Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Liscarra
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	14 May 2025
Centre ID:	OSV-0007862
Fieldwork ID:	MON-0046449

About the designated centre

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

Liscarra consists of four bungalow type residences located on a campus setting on the outskirts of a city with two of these bungalows subdivided into two apartments each. Each bungalow can support full-time residential care for between two and four residents and combined the four bungalows have a maximum capacity of 12 for residents over the age of 18 of both genders with intellectual disabilities. Each resident living in the bungalows has their own bedroom and other facilities throughout the centre include bathrooms, dining-sitting rooms and kitchens amongst others. Residents are supported by the person in charge, nursing staff and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

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 14 May 2025	10:30hrs to 18:45hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Eight residents were met during this inspection. While verbal interactions with these residents was limited, the inspector did speak with staff about these residents' lives in the centre while also observing and overhearing some resident and staff interactions. Some residents left their homes during the day to go swimming, to go to a pub and go to a cafe.

This centre was made up of four separate bungalows located on a campus. Combined the four bungalows had a maximum capacity for 12 residents and nine residents were present in the centre on the day of inspection. All four bungalows were visited during the inspection where the inspector met eight of these residents. It was highlighted during the inspection that a tenth resident had been staying in one of the bungalows while works were completed in another designated centre operated by the provider. In the introduction meeting for the inspection, the inspector was informed that this resident had left Liscarra just before the inspection commenced to transition back to their usual home. As such, this resident was not met during the inspection but it was indicated to the inspector that their transition had gone well.

After the introduction meeting for the inspection was completed, the inspector visited the first of the bungalows where three residents were living. Two of these residents were initially present when the inspector arrived with one of these residents waving at the inspector when greeted. A staff member present at this time informed the inspector that the resident would soon be celebrating a landmark birthday and joked with the resident about having whiskey at their birthday party. The staff member went on to inform the inspector that the resident had recently received a postcard from a relative who was on holiday, about the resident going on a helicopter trip, and attending a recent hurling mach. The inspector was subsequently shown a photograph of the resident at this match.

The other resident initially present was seen and heard by the inspector to make certain sounds and movements while the inspector was in the bungalow. The inspector was informed that these sounds and movements were due to the particular needs of the resident who had to complete certain rituals as a result. This resident made some comments during this time with staff giving specific responses to the resident in response. The third resident living in this bungalow had been out swimming in a pool located on the campus but returned in the company of another staff member. The inspector was introduced to this resident by staff but the resident did not interact with the inspector. Soon after the residents' dinner was delivered to bungalow with the inspector leaving the bungalow not long after this. With encouragement from staff, two of the residents waved at the inspector as he left.

After this the inspector briefly visited a second bungalow. This bungalow was subdivided into two separate apartments for one resident each with the inspector meeting one of these residents. When the inspector arrived at this resident's

apartment, he was greeted by staff member who spoke in a low tone of voice with the inspector informed that this was done to keep things calm for the resident. The resident was then met by the inspector as they were seated on a recliner in their sitting room watching television. The resident did not respond to the inspector when he greeted them. While the inspector was in this resident's apartment, he had a discussion with the staff member supporting the resident at that time. This staff member informed the inspector that the resident was in a good place but did not interact with others and had declined to go out of their home recently. It was highlighted also that the resident was best with their own space and had a small enclosed garden to sit out in.

Later in the afternoon of the inspection, the inspector in the company of the person in charge visited a third bungalow where three residents were living. Two of these residents had gone for a drive at the time and when the inspector arrived to the bungalow it was seen that the front door was left open. The person in charge indicated that this may have been left open by the third resident. This third resident was present in the bungalow's dining-sitting room and was introduced to the inspector by the person in charge. The inspector explained who he was and asked the resident if he could talk to the resident. The resident indicated that they did not want this and also indicated that they wanted the inspector to leave the room. These requests were respected by the inspector.

