



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

Issued by the Chief Inspector

Name of designated centre:	Springfield House
Name of provider:	Dundas Unlimited Company
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	24 November 2025
Centre ID:	OSV-0005550
Fieldwork ID:	MON-0040379

About the designated centre

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

This service provides residential services to adults over the age of 18 years with disabilities. The centre can accommodate up to six residents and is situated close to a large town in County Meath. The living accommodation for residents includes a five-bedroom two-storey house, and two one-bedroom stand-alone apartments on the grounds of the property. The main house consists of five bedrooms, two of which are en-suite, two communal bathrooms, a kitchen and utility room, and three living rooms. The apartments each contains a kitchen-come-living room, bedroom and separate bathroom. The centre is staffed on a 24/7 basis with a full-time person in charge, two team leads, two nursing staff and a team of direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 24 November 2025	10:20hrs to 17:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This inspection took place over the course of one day and was to monitor the designated centres level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). It was also to inform the renewal of the registration of the designated centre.

At the time of this inspection, there were five residents living in the centre and the inspector met with three of them on and off over the day. Written feedback on the quality and safety of care from residents and family representatives was also viewed by the inspector as part of this inspection process. Additionally, the inspector spoke with one family member over the phone so as to get their feedback on the quality and safety of care provided to the residents.

The centre comprised of a large detached two story house in County Meath and was in close proximity to a large town. On the grounds of the property there were two self-contained one bedroom apartments. On the ground floor of the main house there was one ensuite bedroom, two lounges, a dining room, a fully equipped kitchen, a sun room, a utility room, a small bathroom and an office. On the first floor there were three bedrooms (one ensuite with a walk in wardrobe), a bathroom and an office. Both apartments had a kitchen/dining/living area with one having an ensuite bedroom and the other a separate bathroom.

The premises were surrounded by large, well-maintained grounds and gardens. Additionally, there was garden furniture, swing sets and trampolines for residents to avail of in times of good weather. There was also ample private parking available on the grounds of the property.

On arrival to the house the inspector was met with by one of the residents who appeared in very good form. They said hello to the inspector and their support staff explained that they were heading into town for a days shopping. The resident liked to go shopping and this activity formed part of their daily and or weekly routine. This resident also liked baking and later in they day they baked some cakes and offered the inspector one. The inspector observed that the resident appeared happy in their home and content in the company and presence of staff.

The inspector also observed one of the residents that lived in one of the apartments out walking with their support staff. The person in charge explained to the inspector that this resident liked to walk and would go walking most days. The inspector met briefly with the resident in their apartment and although they chose not to engage with the inspector, they appeared in good form smiling and relaxing in their sitting room. Staff explained that they were just back from a 2.5 kilometre walk and the resident had really enjoyed this activity. The inspector also observed that their apartment was warm, welcoming and well maintained. It was also decorated to their

individual style and preference.

On viewing the second apartment, the inspector observed that it was decorated and furnished in line with the assessed needs of this resident. A family member had recently raised a concern to do with a mould related issue in this apartment however, the person in charge and assistant director of services had responded to this issue by the time of this inspection. For example, the air circulation had been enhanced in the apartment, an extractor fan had been upgraded, a small leak had been repaired, a new floor was installed in the bathroom/wet room, areas that required it had been repainted and the resident (who could spend prolonged periods of time in the shower on multiple occasions each day), was encouraged to keep the bathroom door closed and extractor fans on when using the shower.

The person in charge explained to the inspector that one of the residents availed of a day service throughout the week. There, they liked to meet up with friends and engage in activities of their choosing such as swimming, shopping, recycling, attend the library and avail of other community-based activities. The person in charge also explained that all five residents were out and about everyday engaged in activities of interest and doing things they liked.

One resident loved decorating the house for festive occasions and had a visual planner/schedule in place to support them with this (an easy to understand schedule that uses pictures and or symbols to show what activities will be happening in order). The person in charge explained to the inspector that this plan provided reassurance to the resident as it informed them about what activities were coming up and when. The resident had already started to decorate one of the lounges for Christmas with a Christmas tree and other decorations and the inspector observed that this had created a welcoming and festive atmosphere in the house.

Another resident had a part-time job in a local hairdressers in the near-by town. The person in charge explained to the inspector that the resident very much enjoyed this job and looked forward to going to work each week.

