



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

Issued by the Chief Inspector

Name of designated centre:	Teach Gairdeach
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	20 January 2026
Centre ID:	OSV-0005721
Fieldwork ID:	MON-0047834

About the designated centre

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

Teach Gairdeach designated centre, operated by St. Hilda's, is equipped to provide residential services for six residents. Services are provided for adults of a mixed gender whose primary diagnosis is an intellectual disability with additional healthcare needs and behaviours that may challenge. Teach Gairdeach is a full-time residential service, and residents may go home when they wish for visits. The residents are supported by care assistant staff with nursing oversight. Teach Gairdeach is an extended bungalow building which consists of six double bedrooms all with en suite bathrooms and showers. There is a separate living room area, kitchen and dining area with a dedicated area for activities. Residents avail of organised transport and the centre is located in a quiet area near to all local amenities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Tuesday 20 January 2026	10:20hrs to 18:15hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to monitor compliance with the regulations and standards. Overall on the day of inspection good levels of compliance were found.

From observing residents in their home in the morning, and later in the evening, and from speaking with staff, it was evident that residents were happy and comfortable living in the centre.

There were six residents living in the centre on the day of inspection, and there were no vacancies. The centre comprised of a single-storey house, located in a large town. Transport was provided for residents' use.

On arrival to the centre, the inspector was greeted by three day service staff, these staff were employed to provide a day activity programme to five of the six residents living in the centre. One resident attended a day service during the week. One staff was sitting with a resident doing craft activities, and this was one of the resident's favourite things to do. One of the staff was heard asking a resident if they wanted to go to an art class, and another resident asked about getting coffee, and staff reassured the resident that they would go for coffee in the town. The day service staff worked in the centre five days a week from approximately 9.00am to 3.30pm.

The person in charge showed the inspector around the centre, and the inspector observed the centre to be spacious and comfortable. Each of the residents had their own room, and these were tastefully decorated, and provided plenty of room and storage for residents' belonging, and individualised equipment.

It was evident that resident felt comfortable with staff, and staff had a good knowledge of their needs and of their communication preferences. For example, a staff member was observed to interpret a resident's vocalisations as a request to have their evening meal, and this was promptly provided. Various communication methods were in use throughout the centre to help residents independently access their choices and belongings. For example, picture labels were used on kitchen presses so residents knew where to get utensils and their own snacks, and similar labels were observed on chest of drawers so as residents knew where to locate individual clothing items. This was important to help residents maintain and build on their skills.

Residents were also provided with accessible information on topics such as, fire safety, the designated safeguarding officer, and hand hygiene. Visual schedules were used to help residents plan their day and understand what was happening next. There was a large display of words in English and Polish in the dining room, and the person in charge told the inspector this initiative was recently introduced to support staff to communicate with a resident in their native language. The inspector

saw that residents preferred to spend time in the dining room, and they appeared relaxed and content in the company of staff while in this space.

Staff were observed to be attentive and respectful in their interactions with residents, and while the morning time was busy, staff ensured residents were supported in a relaxed manner and at the pace residents preferred. The person in charge and staff team knew the residents well, and described the arrangements in place to support them with their needs. These included for example; healthcare and communication supports, behavioural supports, and preventing adverse incidents where known risks exist.

Visitors were welcome in the centre, and families visited their loved ones, or residents regularly visited their families at home. Residents' families were also kept up-to-date on their relatives wellbeing. The provider had sought the views of families in a survey completed in 2025, and positive feedback had been received on the services residents were receiving in the centre.

The next two sections of the report outline the governance and management arrangements, and how the arrangements positively impacted on the quality and safety of care and support residents received in the centre.

Capacity and capability

Overall the inspector found the resources and management systems were in place, to ensure residents were provided with effective and safe care and support.

There was an up-to-date statement of purpose, and the resources, facilities and management arrangements were in line with the details set out in the statement of purpose. There were sufficient numbers of staff employed in the centre, and consistent staffing was provided to ensure continuity of care and support for residents. Staff were supervised appropriate to their role, and had been provided with the necessary training to safely meet the needs of residents.

The provider had provided suitable facilities and equipment in the centre, and had approved funding to replace flooring throughout the centre, and provide a wheelchair accessible bus. The centre was monitored on an ongoing basis and actions arising following the six monthly unannounced visit and the annual review were either complete or in progress within stated timeframes.

Regulation 15: Staffing

The provider had ensured the numbers and skill mix of staff were in line with the needs and numbers of residents in the centre.

