



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

Issued by the Chief Inspector

Name of designated centre:	Brinkwater Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	29 October 2025
Centre ID:	OSV-0007772
Fieldwork ID:	MON-0039394

About the designated centre

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

Brinkwater Services provides a residential service for up to six adults with a moderate to severe intellectual disability. The house consists of two premises, one has three self-contained apartments: two one bedroom, and one three bedroom apartment and the other premises is located in a congregated setting and supports one resident. Residents have complex health and behaviour support needs and receive a staffing complement support residents during day and night time hours. Residents are supported by their staff and allied health professionals who are familiar with their care and support needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 29 October 2025	08:45hrs to 16:00hrs	Maureen McMahon	Lead

What residents told us and what inspectors observed

This inspection was completed by the Health Information and Quality Authority (HIQA), to assess the provider's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with disabilities 2013. This inspection followed up on the findings of the last HIQA inspection completed in May 2025 and also took into consideration notifications the provider had submitted to the Chief Inspector of Social Services. The provider had applied to the Chief Inspector to renew the registration of this designated centre. As part of this inspection, the inspector met with five residents who were present in the centre and observed how they lived. The inspector also met with the person in charge, five members of staff and the team leader, and viewed a range of documentation and processes. Some improvements were needed in protection against infection, medicines management and positive behaviour support, but overall the centre was well planned and managed, ensuring that residents received a good quality service. Residents who lived in this centre had a good quality of life, had choices in their daily lives, and were involved in activities that they enjoyed.

The centre comprised of two separate houses which were located in Galway city and in close proximity to each other. One house was situated on the grounds of a campus setting and supported one resident in an individualised setting. The inspector was unable to visit this house on the day of inspection upon the guidance of the provider. The person in charge explained to the inspector that the resident had requested a quiet day and did not wish to have visitors. The person in charge was very knowledgeable about this resident's support needs and spoke about a recent birthday celebration that the resident had enjoyed with family, friends and staff from the centre. The second house part of the designated centre was a detached, single-storey building that accommodated five residents. This house was divided into two self-contained apartments, each occupied by one resident, while the main house accommodated three residents. The design and layout of this house provided sufficient space for residents to spend time either in communal areas or privately, as they wished. This house was welcoming and pleasantly decorated for Halloween. Upon the inspector's arrival two residents were up, going about their morning routines before leaving for day services. Another resident had gone for an early morning drive before returning to the centre and leaving again for their day service. Staff in the morning were observed cooking a breakfast for one resident and making preparations for dinner later in the day. Staff explained that residents are involved in choosing menu options each week and are also offered daily choice. A visual menu was displayed in the kitchen, clearly evidencing that residents had a choice of two options for their main meal each day.

The inspector met five residents in one house. Due to communication differences residents were unable to describe the care and support they received in the centre. The inspector observed residents were relaxed and appeared content with the staff members supporting them. One resident did chose to show the inspector their bedroom, using body language and facial expressions to communicate. Their

bedroom was personalised to their own wishes, with family photographs and a flyer for an upcoming disco they planned to attend. Throughout the morning, residents were observed freely accessing all areas of the house and moving between the kitchen, their bedrooms, and the lounge areas as they wished. One resident had plans to visit a local pumpkin patch and briefly met with the inspector before leaving for this activity. Another resident planned to attend a Halloween fancy dress party and was excited to receive their costume delivery to the centre. Staff told the inspector that some residents had attended a local race meeting in the days prior to the inspection. Residents had enjoyed this outing, with one resident choosing to use their tricycle during the outing with the support of staff.

The inspector found that residents had the opportunity to engage in a range of activities. These activities included community-based activities such as discos, seasonal social events and visits to the local GAA pitch. Residents also had access to a variety of centre-based activities including the use of a sensory room, a computer, sensory experiences, a garden swing and sports such as football. Staff told the inspector residents enjoy gardening and since the last inspection had begun helping with the upkeep of the gardens and patio area. The inspector saw evidence a greenhouse was planned to be installed in one house.

Residents in the centre largely communicated using body language, some speech, eye contact, behaviours, and communication systems. The centre utilised a number of communication tools to enhance each resident's ability to express choices and preferences. For example, residents had access to easy-to-read accessible documents and communication aids such as social stories, Picture exchange communication systems (PECs), Lámh and computer tablets.