On reviewing the annual review for 2024/2025 (this is a review of the quality and safety of care and support undertaken on an annual basis) the inspector observed that this document captured feedback on the service from both residents and family representatives. This feedback was generally positive and complimentary. For example, residents reported that they were happy in the house, staff were approachable and easy to talk to and they were satisfied that staff were respectful of their choices. Residents also reported that they liked the activities on offer in the service such as baking, arts and crafts, shopping, going to parties, going horse riding, using their mobile phones and personal computers, going swimming and using the facilities in the garden such as the trampoline and swing sets.

Family members were also generally positive about the care provided in the service. For example, one reported that their relative was well-cared for and content in the house. They also said that the care provided was good and their relative always looked well. Another said that they were happy with the level of choice provided to their relative and that their relative was happy and content in their home. It was

observed however, that some family members said that they would like more communication from the service about their relatives overall presentation and well-being. In response to this feedback, the person in charge and assistant director of services had organised a day in December 2025 to meet with all family members so as to discuss and agree a way forward with regard to communication between the service and family members.

One family representative spoken with over the phone on the day of this inspection was very complimentary of the service. They said that overall, they were happy with the quality and safety of care provided. They also said that the staff team were brilliant and that their relative was happy living in the centre. They reported that their relative had as required access to GP services and that the service linked in with them regarding any healthcare-related appointments coming up for their relative. They were complimentary of the house saying that it was spacious, well maintained and that their relative had their adequate space in the centre. When they visited the house they said that they were always made to feel welcome. They also said that their relative got out and about in the community availing of social and recreational activities that they liked such as swimming and bowling. They did say that prior to this placement their relative was attending a day service which they enjoyed but this service was no longer available. However, they also acknowledged that their relative was being supported to attend a job placement each week of which they very much enjoyed. The family member said that if they had any issues with the quality or safety of care they could talk to staff and or the person in charge. They felt the food options provided to their relative were balanced and healthy and that overall at this time, they were happy with the care provided in the centre.

While a minor issue was found with Regulation 26: risk management precautions, residents met with on the day of this inspection appeared happy and content in their home. Feedback from residents and family representatives was also positive and complimentary. Additionally, over the course of the day, the inspector observed staff engaging with the residents in a patient, caring and person centred manner.

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 care provided to the residents.

Capacity and capability

On the day of this inspection residents appeared happy and content in their home and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge and two team leads. They were supported in their role by an assistant director of services. The person in charge was aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated

Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). For example, they were aware that the statement of purpose required updating on an annual basis (or sooner) if required and aware of their legal remit to notify the Office of Chief Inspector of any adverse incidents occurring in the centre as required by the Regulations.

The staffing arrangements were as described by the person in charge. Staff also had as required training relevant to the assessed needs of the residents. Staff spoken with on the day of this inspection demonstrated that they were aware of the assessed needs of the residents.

The centre was being audited and monitored as required by the regulations. An annual review of the quality and safety of care had been completed for 2024/2025 and a six monthly unannounced visit to the centre had also been facilitated in September 2025. Any actions arising from the auditing process were being addressed in a timely manner.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application for the continued registration of this centre to the Office of Chief Inspector prior to this inspection.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had relevant managerial experience and held relevant qualifications required for the role of person in charge.

Through discussions and the review of information, the inspector found that the person in charge had good oversight of practices and the care provided to the residents residing in this service. Throughout the inspection, the person in charge demonstrated their knowledge of the residents' assessed needs.

They worked on a full-time basis in this service and overall demonstrated that they had the appropriate skills and experience required to manage the day-to-day operations of the designated centre.

The person in charge was also found to be aware of their legal remit in line with the regulations, and was found to be responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

A review of a sample of rosters from 06 October 2025 to 02 November 2025 indicated that there were sufficient staff members on duty to meet the needs of the five residents as described by the person in charge on the day of this inspection.

For example, in addition to the person in charge (who worked Monday through to Friday in the centre each week), the following staffing arrangements were in place:

- seven staff worked each day in the centre from 08:00am to 20:00pm
- four staff worked waking nights in the centre from 20:00pm to 08:00am

The person in charge also maintained copies of actual and planned rosters in the centre as required by the Regulations.

The person in charge confirmed at the opening of this inspection that they had a full staff team in place with the exception of one half-time post. However, regular relief staff were covering all shifts were or if required and the inspector observed that there were no staffing gaps identified in the rosters that were reviewed above.