The staff team comprised of the person in charge, a team lead, a staff nurse and support workers. The inspector discussed the staffing arrangements with the person in charge. Three staff worked in the centre during the day from 09.00 hours to 16.00 hours approximately, and were employed to provide day service activities to residents. In the evening three staff were on duty, one until 20.00 hours, one until 21.00 hours, and one staff worked until 23.00 hours and completed a sleepover shift until 09.00 hours the following morning. There was also one waking night staff on duty from 21.00 hours until 09.00 hours the following morning.

Four new staff had recently been recruited and as a result there were no staff vacancies in the centre on the day of inspection. The inspector reviewed records of rosters over a period of eight weeks in October and December 2025, and consistent staff had been provided. Vacancies arising due to planned or unplanned leave had been filled by regular relief staff, with a total of 16 relief shifts being filled for the period of eight weeks reviewed by the inspector. The consistent staff arrangements meant that residents were receiving continuity of care and support. Planned and actual rosters were available and were appropriately maintained.

Staff files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were supervised appropriately and had been provided with the necessary training to meet the needs of residents living in the centre.

The person in charge worked alongside staff in the centre and supervised the day-to-day care and support provided to residents, supported by the team leader. Staff supervision meetings were facilitated every six months and the inspector reviewed the three most recent supervision meeting records for one staff. Opportunities to raise concerns and highlight development opportunities were discussed with the staff member, and there was clear progression of actions from one supervision meeting to the next.

The inspector reviewed the staff training matrix and a sample of staff training certificates. All staff had completed mandatory training in safeguarding, and two new staff who commenced in their role recently were scheduled to complete fire safety training and managing behaviours of concern. All remaining staff had in date mandatory and additional training completed, including fire safety, managing behaviours of concern, medicines management including competency checks, manual handling, epilepsy, food safety, human rights and intimate care.

Staff had been provided with a range of online training in infection prevention and control (IPC) including for example;

- hand hygiene
- donning and doffing personal protective equipment (PPE)
- respiratory hygiene and cough etiquette
- basics of IPC
- standard and transmission based precautions
- routine management of the physical environment
- outbreak management.

The training provided meant that staff had the necessary knowledge and skills to meet the residents' needs and to keep them safe.

Judgment: Compliant

Regulation 23: Governance and management

The management arrangements in the centre had ensured the service provided to residents was in the main safe and effective, and as a result residents were enjoying a good standard of care and support.

The provider had ensured the centre was resourced appropriately, and had provided a suitably skilled workforce, staff training, a well-maintained premises, and individual equipment for residents. The provider has also approved funding for new flooring throughout the premises, and for wheelchair accessible transport.

There was a clearly defined management structure, and staff reported to the person in charge. The person in charge worked fulltime in the centre, and was responsible for this centre only. The person in charge had six hours supernumerary per week for administration work. A team lead was also employed in the centre, and supported the person in charge with administration duties. The team lead was assigned eight supernumerary hours per month. The person in charge reported to the residential services manager who was also nominated as a person participating in management. The person participating in management reported to the operations manager and onwards to the Chief Executive Officer.

There were systems in place to ensure the service provided was safe and effective and included for example, the response to safeguarding incidents, assessing and managing risks in the centre, effective IPC arrangements, and providing ongoing behavioural support.

The person in charge explained the schedule of audits completed in the centre and outlined there were no issues arising in audits with the exception maintenance of the floor, for which the provider had approved funding for replacement. Audits

included quarterly review of medicines management, complaints, and incidents and accidents reports. IPC, health and safety, and fire audits were completed annually.

A six monthly unannounced visit had been completed in December 2025 and in May 2025, as well as an annual review for 2025. The person in charge received a copy of the unannounced visit and annual review from December 2025 on the day of this inspection. The six monthly unannounced visit had included consultation with two residents and with three residents' representatives. Actions from the previous unannounced visit were reviewed by the assessor and found to be complete. A number of recommendations were identified following the visit in December 2025, and the inspector observed that some of these were already in progress on the day of inspection.

The annual review completed in December 2025 had included consultation with residents' families through completion of a questionnaire, and positive feedback was received. While the annual review did not specifically state there had been consultation with residents, the six monthly unannounced visit had also been completed in December 2025 and two residents were met at the time, and their feedback included. A number of actions were identified following this review and were not due for completion at the time of the inspection. However, the inspector found some of these actions were already complete, including updating the training matrix to include all training completed by staff, providing funding for an additional centre bus, and ensuring care plans were clear and guided staff in how best to provide support and care.

