The service is provided by the Health Service Executive for four female residents with an intellectual disability. The care and support needs for each person is tailored to specifically meet their individual needs. Meadowview aims to support each person to meet their maximum potential in all areas of their lives. The service advocates a person-centred approach to care, and to provide people with the opportunities to participate in social activities, hobbies and community engagement. Services provided in the centre are suitable, meaningful and age appropriate and in line with residents' wishes and desires. Support is provided by a team of nurses and care staff, including up to three staff on duty during the day and two waking staff on duty at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 10 November 2025	16:10hrs to 17:50hrs	Angela McCormack	Lead
Tuesday 11 November 2025	10:05hrs to 14:10hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

This inspection found that residents living in Meadowview were provided with person-centred care where individual choices were respected and health and wellbeing were promoted.

This inspection was completed over one evening and the following day. The inspection was completed to monitor compliance with the regulations and as part of the monitoring for the renewal of the registration of the designated centre. The inspection was announced. As part of the announcement, an information leaflet called 'Nice to Meet You', that gave information about the name of the inspector and the purpose of the visit, was provided. In addition, questionnaires were provided so as to establish the views of residents living in the centre. These questionnaires were completed by all four residents and were reviewed as part of the inspection.

Meadowview comprised a detached bungalow located in a rural location not far from a large town. Residents had a vehicle available to them so that they could access local amenities. There were four residents living in the centre at the time of inspection. The inspector got the opportunity to meet and spend time with two residents. Two other residents were on visits with their family on the days of inspection. The views of all residents were received through the completion of questionnaires prior to the inspection, where all residents expressed satisfaction with the care and support that they received. Observations on the days also indicated that residents were happy and content in the house and got on well with each other.

The house was bright, clean and homely. The communal areas were beautifully decorated with framed photographs, artwork, house plants and table lamps all which helped to create a warm and cosy environment. Each resident had their own bedroom, where they could store their personal belongings. One resident showed the inspector their bedroom. It was decorated beautifully. They appeared proud to show the inspector various photographs of family members. They also showed the inspector the beauty products that they liked to use.

The inspector spent time with residents having tea and chatting with them on the first evening of the inspection. Residents were observed to be relaxed and one resident appeared proud to show the inspector around their home. On the second day residents went out in the morning to attend a music session in an external location, returning to the house for lunch later. As the inspector was leaving, residents were observed relaxing in the communal room while watching Mass on television.

Residents were supported to engage in a wide range of activities that were meaningful to them. One resident attended an external day service throughout the week, while other residents did activities from their home. Activities and interests included; going on day trips, going on breaks away, going out for meals and going

to concerts. The inspector was informed that residents had plans to go to the Bloom festival and Westlife concert in 2026.

In addition, residents' preferences with regard to practicing their faith were supported. One resident attended Mass each week, and this was noted to be very important to them. They mentioned this to the inspector. Throughout the inspection, residents were observed moving freely around their home. Staff spoken with knew residents well and were seen supporting residents in a respectful and responsive manner. For example; one resident was observed requesting staff to straighten their hair, and this was supported promptly. In addition, residents were observed making choices about what they wanted for their evening meal. They were supported with this by staff who respected their choices.

Residents were consulted through regular residents' meetings that were held in the house, where a range of topics were discussed and choices made about meals and activities. Topics discussed included rights, safeguarding, advocacy, fire safety and complaints. There were a range of easy-to-read documents, social stories and notices throughout the house to support residents in their understanding of various topics. Residents' communication preferences were found to be respected and supported, with communication aids available in accessible areas in the house.

As part of this announced inspection, questionnaires were provided to residents to give feedback on the service. Residents were supported to complete the questionnaires by staff members. Four questionnaires were received. Feedback given was very positive on all aspects of the service including choices offered, activities, food and staff. Residents expressed that they were happy living in their home and felt safe there.

Overall, the service was found to provide high quality person-centred care to residents. Residents that the inspector met with appeared relaxed and content in their home, with staff and with each other.