In addition to meeting with residents and speaking to staff, the inspector also reviewed written feedback on the quality and safety of care submitted as part of this inspection. This feedback was completed by residents with the support of staff. The feedback reviewed by the inspector demonstrated that residents were satisfied with the level of care they received and were participating in activities they enjoyed. For example, one resident said, "I feel happy, safe and comfortable in my apartment". Residents also said "I like the choices for dinner and enjoy the food" and "my staff are always finding fun activities for me to enjoy".

In addition to the management team, the inspector also had the opportunity to meet with five members of staff. Staff were knowledgeable about the needs and preferences of residents, including their favourite activities and the supports they required. Throughout the day staff chatted and engaged comfortably with residents, offering choices. For example, when deciding what to watch on television, staff encouraged the resident to make their preferred choice of programmes.

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 affect the quality and safety of the service provided.

Capacity and capability

The provider had made an application to renew the registration of this centre since the last inspection in May 2025. The provider had submitted the required information as part of the regulations. Overall, as discussed in the opening section of this report, the inspector found evidence of good management and oversight with some adjustment required to ensure the maintenance of fire doors were kept under review and alternative solutions considered. The management structure was clear as were individual roles and responsibilities. The centre presented as adequately resourced.

Day-to-day management of the service was delegated to the team leader with support from the person in charge. The team leader worked full-time in the centre and had protected administration hours, which varied according to the needs of the service. Staffing arrangements were well managed and responsive to the needs of residents. For example, additional staff were rostered when required to attend events. Staff spoken with had been working in the centre for many years and were familiar with the residents, with the person in charge noting they knew some residents since childhood. The induction process was found to be robust and provided good continuity for residents. For example, staff assigned to work night shifts were rostered to shadow these shifts and the duties prior to commencing in the role.

All staff who worked in the centre had received mandatory training in areas such as fire safety and adult safeguarding. Staff spoken with were knowledgeable on their responsibilities in relation to safeguarding.

The person in charge could clearly describe and demonstrate to the inspector how they planned, managed and maintained oversight of the centre. For example, the person in charge described being present in the centre several times each week, with daily phone contact with the team leader and staff members. Some tasks were delegated to the team leader, such as the management of staff rosters and the organising of appointments and multidisciplinary reviews for residents. The person in charge also undertook regular audits of the centre, in areas such as incidents and accidents. These audits were used to identify trends and inform learning and support improvement in the quality and safety of care provided to residents.

Systems of quality assurance included the review of incidents as discussed above, audits of infection prevention and control (IPC) and residents' finances. The annual review of the centre was completed for 2024, and the six-monthly provider unannounced audit of the centre was undertaken in June 2025. The inspector read the reports of these reviews and found that quality improvement plans were in place. The person in charge confirmed that all actions were either complete or in progress, such as an identified action to transfer care plans to an online system.

Based on the findings of this inspection, the inspector found that this was a well managed centre which promoted residents rights and their lifestyle choices. The provider had completed all audits of the centre in line with the regulations.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation and information required for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services. The inspector reviewed this documentation and found that it had been suitably submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a suitable person in charge to manage the centre.

The inspector reviewed information on the person in charge submitted to the Chief Inspector as part of the application to renew registration of the centre. The inspector met with them through this inspection. The person in charge was employed on a full-time basis.

The person in charge demonstrated a good knowledge and understanding of their duties and responsibilities under the regulations. The person in charge was a registered nurse who also held relevant management qualifications. Upon speaking with the person in charge they had comprehensive knowledge of each resident's assessed needs.

Judgment: Compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents which included the information specified in paragraph (3) of Schedule 3 of the regulations. Information relating to the admission and discharge of each resident was maintained in the centre as required.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted evidence that it had insurance such as against risk of loss or injury to residents in place.

The inspector viewed the centre's certificate of insurance which was submitted to the Chief Inspector as part of the centre's registration renewal process and found that it was up to date and suitable.

Judgment: Compliant

Regulation 23: Governance and management

The centre had effective leadership and management arrangements in place to govern the centre. There was a clear management structure in place, and all staff were aware of this structure and of their reporting relationships. The provider had appointed a person in charge who maintained overall responsibility for the management of the centre. The person in charge was supported by a team leader, who held responsibility for the day-to-day management and running of the centre.