The other two residents returned to the bungalow soon after with the staff member accompanying them indicating that they had gone to a pub for a drink. One of these residents came into the staff office where he inspector was and smiled before shaking the inspector's hand. This resident then said something which the inspector could not make out. The staff member though immediately understood what the resident was saying and advised the inspector of this. The second resident who has returned also entered the staff office and shook the hand of the inspector. After speaking with the inspector for a brief period, the staff member made residents some tea before taking one of the residents to a shopping centre which the resident had been requesting. Two residents' remained in the bungalow after this. When the inspector went to go into the room where one of these residents was, this resident seemingly waved off the inspector. The inspector took this to mean that the resident did not want the inspector to enter with the inspector following this.

After leaving this bungalow, the inspector briefly visited the fourth bungalow which was subdivided into an apartment area for one resident and a larger living space for three residents. At the time of this inspection, the only resident living in this bungalow was in the apartment area. When the inspector's entered this resident's apartment, it was observed that the resident had a noticeable bruise under one eye. The inspector was informed that this bruise had been self-inflicted by the resident. It was also indicted by the staff member that the resident was doing very well before outlining how the resident had gone to a café earlier in the day and was involved in recycling. The staff member then made a meal for the resident and encouraged the resident to be involved in this by a getting sauce from a press. The staff member was heard to be very upbeat in their interactions with the resident at this time. This resident did not engage directly with the inspector aside from waving

at the inspector, after encouragement from the staff member, as the inspector was leaving their home.

In summary, nine residents were present in this centre on the day of inspection with the inspector meeting eight of these. Most residents did not engage significantly with the inspector with one of these indicating that they did not want to speak with the inspector. Staff spoken with informed the inspector that residents were doing well with such staff helping residents to leave their homes to do activities such as swimming.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This centre was one of five centres inspected on the same day in agreement with the registered provider as part of a group inspection process. Overall, the current inspection found progress with a plan that formed the basis of a restrictive condition for the centre's registration. Some good safeguarding practices were also found but aspects of staff knowledge required improvement.

Bawnmore campus is made up of five registered designated centres. Out of the five centres registered, there are four that currently have restrictive conditions attached. The Chief Inspector of Social Services attached these restrictive conditions to come into compliance based on the provider's time bound plan. The provider made these commitments in the plan they submitted to the Chief Inspector dated 5 December 2023. The Chief Inspector carried out an inspection of all five centres on the one day and as part of this inspection process the overall plan for the five centres was reviewed.

The provider was making good progress, for example, two houses were completed to a very high standard taking into account the individual needs of residents and one house being refurbished to the specification of each resident to support their individual needs. The provider had also purchased a house in the community to transition a resident and a new development of three units in the community had started. It was also observed and noted on the day of inspection that residents were well supported and there was positive interactions from staff. Residents were also accessing their community on a more regular basis and this will be discussed in the individual inspection reports linked to the campus. The provider was seeking accreditation from an external body in relation to the provider's ongoing work for quality improvement for residents.

There was good evidence of oversight, governance and commitment from the provider. A member of the senior management team spoke about each house on

campus and the profile of each resident, she demonstrated a very good understanding of the changing needs of residents and spoke about the evolving culture moving towards a social model of support. It was also evident from speaking with residents that they were involved in the decisions about their new homes. This will also be discussed in the individual reports. The provider has been afforded time to come into compliance as issues relating to fire and premises have been significant and it was evidenced that works were being carried out in accordance with the plan. The provider demonstrated commitment to enhancing the quality of life of residents and this was observed and noted in all centres on campus along with very good supports that were evident from staff and management. This was observed on the day of inspection by noting the smiles, gestures and interaction from residents.

In the specific context of Liscarra, this designated centre was registered until January 2027 with a restrictive condition requiring the provider to comply with a specific plan by 30 June 2026. This plan related to the campus overall and was aimed at addressing long-standing premises and fire safety concerns. In keeping with this plan, three bungalows of this centre were to close while planning was to be done for two residents in the fourth bungalow regarding an individualised service for each.