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

Capacity and capability

This inspection found that there were good management arrangements in place to oversee and monitor the care and support provided to residents. Residents were supported and protected through the implementation of policies and procedures and through regular auditing of systems. While there were familiar staff supporting residents, many of these staff members were temporary staff which created a risk that the continuity of care provided to residents could be impacted.

The systems in place for the monitoring and oversight of the centre included an annual schedule of audits to be completed throughout the year. Areas audited included; safeguarding, complaints, restrictive practices, finances, health and safety, infection prevention and control (IPC), fire safety, and incidents. In addition, the provider ensured that six monthly unannounced visits occurred, and that an annual review of the service was completed as required in the regulations.

The centre was staffed with the numbers and skill mix required to meet residents' assessed needs. However, as mentioned above, many of these staff members were temporary. The recruitment of permanent staff, while reported to be in progress, required completion.

In summary, this inspection found that the management team had the capacity and capability to manage the service and that the systems in place ensured that a person-centred approach to care was taken.

Registration Regulation 5: Application for registration or renewal of registration

The provider ensured that a complete application was submitted to the Chief Inspector of Social Services to renew the registration of the centre. All the prescribed information was submitted and found to meet the requirements of the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The centre was managed by a person in charge who was suitably experienced and qualified for the role. They worked full-time and were responsible for one other designated centre. The arrangements in place supported them to effectively manage Meadowview. This included a staff nurse who worked full-time in the centre and who supported the person in charge in the monitoring of residents' needs, and in the development of care and support plans

Judgment: Compliant

Regulation 15: Staffing

There were arrangements in place to ensure that the service was suitably staffed with the numbers and skill mix to meet the needs of residents. The staffing skill mix comprised nurses and care assistants. However the following was found:

- The centre had a high reliance on agency staff. For example, the centre's whole time equivalent (WTE) for care assistants was 11 WTE. The inspector reviewed the actual roster for the week of 03 November 2025 where it was seen that of the 11 care staff on the roster that week, four were permanent employees and seven were temporary staff. The inspector was informed that a process was in progress to convert these posts to permanent posts. This required completion to ensure continuity of care for residents now and in the future.

Notwithstanding that, the inspector reviewed rosters from 01 September 2025 to 09 November 2025, where it could be seen that despite the temporary nature of many staff, they were found to be regular staff. This helped to ensure the consistency of support provided to residents. The inspector was informed that the appointment of a permanent post of a staff nurse had been completed. In addition, the planned and actual rosters were well maintained and provided clear information on the shift patterns and about who was working each day and night.

The inspector reviewed a sample of four staff members' Garda Vetting and found that they were in place as required.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider ensured that staff were provided with ongoing training and supervision to support them in their role. This included the completion of a list of mandatory training as well as site specific training to meet the specific needs of the service.

The inspector reviewed the current training matrix that included all staff member's mandatory and site specific training that was required and completed. The records reviewed showed that for the most part staff members had all of the mandatory training completed as required, which included behaviour management, fire safety, safeguarding and Children First. Where there were gaps due to dates not being available to individuals, suitable dates were agreed over the coming months. For example, one temporary staff member was due to complete the behaviour management training and a date was set for this in January 2026.

A sample of four staff members' supervision meetings were requested and reviewed by the inspector. These included one staff member's induction programme which showed that a comprehensive induction was completed. This aimed to provide them with the knowledge and information that they required to work in the centre until such a time that all the mandatory and site specific training was completed. A staff

member spoken with by the inspector said that the induction that they received to the centre was very informative and useful to them prior to working with residents.

Judgment: Compliant

Regulation 22: Insurance

The provider ensured that suitable insurance was in place as required in the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Overall, there were good arrangements for the management of the centre. This included a clear governance structure and arrangements for the ongoing review of practices in the centre.

The centre was managed by an experienced person in charge. The person in charge had an active presence in the centre. This could be seen on the rosters reviewed by the inspector. Furthermore, from observations throughout the inspection, the inspector could see that the person in charge was well known by residents.