The person in charge also had systems in place for the professional supervision of their staff team. The inspector met with one staff member over the course of this inspection and found that they were familiar with the needs of the residents.

The provider and the person in charge were found to have gathered the required information for staff listed under Schedule 2 of the regulations. Schedule 2 files contain information and documents to be obtained in respect to staff working in the centre to include photographic evidence of their identity, dates they commenced employment, details and documentary evidence of relevant qualifications and vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. The information for one staff members was reviewed by the inspector and met the requirements of the Regulations.

Staff meetings were also being facilitated and at these meetings staff had the opportunity to talk about the residents progress with their goals, healthcare-related needs, rights and safeguarding.

Judgment: Compliant

Regulation 16: Training and staff development

From reviewing the online training matrix, the inspector found that staff were provided with training to ensure they had the necessary skills and or knowledge to support the residents.

For example, staff had undertaken a number of in-service training sessions which included:

- infection prevention and control (IPC)
- hand hygiene
- donning and doffing of personal protective equipment (PPE)
- assisted decision making
- Children's First (training in relation to the Children First National Guidance for the Protection and Welfare of Children 2017 and the Children First Act 2015)
- communication effectively through open disclosure
- epilepsy awareness (to include the administration of rescue medication)
- feeding, eating, drinking, and swallowing (FEDs)
- fire safety
- basic first aid
- food safety
- human rights
- medication theory and medication competency assessment
- manual handling
- positive behavioural support
- people movement and handling
- management of complex behaviours
- safeguarding
- trust in care
- autism awareness

The inspector asked to view hard copies of safeguarding certificates for the nine staff members working in this centre on the day of this inspection and the person in charge presented all certificates for review, prior to the end of the inspection process.

Additionally, the inspector could see that all staff working in this service had their training certificates filed on line and these certificates were available for review on the day of this inspection.

Judgment: Compliant

Regulation 22: Insurance

Prior to this inspection the provider submitted up-to-date insurance details to the Office of Chief Inspector as required for the continued registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in place in this service. It was led by a person in charge who was supported in their role by an experienced assistant director of operations and two team leads.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2024/2025 and, a six-monthly unannounced visit to the centre had last been carried out in September 2025. Additionally, an infection prevention and control audit had been carried out in this centre in November 2025.

On completion of these audits, an action plan was developed and updated as required to address any issues identified in a timely manner.

For example, the auditing process identified the following:

- some IPC related guidance documents required updating
- additional hand hygiene signage was required
- some windows needed cleaning
- some maintenance work was required in the garden
- some healthcare plans required updating
- the front door required review
- a fence around one of the apartments required replacing

These issues had been addressed (or plans were in place to address them) at the time of this inspection.

Systems were in place to support and facilitate staff to raise concerns about the quality and safety of care provided to the residents' living in this service. For example, one staff member spoken with said they would have no issue reporting a concern to the person in charge if they had one. Safeguarding was also discussed at staff meetings.

The management team was also found to be responsive to feedback on the service from stakeholders. As identified in section one of this report '*What residents told us and what inspectors observed*', some family members said that they would like more communication from the service about their relatives overall presentation and well-being. In response to this feedback, the person in charge and assistant director of services had organised a day in December 2025 to meet with all family members so as to discuss and agree a way forward with regard to communication between the service and family members.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and was found to meet the requirements of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis, or sooner, as required by the regulations.

In summary, the statement of purpose set out how the service was designed and delivered to meet each resident's needs.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Office of Chief Inspector of any adverse incident occurring in the centre as required by the regulations.

Judgment: Compliant

Quality and safety

The residents living in this service were being supported to live their lives based on their assessed needs and preferences. However, a minor issue was identified with Regulation 26: risk management precautions.

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to achieve goals of interest to them and frequent community-based activities of their choosing.

Residents were being supported with their healthcare-related needs and had access, as required, to a range of allied healthcare professionals to include speech and language therapy (SALT) and behavioural support.

Systems were in place to safeguard the residents and at the time of this inspection, there were some safeguarding issues ongoing which were being managed in line with policy and procedure.

Systems were in place to manage and mitigate risk and support residents' safety in

the service. However and as identified above, a minor issue was identified with Regulation 26: risk management precautions.

Firefighting systems were also in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations.