As noted earlier in this report, it was found that there was overall good progress with the plan. Regarding the planning for one of the two residents who needed an individualised service, it was indicated that this resident had been proposed for transition to another centre but that no transition planning had been done for this at the time of inspection. The inspector was informed though a multidisciplinary meeting was to be arranged to commence such planning. For the second resident, it was suggested that this resident might remain in the current home in in the longer-term and some potential concerns were raised around the physical needs of this resident.

Aside from this plan, this inspection also focused on safeguarding practices in the centre in keeping with a programme of inspections started by the Chief Inspector during 2024. Overall, no immediate safeguarding concerns were identified during this inspection and it was found that the monitoring practices for this centre did consider matters related to safeguarding. It was highlighted though that staff knowledge around the types of abuse that can occur and relevant national standards did require some improvement despite training provided and staff meetings occurring.

Regulation 15: Staffing

This regulation requires staffing arrangements in a centre to be in accordance with the centre's statement of purpose. Taking into account reviewed staff rotas for two bungalows from April and May 2025 and discussions with staff, the centre's staffing arrangements were meeting the requirements of this regulation in this regard. The inspector was also informed that there was no staff vacancies in the centre and that

there was a good consistency of staff which was particularly important for the needs of some residents. Staff spoken with during this inspection also indicated that they had worked with residents for a number of years and demonstrated a good awareness of the needs of residents.

It was highlighted though that given the staffing arrangements in the centre, there were times when some residents could be left without direct staff support or supervision. Risk assessments were found to be in place related to such residents with measures such as regular checks and assistive technology used in response. The previous inspection also raised an issue related to documentation for community employment (CE) scheme workers for the centre. During the current inspection it was indicated that no CE workers were currently involved with the centre and no staff files were reviewed during this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Specific national standards are in place related to adult safeguarding with this regulation requiring that staff be informed about such relevant standards. Meeting notes were reviewed during this inspection for 15 staff meetings that had occurred in one bungalow during 2025. Such notes indicated that matters related to safeguarding were discussed at these meetings with explicit reference made to national standards for adult safeguarding in the notes.

However, while staff spoken with during this inspection were aware of the provider's policies related to safeguarding and were indicated as having completed safeguarding training, they did not demonstrate an awareness of these standards. It was also notable that some staff displayed varied knowledge about the types of abuse that can occur despite information posters about these seen to be on display in the bungalows of this centre. It was confirmed, when queried by the inspector, that all staff training in safeguarding had been done online rather than in person.

This regulation also requires that staff working in a centre be appropriately supervised. During the inspection it was indicated that all staff were to undergo formal supervision on a quarterly basis. Staff spoken with indicated that they had received such supervision in recent times. This was supported by a staff supervision log reviewed during this inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The most recent annual review for the centre, which had been completed in March 2025, assessed the quality and safety of care and support provided in the centre while taking into account relevant national standards. The report of this annual review was provided to the inspector and it was read that it included the outcome of consultation with residents and families while also having a focus on safeguarding.

Three unannounced visits to this centre by representatives of the provider had also been conducted since the previous inspection of this centre in October 2023. These had been completed in March 2024, September 2024 and March 2025. The inspector reviewed copies of the reports for the two most recent provider unannounced visits and it was noted that these focused on matters related to the quality and safety of care and support provided to residents including safeguarding. An action plan for the March 2025 unannounced visit report was also found to be in place.

Aside from annual reviews and provider unannounced visits, a safeguarding self-assessment had also been completed for the centre in June 2024 based on documentation reviewed. In addition, an organisational structure was in pace for this centre as outlined in the centre's statement of purpose. This provided for lines of accountability and reporting from staff working front-line to the provider's boards of directors. Staff spoken with during this inspection indicated that there were no issues to raising any concerns in this centre.

Judgment: Compliant

Quality and safety

No immediate safeguarding concerns were identified during this inspection. Staff spoken with were aware of safeguarding plans in place. The provider had a policy related to safeguarding.

During the introduction meeting for this inspection, it was indicated that there were two active safeguarding plans in place for the centre. Copies of these safeguarding plans were seen during this inspection and staff spoken with during this inspection were aware of these plans. In addition, to these plans the provider had a national safeguarding policy in place. This indicated that the provider had a zero tolerance approach to abuse.