Staff were facilitated to raise concerns and a staff member told the inspector the person in charge was very approachable and responsive to any issues raised about the quality and safety of care and support provided to residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were transparent procedures in place for the admission of residents to the centre, including arrangements to ensure residents were protected.

There were two residents admitted to the centre since the last inspection in November 2023, and the inspector reviewed admission records for one of these residents. An assessment of the resident's healthcare needs had been provided by their general practitioner (GP) prior to admission, and the resident and their family had visited the centre a number of times before the resident moved into the centre. The resident was also supported to choose their preferred decor for their bedroom, and the team had provided an accessible transition plan to the resident. After each visit a summary of compatibility had been completed, and no issues had arisen.

The resident had been provided with a contract for the provision of services that outlined the services provided in the centre, the fees to be charged, and any additional fees the resident may have to pay.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available in the centre that had been reviewed in November 2025. The statement of purpose was made available to residents and their families, and was stored in a display shelf in the hall.

The statement of purpose contained all of the required information as per schedule 1 of the regulations, and was reflective of the services and facilities in the centre. For example, the staffing complement in whole time equivalent, the fire precautions and emergency procedures in the centre reflective of the floor plan, and the arrangement for dealing with reviews and development of residents' personal plans.

Judgment: Compliant

Quality and safety

Residents were provided with a good standard of care and support, and most of the required arrangements were in place to meet the needs of the residents. Some improvement was required in the provision of healthcare.

Residents' healthcare needs had been assessed by their GP, and healthcare plans were implemented for those identified needs. However, improvement was required in the provision of health screening for a resident, and in timely access to an assessment by an occupational therapist. Comprehensive support was provided to residents to help them manage their emotions, and safeguarding incidents had been reported, and responded to appropriately to keep resident safe.

Residents were provided with suitable centre and community based activities, and these were based on their choices and known preferences. The privacy and dignity of residents was respected through suitable storage of their personal information, and comprehensive intimate care provision.

There were safe and suitable arrangements in place for IPC, and for fire safety, and adverse incidents and risks were responded to and managed appropriately.

Regulation 13: General welfare and development

Appropriate care and support was provided to residents and residents were supported to access a range of opportunities both in the centre and in the community.

Residents were provided with plenty of choices about what they would like to do on a day-to-day basis, and day service staff had individual community maps for each resident on display of community activities available, for example, sensory garden, hotels, scenic walks, and coffee shops.

One resident attended day services during the week, and five residents were supported by day service staff from Monday to Friday in the centre with their preferred activities. The inspector reviewed records of activities for two residents for a sample of four weeks, and a range of centre and community based activities were provided. These included for example shopping, having coffee out, music sessions in day services, foot massage, meditation sessions, drives, crafts, and walks.

It was evident that activities were provided based on the interests of residents, for example, in the evening on return from day services, a resident liked to watch a preferred animated programme, and the inspector observed staff helping the resident to choose their preferred episode. Another resident liked to do crafts, and day service were observed at the beginning of the inspection, sitting with the resident to do this activity before the residents went out for the day.

Residents' families visited their loved ones in the centre, and some residents also went home regularly to their family homes. There was appropriate facilities in the centre to receive visitors.

Judgment: Compliant

Regulation 17: Premises

The premises was spacious, comfortable and warm, and laid out to meet the needs of the residents.

The centre comprised a single- storey house with six bedrooms. The inspector was shown around the premises by the person in charge, and the centre was observed to be clean and well-maintained throughout. There was a large dining room, and an adjoining kitchen, and suitable cooking and food storage facilities were provided. Beside the kitchen was a large utility room and adjoining guest bathroom, and there were suitable facilities for laundering residents' clothes.

In the entrance hall, photos were displayed of each of the residents, and easily accessible hooks were provided for residents to hang their coats and bags when

they came back in to the centre. The sittingroom had comfortable sofas and chairs, and some residents liked to watch television here in the evening.

Each of the residents had their own bedroom, and these were decorated in the colours they preferred, and with photos of their families. Ensuite facilities were also provided in each bedroom, and equipment, for example, hand rails, profile beds, and pressure relieving cushions, were also provided in line with residents' individual support needs. Residents had their own noticeboards in their room, and accessible information on human rights, fire safety and handwashing was provided. Some residents also used visual schedules, and these were displayed in their rooms.

To the side of the centre was a courtyard garden, and the person in charge explained residents liked to use this space, especially in the good weather. Suitable outdoor seating and a swing seat was provided. The centre was well-lit and suitable heating was provided.