The systems for auditing the centre were comprehensive and included a suite of audits to be completed monthly, bi-monthly and quarterly for example. The audits for 2025 were reviewed by the inspector where it could be seen that all audits were completed as required. In addition, the provider ensured that unannounced visits occurred every six months as required in the regulations. These reports were found to be comprehensive and included actions to improve the quality of the service provided. This demonstrated good oversight and monitoring of the centre. However, there were some gaps in the fire documentation that was not identified through the management audits for action. These gaps are covered under Regulation 28: Fire precautions.

Regular team meetings occurred with the staff team and person in charge. The inspector reviewed three of the meetings that occurred between May and October 2025, where it could be seen that discussions took place on incidents, safeguarding and residents' care and support. They also showed how staff were supported to raise any concerns that they might have. Staff spoken with said that they felt well supported.

Judgment: Compliant

Regulation 3: Statement of purpose
There was an up-to-date 'statement of purpose' in place, that included all of the information that is required under Schedule 1 of the regulations.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge ensured that notifications were submitted to the Chief Inspector in line with the requirements of the regulations.
Judgment: Compliant
Regulation 34: Complaints procedure
<p>The inspector reviewed the provider's policies and saw that they had an up-to-date policy in place that outlined the arrangements for dealing with complaints. This was also available to residents in an easy-to-read version. There was a nominated person to deal with complaints in the centre, a poster about which was observed in the house.</p> <p>There were no open complaints at the time of inspection. Residents were regularly consulted through individual meetings with staff members where they were asked if they had any complaints or were unhappy about anything. The procedures reviewed by the inspector showed that there was a clear system in place for the reporting of complaints and for appealing the outcome. In addition, complaints was an area that was audited throughout the year by the person in charge. The template was reviewed by the inspector and showed that the audit included if the complainant was satisfied with the outcome. All of this demonstrated that complaints were welcome and that procedures in place ensured that any complaint made was documented and reviewed so that they were resolved.</p>
Judgment: Compliant
Quality and safety

This inspection found that residents were provided with good quality, person-centred care and support. Improvements in the documentation and checks for fire safety was required however.

The systems and arrangements in the centre promoted residents' safety, protection and wellbeing. Residents were supported to do activities and pursue individual interests that were meaningful to them. Residents' health, personal and social care needs were kept under ongoing review through the completion of a comprehensive assessment and through the development and regular reviews of support plans.

There were arrangements in place for fire safety, to include the ongoing monitoring of fire management arrangements. However, there were gaps in some of the fire documentation which meant that there was a risk that monitoring of the systems would not be effective in addressing areas requiring improvement.

Overall, the inspector found that the service provided was person-centred, safe and to a good quality. Improvements as noted under Regulation 28: Fire precautions, would further enhance the safety of the service provided.

Regulation 10: Communication

The centre promoted a total communication approach to care and supported residents with their communication preferences. A variety of communication methods were in use in the centre to support residents with their individual communication needs, some of which included social stories, visual schedules and objects of reference.

The inspector reviewed two residents' communication care plans where they outlined clearly how to best support and ensure an understanding of residents' individual communication. One resident's recorded preferences included the use of social stories and visuals, such as a pictorial roster. The inspector saw that these were available to the resident in an accessible location in the house.

In addition, residents had access to SMART televisions, movie applications, Internet, telephones, electronic devices and music players, in line with their individual choices and preferences.

Overall it was clear to the inspector from observations, discussions and documentation that residents were supported by staff in ensuring that their preferred communication was respected and listened to.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector found that residents were supported with their general wellbeing and development. Residents were supported with personal development through skills building and through offering opportunities to try out new experiences.

From discussions had with staff members and a review of documents including residents' personal plans, the inspector could see that residents' interests and the activities that they enjoyed were supported. These included; horseriding, going to seaweed baths, attending music sessions, arts and crafts,, going out for meals, going to concerts, going on shopping trips, attending sound baths and going on holidays. In addition, one resident had access to an external day service. The other residents chose to engage in activities from their home, and had weekly planned activities that they enjoyed.