The provider had monitoring and oversight systems in place. An annual review of the centre's care and support was completed for 2024. The provider had completed a six-monthly unannounced audit of the centre in accordance with the regulations. The inspector read the six-monthly provider unannounced audit that took place in June 2025. Where improvements were identified, the provider demonstrated actions were complete or in progress. For example, an environmental risk assessment identified as requiring discussion with staff was evidenced as complete from staff meeting records reviewed and discussions had. Each six-monthly report included an overview of actions, the person responsible and the timeframe for completion.

In addition, the centre had a schedule of weekly and monthly audits, covering areas such as fire safety, infection prevention and control (IPC), medicines and finances. A cleaning schedule was also in place, detailing tasks to be completed daily and weekly. Some improvements were required to the oversight of fire safety in the centre. The provider was aware a fire door's self-closing mechanism was broken, this was an ongoing issue related to the support needs of a resident. The provider had raised this issue at a recent health and safety meeting. However, they were unable to provide evidence of actions taken to identify alternative solutions to this recurring property damage.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had developed a statement of purpose which included all the information required by Schedule 1 of the regulations.

The statement of purpose outlined a range of information about the centre, including the facilities and services in the centre, the organisational structure, and the arrangements for consultation with residents.

Judgment: Compliant

Quality and safety

Based on what the inspector observed, read and discussed the provider generally had arrangements in place that ensured that care and support was delivered to residents in a safe manner and that residents enjoyed a good quality of life. The inspection found areas for improvements under regulation 27: protection against infection, regulation 29: medicines and pharmaceutical services and regulation 7: positive behavioural support. Although improvement was required in three regulations examined, residents were found to have a good quality life.

There was personal planning systems in place, and residents were supported to engage in different activities, and to have a meaningful day. Residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them. Detailed behavioural support plans were in place where required. These were developed and overseen by a behaviour support specialist and residents had access to multidisciplinary professions such as psychology and psychiatry. Some improvement was required to ensure the provider had oversight of all restrictive practices.

Residents' health and well-being were well supported and promoted. Staff ensured that residents had access to their general practitioner (GP) and to other allied health services, such as speech and language therapy and psychology. The records reviewed showed evidence of regular medical appointments for residents.

Human rights were found to be promoted in this centre. The inspector observed staff supporting residents to communicate their choice of activity and ensuring that these choices were respected. For example, during a planned community activity, staff identified that a resident did not appear to want to continue. They responded appropriately by returning home with the resident before the activity had finished.

Total communication systems were in place for some residents, including Lámh. All staff had received training in Lámh, and the inspector observed staff communicate

with a resident using Lámh. Visual prompts were available to guide staff on Lámh techniques. Picture exchange systems (PECs) were also in use for some residents.

The location, design and layout of the house inspected was suitable. Residents were provided with a comfortable home that they could personalise to their taste, some residents preferred a minimalist design. The second house in this centre was not visited as discussed above. The inspector observed infection control risks in one area of the centre. Details of the issues identified are set out below under Regulation 27.

The provider had systems in place for the assessment, management and ongoing review of risk. There were systems and processes in place in relation to fire safety. The provider had arrangements for the evacuation of the centre if necessary by day and by night.

Medicines management systems were in place in the centre, there were appropriate procedures in relation to the ordering, receipt, storage and disposal of medicines. Improvement was required to ensure prescription sheets were accurate and in line with the medicines available in the centre. For example, medicines available, and their instructions during review did not always clearly match the prescription sheet. The inspector found further clarity on the application of topical creams was required in relation to one resident and their identified skin issues.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate their needs and wishes.

The inspector reviewed the communication profiles for two residents, which provided guidance to staff on the communication supports required. Staff were knowledgeable about residents' assessed communication needs, and when speaking with the inspector were aware of strategies used by residents, such as objects of reference or specific communication applications. Staff were observed interacting with residents in a supportive manner. The person in charge told the inspector staff receive training in communication systems, including video guidance.

The provider had made a range of easy-read information documents available for residents. For example, these included the centre's complaints and compliment procedures and information on the Assisted Decision-Making (Capacity) Act 2015.