The house was found to be homely, clean, warm and welcoming on the day of this inspection and residents rooms were personalised to their individual preference and taste.

Overall this inspection found that the residents living in this house were being supported to live their lives based on their preferences and assessed needs with input and support from allied healthcare professionals and family members. However, minor issues were identified with risk management as highlighted above.

Regulation 10: Communication

Residents' were being supported to communicate their choices and preferences in line with their needs and wishes.

Residents were supported to communicate in a format they preferred and the inspector observed that their individual communication preferences was understood and respected by the staff team on duty on the day of this inspection.

For example, the person in charge demonstrated to the inspector that they were familiar with how each resident communicated by means of speech, symbols and visual planners (which were in place on the day of this inspection).

Some residents used a manual sign system to communicate their needs and the inspector saw that the person in charge had commenced registering their staff team on bespoke training in this system. Additionally, residents had access to a speech and language therapist for the review and updating of their communication profiles.

Residents also had access to mobile telephones and appropriate media such as person computers, televisions, radios and easy-to-read information/pictures/symbols/visual planners.

Judgment: Compliant

Regulation 13: General welfare and development

The residents were being actively supported and encouraged to engage in social and recreational activities in line with their assessed needs and preferences. They were

also being supported to maintain very regular contact with their families.

As detailed in section one of this report *'What the residents told us and what we observed'*, the person in charge explained to the inspector that one of the residents availed of a day service throughout the week. There, they liked to meet up with friends and engage in activities of their choosing such as swimming, shopping, recycling, attend the library and avail of other community-based activities. The person in charge also explained that all five residents were out and about everyday engaged in activities of interest and that they liked.

Another resident loved decorating the house for festive occasions and had a visual planner/schedule in place to support them with this (an easy to understand schedule that uses pictures and or symbols to show what activities will be happening in order). The person in charge explained to the inspector that this plan provided reassurance to the resident as it informed them about what activities were coming up and when.

One resident had a part-time job in a local hairdressers in the near-by town. The person in charge explained to the inspector that the resident very much enjoyed this job and looked forward to going to work each week.

The inspector observed that residents enjoyed participating in activities such as swimming, bowling, baking, arts and crafts, shopping, going to parties, going horse riding, using their mobile phones and personal computers, and using the facilities in the garden such as the trampoline and swing sets.

Judgment: Compliant

Regulation 17: Premises

As detailed in section one of this report *'What residents told us and what inspectors observed'* the centre comprised of a large detached two story house in County Meath and was in close proximity to a large town. On the grounds of the property there were two self-contained one bedroom apartments.

On the ground floor of the main house there was one ensuite bedroom, two lounges, a dining room, a fully equipped kitchen, a sun room, a utility room, a small bathroom and an office. On the first floor there were three bedrooms (one ensuite with a walk in wardrobe), a bathroom and an office. Both apartments had a kitchen/dining/living area with one having an ensuite bedroom and the other a separate bathroom.

The premises were surrounded by large well-maintained grounds and gardens. Additionally, there was garden furniture, swing sets and trampolines for residents to avail of in times of good weather. There was also ample private parking available on the grounds of the property.

The house and apartments were observed to be welcoming, warm, clean and generally well maintained on the day of this inspection. Bedrooms were also observed to be decorated to the individual style and preference of each resident.

It was observed that the front door required attention and a garden fence around one of the apartments required replacing however, the person in charge was aware of this and had a plan of action in place to address both these issues.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available in the centre. It was up-to-date and contained information which was relevant to the residents' needs and aligned with the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and support residents' safety in the centre. However, one aspect of the risk management precautions required review.

There was a policy on risk management available and each resident had a number of risk assessments on file so as to support their overall safety and wellbeing.

For example, where a risk was identified for a resident with epilepsy the following controls were in place:

- the resident has 2:1 staffing support each day and 1:1 staffing support each night
- staff had training in epilepsy (to include the administration of rescue medication)
- a protocol was in place for the administration of rescue medication
- the resident was observed at all times
- the resident had as required access to GP services and a community nurse

Additionally, where a resident was at risk of falls the following controls were in place:

- 24/7 staffing support
- access to physiotherapy support
- mobility guidelines/plan to guide staff

- a wheelchair was available for outings if required

It was observed however, that a risk assessment to do with a resident refusing foods and or liquids could be further reviewed so as it adequately captured all of the control measures in place to address this risk. While staff were able to inform the inspector what these control measures were, the risk assessment did not document all of them and this required review.