Overall the inspector found this centre was homely and warm, suitable facilities were provided in line with residents' needs, and residents appeared comfortable in the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Suitable arrangements were in place for the management of risks in the centre, and for the response to adverse incidents.

The inspector reviewed records of incidents over an eight month period from May 2025 to date, and incidents had been recorded and investigated. The person in charge reviewed all incidents as they occurred, and where required, timely actions were taken to respond to incidents. All incidents were recorded on an online system, and made available to the health and safety officer in the service.

The person in charge maintained a risk register, and risk assessments had been regularly reviewed. The inspector reviewed a sample of centre risk assessments and found control measures were implemented. For example, appropriate signage and handwashing facilities were available, staff had up-to-date IPC training completed, non-slip mats were observed in bathrooms, and staff were observed to support residents entering and exiting the centre.

Individual risks were also assessed, and control measures were implemented in line with care plans to help keep residents safe, for example, a wheelchair was provided for a resident when accessing the community to reduce the risk of falls, a staff was present in the dining room at all times in response to a previous safeguarding risk and to choking risks, and staff discussed hand hygiene with residents weekly. There

were appropriate IPC arrangements in place, and all residents had been offered vaccinations in response to the risk of respiratory illnesses and COVID-19.

Judgment: Compliant

Regulation 27: Protection against infection

There were suitable arrangements in place for infection prevention and control, and all records pertaining to IPC precautions were complete.

The inspector observed suitable hand hygiene facilities including handwashing sinks, hand soap, hand sanitiser, and disposable hand towels, and handwashing guides on display throughout the centre. Pedal bins were provided at all handwashing sinks, and for general disposal of waste. Hand hygiene was discussed with residents weekly and recorded.

There were suitable arrangements for food safety; colour coded chopping boards were provided, opened food was labelled with opening dates, and the areas for preparing and storing food were observed to be clean and well organised. Temperatures were recorded of all cooked food, as well as fridge and freezer temperatures, with all records complete for 2026.

The centre was observed to be clean and well maintained. Complete records were available of twice daily cleaning tasks, night cleaning tasks, and a weekly car clean. Unused water outlets were run weekly to limit the risk of Legionnaires disease.

There were sufficient stocks of PPE in the centre, and a weekly stock take was completed. As mentioned, staff had completed a range of IPC trainings, and guides were available on managing blood and body fluid spills, use of PPE, and control measures to prevent cross infection.

Residents had been provided with the opportunity to avail of national vaccination programmes.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable systems in place for fire safety, and the supports residents needed to evacuate the centre were planned for.

The inspector observed there were suitable arrangements in place for the detection, containing and extinguishing fire. The centre was equipped with a fire alarm, call

points, fire doors throughout the centre, emergency lighting, fire extinguishers and a fire blanket, and all equipment had been serviced within the required intervals.

Day and night-time fire evacuation plans were clearly displayed in the hall. All exits were clearly marked and were observed to be free from obstruction. Personal emergency evacuation plans (PEEP'S) had been reviewed within the past year, and outlined the support residents needed to evacuate the centre in the event of a fire. There were sufficient numbers of staff on duty both day and night to support timely evacuation of the centre in line with PEEP's.

Regular fire drills were completed throughout the year and the inspector reviewed a sample of five fire drills records, including a night-time drill when all residents were present in the centre. All residents and staff were evacuated safely and efficiently during fire drills.

Staff completed daily, weekly, and monthly fire safety checks of escape routes, fire doors, floor coverings, fire-fighting equipment, emergency lighting and the fire alarm, and all records for 2025 were complete. Fire risks, for example, from the tumble dryer, and electrical equipment were controlled by scheduled removal of lint and checking appliances and sockets, and all records were observed to be completed for the year to date.

All staff had completed training in fire safety and the inspector observed certificates of completion of this training were available in the centre.

Judgment: Compliant

Regulation 6: Health care

Overall residents were being provided with appropriate healthcare; however, improvement was required in healthcare screening, and in access to an allied healthcare professional.

The inspector reviewed healthcare assessments, plans, and monitoring records for two residents. Residents had been assessed during an annual medical review within the last year by their GP, and comprehensive care plans were in place for each identified health care need. This meant that there was clear guidance available on how to support residents with their needs. However, a resident had not been registered for breast screening within the required timeframe. This was discussed with the person in charge on the day, who took action to register the resident on the day. While information from a GP was sourced on the day, from the resident's previous residential placement, specifying the preference of the resident not to have medical procedures, the inspector found alternative arrangements to ensure the resident's breast health was being monitored were not in place.