Judgment: Compliant

Regulation 11: Visits

Residents could receive visitors in accordance with their personal preferences. The centre had ample space for residents to meet with visitors in private. In addition, residents were supported to visit and maintain contact with family and friends outside the centre.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of two separate houses, both located close to Galway city. Due to circumstances at the time, the inspector was unable to visit one of the houses, following the provider's guidance regarding the resident and the identified safety risks that were present on the day. The second house was a modern, single-storey detached property where five residents lived. It contained two self-contained apartments, each with its own entrance, while staff could also access these apartments internally from the main house if appropriate. The main house accommodated three residents, and each apartment supported one resident. Each resident in the main house had their own en-suite bedroom and access to the rear garden. Residents had access to a swing set and an area to play sports if wished. The main house included a large open-plan kitchen and dining area, as well as two separate lounge areas. The inspector observed one apartment was minimally furnished, in line with the resident's personal preference, while the other apartment was decorated with pictures and preferred items. The inspector saw areas for improvement identified on the last inspection of the centre in May 2025 were found to be completed, this included repair work in the utility of one house following water damage and the external patio area was found to be well maintained.

There was adequate storage where residents could store their clothing and personal belongings in their bedrooms. The centre was served by an external refuse collection service and there were laundry facilities. The centre was also equipped with Wi-Fi and televisions for residents' use.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the identification, recording, investigating and review of incidents or adverse events. There was a current risk management policy. The provider had prepared a risk register for the centre with 15 risks identified in areas such as safety in the community and falls management. This risk register maintained oversight of both local and environment risks. The inspector reviewed a sample of two residents' individual risk management plans and found a risk management plan was available for each identified risk, such as the use of exercise

equipment. In addition, these individual risk management plans, addressed areas such as the risk of falls, self-injurious behaviour and the management of health conditions. During the inspection, the inspector observed the implementation of control measures, such as staff ensuring access to emergency medicines for a resident whilst in the community.

The person in charge reviewed all incidents in the centre on a quarterly basis. Incidents were also reviewed by senior management teams, according to their classification. For example, medicines-related incidents were reviewed by a specific group, whilst behavioural incidents were overseen by a behavioural support specialist.

The provider had a system in place for responding to emergencies. Contingency plans were in place to manage events such as loss of power or heat. On-call arrangements were in place for out-of-hours emergencies with details clearly displayed in the centre. The inspector saw records of weekly vehicle checklists, where staff demonstrated the transport was roadworthy and serviced as required.

Judgment: Compliant

Regulation 27: Protection against infection

There was evidence that infection prevention and control (IPC) practices were in place in the centre. The inspector saw the house was visibly clean and a colour coded cleaning system was in place. Previous findings under this regulation for one house could not be reviewed in full, as the provider recommended the inspector did not visit this location. The person in charge did confirm that actions from the previous inspection were complete, including the development of specific cleaning guidance, and protocols to ensure IPC standards were met. The inspector reviewed the IPC protocol in place for this house, and this gave guidance to staff on the management of IPC risks, such as the use of personal protective equipment required specific to the infection risk present.

However, some improvement was required in one of the houses. Due to a resident's behavioural support needs, an area in a bathroom alongside the toilet had been padded to reduce injury. This padding was not easily cleanable and posed a potential infection risk. Similarly, the toilet surround had padded, cloth-like arms that were difficult to clean. Records reviewed did not confirm how these items were cleaned regularly or discussions had did not evidence this. The provider did identify the padding to the toilet area required upgrading and had begun to make enquires for suitable products.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were measures in place to safeguard residents, staff and visitors from the risk of fire.

Regular fire drills had been undertaken and a report of each drill was documented. The inspector reviewed a sample of six fire drills, three of which were night time fire drills. Evacuations were being achieved in a timely manner both during the day and at night. Records were in place confirming arrangements were in place for servicing and checking fire safety equipment, both by external contractors and by staff. Oxygen was in use in one house, this was stored safety in an area that was secure, well-ventilated and away from sources of ignition. The inspector reviewed a sample of two personal evacuation plans for residents. These plans included guidance for staff in relation to the support needs of residents in the event of a fire. The person in charge showed the inspector records confirming all staff had attended fire safety training. The inspector saw in one location the procedure for the evacuation of residents and staff in the event of fire was prominently displayed.

The inspector did identify an on-going issue with one fire door and this is addressed under Regulation 23.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had suitable arrangement for the ordering, receipt, prescribing, storage, disposal and administration of medicines. Findings from the last inspection of the centre were found to be addressed, such as clarity on times of administration of a medicine for one resident and the system for administration of medicines not held in the blister pack. The provider had appropriate procedures for the return of unused and out-of-date medicines to the pharmacy.