Within the house, residents had access to leisure and recreational activities that were meaningful to them. For example; playing tennis, listening to music or Mass on television, watching movies and accessing the Internet.

Judgment: Compliant

Regulation 17: Premises

The premises were laid out and designed to meet the numbers and needs of residents. The house was found to be spacious, clean, bright and well maintained.

Each resident had their own bedroom that was decorated in line with their individual preferences. One resident proudly showed the inspector their bedroom which was beautifully decorated and furnished. Residents also had space to store personal belongings.

There were ample communal areas for residents to relax and have visitors. The rooms were bright, clean and contained well-maintained, comfortable furniture. Residents had access to individual aids and appliances as required. There were suitable bathroom and laundry facilities to meet the numbers and needs of residents. The kitchen had cooking facilities for residents to cook meals and do baking.

The front and back garden areas were accessible to residents, safely designed and well maintained.

Judgment: Compliant

Regulation 20: Information for residents

The provider ensured that there was a guide for residents that included all of the information that is required under this regulation.

Judgment: Compliant

Regulation 28: Fire precautions

There were appropriate arrangements in place for the detection, containment and management of fire, including fire fighting equipment, evacuation plans and fire drills. However, the following was found;

- Gaps were identified in the fire safety documentation which could pose a risk that important information would be missed. For example, four of the eight fire drills completed in 2025 did not record the time taken to evacuate,
- The location of the fire fighting equipment and the monthly checklist for this equipment were not completed in the fire register.
- The required monthly fire door checks, which should occur between the six monthly inspections by a competent fire person, had also not been carried and documented in the fire register.

Despite that, fire safety was a regular topic for discussion with residents and at staff meetings. Regular fire drills occurred that reflected different scenarios and a schedule was in place for the year to ensure that all staff were involved in fire drills. Staff spoken with by the inspector were aware of the arrangements for the evacuation of residents and described supports that residents need to evacuate, which was in line with their evacuation plans

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There were good arrangements in place to ensure that residents' needs were assessed and kept under ongoing review and monitoring.

The inspector reviewed two residents' care plans. These included a comprehensive assessment of residents' health, personal and social care needs. There were clear support plans developed, that were based on residents' assessed needs, and which guided staff on the care and support required. These were found to be kept under ongoing review and updated if changes occurred.

In addition, the inspector reviewed two residents' person-centred plans (PCP), which included photographs of goals achieved. PCP goals for the future were identified, documented and kept under ongoing review for completion. Annual reviews of residents' care and support needs occurred, where on review of two residents'

meeting notes, the inspector could see that the maximum participation of residents and their representatives was encouraged and supported.

Judgment: Compliant

Regulation 6: Health care

This inspection found that residents were supported to achieve the best possible health and wellbeing and had access to a range of supports and healthcare professionals as required.

The inspector reviewed two residents' care plan that included various support plans for health related needs. A review of this documentation showed that residents were supported to attend a variety of allied healthcare professionals such as dentists, chiropodists, and general practitioners (GP). The inspector found that there was good monitoring of residents' nutrition, falls risks and their overall health with annual checks completed by their GPs. This meant that any change in a resident's physical presentation, or any decline in health, would be identified in a timely manner.

In addition, residents had access to multidisciplinary team (MDT) supports, as required. These included occupational therapy, speech and language therapy and physiotherapy. On discussion with the person in charge about one resident's sensory needs that was highlighted in the behaviour support plan, they undertook to follow up with the relevant member of the MDT for further review and exploration of options for meeting these needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were good arrangements in Meadowview for supporting residents with behaviour management, stress reduction and communicating their needs.

The provider had policies and procedures in place for supporting behaviours of concern and for providing guidance on the use of restrictive practices. These policies were available in the centre and were reviewed by the inspector. Two residents support plans were also reviewed by the inspector where it could be seen that residents were supported proactively with triggers that could cause them upset and distress. These care plans incorporated an holistic approach to supporting residents with upset, including supporting communication preferences and ruling out physical causes for distress. Residents had access to multidisciplinary team (MDT) supports

as required to support with behaviours. They were involved in the development and review of support plans also.