Additionally, while there were no issues or risks documented with regard to residents evacuating the premises during fire drills, a deep sleep fire drill had not been conducted in the house. The person in charge explained that awaking one of the residents from their sleep to the sound of the fire alarm could be a traumatic experience for the resident. The inspector acknowledged these concerns however, this situation required review so as service could be assured they could evacuate the resident safely in the event of the fire alarm sounding in the middle of the night.

It was also observed that one resident may disengage from attending medical appointments and, there was no risk assessment in place for this issue. However, the person in charge was aware of this issue, had a plan of action in to address it and prior to the end of the inspection process, had drawn up a risk assessment relevant to this issue.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Firefighting systems were in place to include a fire detection and alarm system, fire doors, fire extinguishers, emergency lighting and fire signage.

Equipment was also being serviced as required by the regulations.

For example:

- the fire detection and alarm system was serviced in April, June and October 2025
- the emergency lighting had also been serviced in April, June and October 2025
- the fire extinguishers had last been serviced in April 2025

Staff also completed as required checks on all fire equipment in the centre, and from reviewing the training matrix it was noted that they had training in fire safety.

Fire drills were being conducted as required. For example, a drill conducted in November 2025 informed that it took four staff members and three residents one minute and 40 seconds to evacuate the house. Another drill conducted in July 2025 informed that it took three residents and one staff member one minute and 52

seconds to evacuate the premises with no issues noted.

It was observed that the centre had not conducted a deep sleep fire drill however, this issue was discussed and actioned under Regulation 26: risk management precautions.

Judgment: Compliant

Regulation 6: Health care

The residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

From reviewing two residents' files, the inspector observed that they had access to the following services:

- general practitioner (GP)
- dentist
- SALT
- physiotherapy
- eye doctor
- community nurse
- neurology
- chiropody
- optician

Additionally, each resident, where required, had hospital passports and healthcare-related plans in place so as to inform and guide practice. One staff member spoken with was familiar with the assessed needs of the residents.

It was also observed that residents were supported to experience positive mental health and where or if required, they had access to a multi-disciplinary team to include access to behavioural and psychiatry support.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and support their safety in the service.

At the time of this inspection there were some safeguarding plans in place so as to promote the safety and well-being of the residents. Additionally, the inspector observed that a number of these plans were awaiting to be closed out as a resident

the were relevant to, had transitioned to a new service.

The inspector also noted the following:

- one staff spoken with said they would have no issue reporting a safeguarding concern to management and or the person in charge if they had one.
- details of the safeguarding team and complaints officer were on display in the house
- feedback from one family member on the service was positive and complimentary. Additionally, they raised no concerns about the quality or safety of care provided in the service
- safeguarding was discussed with residents at their meetings
- safeguarding was also discussed at staff meetings and formed part of the standing agenda
- information on how to contact an independent advocate was available in the centre.

Additionally, staff had training in the following:

- Children First (training in relation to the Children First National Guidance for the Protection and Welfare of Children 2017 and the Children First Act 2015)
- safeguarding
- communicating effectively through open disclosure
- trust in care.

As discussed under Regulation 23: governance and management, the management team of this centre was also found to be responsive to feedback on the service from stakeholders. For example, some family members said that they would like more communication from the service about their relatives overall presentation and well-being. In response to this feedback, the person in charge and assistant director of services had organised a day in December 2025 to meet with all family members so as to discuss and agree a way forward with regard to communication between the service and family members.

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	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
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 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Springfield House OSV-0005550

Inspection ID: MON-0040379

Date of inspection: 24/11/2025

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Relevant risk assessments and care plans have been reviewed and updated. The specific risk assessment in relation to a resident refusing food or fluids has been reviewed and updated to reflect all of the control measures currently in place. A corresponding nutrition support plan has been introduced in line with dietetic advice, which includes specific goals identified.</p> <p>A deep-sleep fire drill was completed on 25/11/2025 at 03:00, with all residents evacuated safely. The fire drill schedule will include a night time fire drill going forward to provide continued assurance regarding safe evacuation overnight.</p> <p>A comprehensive risk assessment for disengaging with or not attending medical appointments was completed on 24/11/2025. The resident has access to nursing and MDT supports if required and an internal escalation procedure is in place in the event of concerns arising.</p>	

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	24/11/2025