Some areas for improvement were identified during this inspection. One resident with ongoing skin issues was prescribed seven topical creams. The prescription sheet did not clearly indicate the sequence in which topical creams should be applied, and the frequency of applications required clarity. The inspector observed a medicine to be administered on an as required basis was not available in the correct dosage. For example, one resident was prescribed a liquid medicine in the strength 400mg in 10mls, but the product available was the strength of 200mg in 10mls. The prescription sheet stated the required dosage as 400mg in 10mls. This discrepancy posed a risk of the incorrect dosage been administered. Although the medicine available varied from the prescription, the medicine was unopened and records reviewed identified this was not administered since it was dispensed to the centre.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support, there were detailed plans in place based on a detailed assessment of needs. These plans were overseen by a behaviour support specialist and kept under regular review. The person in charge and team leader described supports they had put in place, such as communication systems and the development of assistive technology for one resident, which had a positive impact on their quality of life.

All staff had received training in the management of behaviours of concern, and the inspector observed staff implementing this learning throughout the inspection. For example, staff were observed proactively responding to a resident by engaging them in a preferred activity to alleviate anxiety that may occur waiting to leave the centre for day services.

The centre had restrictive practices in place to ensure the safety of residents, they were monitored to ensure they were the least restrictive measures to reduce the identified risks. However, the inspector observed a restrictive practice in which one resident did not have free access to food items due to behaviours of concern. This practice was not subject to review by the provider to ensure it was in line with evidence-based practice, and it was unclear whether alternative measures had been considered before this restrictive procedure was implemented.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm or abuse. These measures included a safeguarding policy to guide staff, the development of intimate care plans for residents, and access to a safeguarding process.

There were no safeguarding plans in the centre on the day of inspection. A poster with contact details of the designated officer was displayed prominently. The person in charge had ensured all staff had undertaken safeguarding training which promoted the safety and well-being of residents. The inspector reviewed records of incidents that had occurred in quarter three 2024 and found all incidents were appropriately investigated and managed. Intimate care plans were available for all residents to guide staff in relation to residents personal care needs. The inspector reviewed a sample of two and found these to be sufficiently detailed to guide staff, with all relevant risk assessments in place.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were respected and supported in many ways in this centre. Residents were supported to make decisions and choices in all aspects of their daily lives, such as choice of activities, choice of meals, and ways in which to spend their leisure time. All staff had received training in a human-rights based approach.

A human rights-based approach was observed in the centre, staff were observed to be respectful and treated residents with dignity in the interactions observed by the inspector. The inspector saw staff allow time and space for residents to understand and process communication. Residents were supported to exercise their political rights and the provider has provided residents with easy-to-read information on the recent presidential election.

Residents had access to advocacy services both internally within the organisation and the National Advocacy Service. The provider had accessible information available to residents on how to avail of advocacy services.

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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brinkwater Services OSV-0007772

Inspection ID: MON-0039394

Date of inspection: 29/10/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	In accordance with Regulation 23: The registered provider will ensure that all actions in relation to Fire safety will be clearly evidenced. All recommendations will be recorded following consultation with relevant multi-disciplinary team and the Health and Safety officer.
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection:	In accordance with Regulation 27: The registered provider has replaced the padding. The current cleaning schedule has been amended to ensure that the padding is cleaned as per the BOCSI National Infection Prevention and Control (IPC) cleaning guidance document. The person in charge will continue to liaise with the BOCSI Health and Safety officer to ensure the environment facilitates best practice with regards to IPC standards.
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:	In accordance with Regulation 29, The registered provider will ensure that as per BOCSI Medication Administration and Management Policy, a member of the Best Possible Health

Committee and/or delegated nurse will inspect medication practices annually on an unannounced basis. The Team Leader will ensure that the local monthly medication inspections continue to be completed as per policy and any discrepancies actioned immediately. The Team Leader will ensure that the receipt of medication form is completed as per BOCSI Medicines Management Policy. The RANP/RNP in Chronic Disease & Condition Management for Adults with an Intellectual Disability has reviewed the topical creams for the Person Supported and is liaising with the general practitioner to ensure that topical medications are prescribed with clear instructions on use. This information will also be clearly outlined the care management plan.

Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: In accordance with Regulation 7, The provider will ensure that the restrictive practice in relation to food, due to behaviours of concern, is reviewed by the multi-disciplinary team. This restriction will be referred to the BOSCI Human Rights Committee and reviewed six monthly as per the BOCSI Policy and Procedural Guidelines on Moving Towards a Restriction Free Service. Additionally, all restrictions will be reported to HIQA on a quarterly basis.	

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/01/2026
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	01/12/2025

	published by the Authority.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	30/12/2025
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/01/2026