The centre promoted a restraint free environment, and audits completed included reviewing if there are restrictive practices in place and if they were used as a last resort and proportionate to any identified risk.

Judgment: Compliant

Regulation 8: Protection

This inspection found that the arrangements for monitoring of the centre promoted residents' protection. These included various audits completed by the person in charge as well as reviews of safeguarding by the provider through their unannounced visits.

The provider had policies and procedures available in the centre related to safeguarding, the provision of intimate care and the management of residents' finances and personal property. Staff members' awareness and knowledge about safeguarding, including the procedures to be followed, were audited each month. A sample of three of these audits completed over the previous three months were reviewed by the inspector and showed good awareness by staff of the safeguarding arrangements.

In addition, the person in charge ensured that staff completed safeguarding training and that discussions about safeguarding occurred at residents' and team meetings. The inspector could see through a review of the annual audits that there were ongoing reviews and trending of incidents occurring. Residents' personal finances were regularly audited also, to ensure that the procedures applied were safe and transparent and supported residents appropriately with their finances.

The inspector reviewed the questionnaires completed by residents which showed that all residents felt safe and happy in their home. Where an incident that could be a possible protection concern occurred, these were found to be followed up in line with the safeguarding procedures and residents were supported appropriately. Two incidents occurred in 2025 that related to safeguarding concern. The inspector reviewed the documentation relating to these concerns, and could see that they were followed up in line with the procedures.

The inspector also reviewed two residents' intimate care plans where it was observed that there was clear guidance provided to staff on residents' individual preferences and areas that they may need support with. Residents were also supported how to self-protect through easy-to-read information and videos on safeguarding shown to them at their individual resident meetings.

Judgment: Compliant

Regulation 9: Residents' rights

A human rights-based approach to care could be seen in the centre. This could be seen through the use of rights based and person-centred language in policies and procedures, residents' care plans and in management audits.

Through observations and discussions with two residents and two staff members, the inspector could see that residents were treated in a person-centred manner that respected their individuality. Furthermore, it was clear to the inspector from observations and a review of various documents that residents' individual interests and choices were respected and supported. For example, the inspector observed residents freely moving around their home doing activities of interest and making choices about what to eat and when to eat.

Residents were seen to be treated with respect and were supported to pursue their interests. Examples included; practicing their faith, having access to preferred music and movies in the house, purchasing items of interest such as DVDs and beauty products, swimming and going out to concerts and for seaweed baths. In addition, residents' everyday choices such as what meals they would like, and where they chose to spend their time relaxing in the house were respected.

Through the questionnaires reviewed by the inspector, all residents expressed satisfaction with their choices and about how they are supported. One resident said that they liked their own space and spending time in their bedroom. Through discussions with staff members, the inspector could see that staff members were respectful of residents' wishes in this regard and knew what was important to the resident.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Meadowview OSV-0005508

Inspection ID: MON-0039959

Date of inspection: 11/11/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • One new permanent staff nurse post is now in place. • Two permanent care assistant positions are currently going through the HR process with an expected date of January 2026 to be in place. • The Provider has ensured that the centre continues to have regular agency staff. This helps to ensure the consistency of support provided to residents. • The Provider continues to work in conjunction with HR to convert agency staff to HSE contracts. • The Person in Charge has ensured planned and actual rosters are maintained with consistent and familiar staff to provide safe continuity of care. 	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> • The Person in Charge has ensured that documentation relating to fire safety has been completed fully and accurately. Completed 11/11/2025 • The Person in Charge has ensured all evacuation times during fire drills have now been recorded. Completed 11/11/2025 • The Person in Charge has ensured that the location of the fire fighting equipment and the monthly checklist for this equipment have now been completed in the fire register. Completed 11/11/2025 • The Person in Charge has ensured the required monthly fire door checks have been carried out and documented in the fire register. Completed 11/11/2025 • The Person in Charge has ensured that documentation in relation to fire safety has been discussed with all staff and the completion of this will be monitored closely by the PIC. Completed 11/11/2025 	

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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/01/2026
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	11/11/2025