Notwithstanding, residents' healthcare needs were being monitored in the centre as recommended, for example, blood tests, weights, and observations were completed.

Residents could access the services of most allied healthcare professionals and in the main timely reviews were facilitated. These included, for example, physiotherapy, ophthalmology, and chiropody. However, a resident was referred for review by an occupational therapist in January 2025 and had yet to receive an appointment.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents where required, were supported to manage their emotions and comprehensive behavioural support was implemented in line with behaviour support plans.

The inspector reviewed two behaviour support plans developed by a behaviour support specialist, and both plans had been reviewed within the past four months. Plans outlined the behaviours of concern, and the proactive and reactive supports to be provided. The inspector observed that staff were providing these supports as per plans, for example, daily planning using a visual road map, encouraging a resident to use fist pumps to greet people, providing one to one support, and ensuring residents were facilitated with a structured routine during the day. The person in charge also outlined the importance of some antecedent controls, for example, interventions to prevent pain, and a low-arousal environment, and supporting a resident to choose staff they preferred to support them.

There were some restrictive practices in use in the centre and these had been assessed where needed by allied healthcare professionals prior to implementation. Most restrictions related to mobility supports, and other related to safety in a vehicle and restricted access to chemicals. Restrictive practices were reviewed regularly, and were found to be implemented relative to the risks presented. Residents could freely access all areas of the centre.

Judgment: Compliant

Regulation 8: Protection

Residents were protected in the centre, and safeguarding concerns had been reported, investigated and followed up appropriately.

There had been six safeguarding concerns reported to the Chief Inspector of Social Services since the last inspection in 2023. Incidents were reported to the person in charge, the designated officer, and to the safeguarding and protection team. The inspector observed safeguarding measures were implemented as per safeguarding

plans, for example, a staff member was heard to clarify the seating arrangement to another staff, for a resident on the centre bus. Other safeguarding measures observed on the day of inspection included supervision for residents at all times in the dining room, a review of a behaviour support plan following a safeguarding concern, additional training and supervision for staff, and staff did not wear jewellery while on duty.

Accessible information was provided to residents on safeguarding and on the designated officer, and was visibly displayed in the hall. All staff had up-to-date training in safeguarding. The inspector met with a staff member who outlined the procedure to take in the event a safeguarding concern arose.

Judgment: Compliant

Regulation 9: Residents' rights

The day-to-day planning and organisation of the centre was based on residents' known preferences and interests, and the person in charge had ensured the centre was set up to allow residents to easily access their choices.

From a review of residents' files it was evident that residents were provided with a range of choices about their social and leisure activities, both in the centre and in the community. The person in charge told the inspector about some of the residents' choices, and the inspector observed these were provided for in the centre. For example, a resident really liked puppets, and a collection of these was available outside the resident's room, and another resident preferred to have a bath rather than a shower, and this was installed in their ensuite bathroom. Residents kept their belongings mainly in their own room, and each residents' unique styles were incorporated into the decoration of each room. For example, a resident had chosen the colours and soft furnishings for their room before they moved into the centre, and another resident liked to display lots of stickers on their wardrobe door, and to have a selection of newspapers available at all times around the centre.

Residents planned their meals with staff at residents' meetings, and also kept their own individual storage of snacks and treats, that were easily accessible in the kitchen.

The residents' preferences, communication supports, and the arrangements to respect residents' privacy and dignity were assessed, and were clearly set out in intimate care plans, and guided practice in the provision of personal care. Personal information pertaining to residents was securely stored.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Teach Gairdeach OSV-0005721

Inspection ID: MON-0047834

Date of inspection: 20/01/2026

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 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none">• An appointment for 1 resident to attend a Breast screening was made for 27/1/2026 however due to her having an intellectual disability they rescheduled this for March (awaiting appointment).2 residents were registered on the Breast check register following our inspection.• Regarding the OT appointment made by St. Hilda's Services in January 2025, the PIC emailed the OT on the day of inspection for follow up 20/1/2026, no reply. The PIC has since been informed that another OT has taken over and the PIC forwarded on the January Referral Form on 13/2/2026 for follow up. A further referral was sent to new OT 18/02/2026.• Visual breasts checklist is in place for 4 female service users for monthly observation by Nurse during intimate care 13/2/2026.	

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 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	13/02/2026