However, it was noted that the provider also had a local policy related to positive behaviour which indicated that there was a threshold approach for the reporting of peer-to-peer physical abuse. This appeared inconsistent with a zero-tolerance approach but no incidents of peer-to-peer physical abuse were noted in 2025 incident reports read. As such, no immediate safeguarding concerns were found during this inspection.

Regulation 10: Communication

The bungalows of this centre were found to have access to media such as Internet, televisions and radios. During the inspection it was seen that one staff member understood the communication means of one resident and was able to understand what the resident was saying. The personal plans of residents were seen to contain guidance on residents' communication abilities and how to support them in this area. However, when reviewing the personal plan of a resident, it was seen that it contained a speech and language programme from 2024 which indicated that objects of reference (communication aids) were to be used with the resident every day. Despite this, a staff member spoken with indicated that the resident did not use objects of reference and that they had not been tried with the resident for over two years.

Judgment: Substantially compliant

Regulation 17: Premises

There were longstanding premises and fire safety concerns related to the bungalows of this centre. During the previous inspection of the centre in October 2023, it was identified that the premises was of poor standard and was in need of maintenance in some areas. One the current inspection, it was seen that efforts had been made to make the bungalows homely and this was particular evident in the apartment areas that provided a home for one resident each. For example, the sitting room for one resident was seen to be brightly and nicely furnished. In addition, during 2024 the provider reduced the capacity of one bungalow from four residents to three residents. This resulted in one bedroom being changed into a relaxation-visitors room. This was highlighted by staff as being a positive development from a safeguarding perspective as it gave more communal space for residents and lessened the amount of direct supervision that some residents needed.

Despite this, the general décor of the bungalows were older in style and appearance while there remained a number of maintenance issues evident during this inspection. These included:

- Some screw holes being evident in walls.
- Paintwork on a door being chipped.
- A hole being seen in the ceiling of a resident's bedroom.
- Some presses in a kitchen area being chipped and worn.
- A doorframe having cracks and gaps evident around it.
- One hall ceiling needing painting in some areas.
- The floor in a utility room being stained.
- The doorframe to one kitchen having marks from previous door hinges.

- A bathroom cabinet seen to be missing one of its doors.
- A kitchen shelf, which held a washing machine, seen to be rusted and worn.

Aside from these, in one bungalow it was observed that the doorframes to the bungalow's kitchen and dining-sitting room had no doors in them. The inspector was informed that these were removed to better suit the needs of one resident living there. The absence of doors for these rooms, particularly for the kitchen, could lessen fire containment. However, it was also indicated that the decision to remove these doors was taken as the bungalow was already not fire compliant even with these doors in place.

Judgment: Not compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place which provided for the identification, assessment and management of risk. This policy also outlined the measures to mitigate specific risks as required under this regulation including unexpected absence and self-harm. In keeping with this policy a risk register was in place for the centre which outlined identified risks. Each risk had a corresponding risk assessment that outlined control measures for mitigating the risk. When reviewing these risk assessments, it was noted that that they had been reviewed in recent months. A system for recording incidents was also in operation which is important as part of a risk management system. As such, incident reports for 2025 were provided to the inspector for review during this inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Under this regulation, all residents must have an individualised personal plan in place which should outline the health, personal and social needs of residents. Having such plans also helps to ensure that staff are provided with guidance on how to support these needs. During the inspection, the inspector reviewed two residents' personal plans. The contents of these personal plans were found to have been reviewed within the previous 12 months with notes of multidisciplinary review meetings also present. Evidence was seen that there was guidance within these personal plans on supporting residents' needs in areas such as intimate personal care and assessed health needs.

As part of the personal planning process, goals for residents were also identified through a person-centred planning process. Documentation reviewed related to these goals indicated that responsibilities and time frames were assigned for

supporting residents with these goals. Examples of goals identified included going to concerts and visiting a pet farm. The documentation reviewed indicated that residents were being supported to achieve these goals and progress with goals were recorded in photo books that were created for residents. In addition, while it was highlighted that some resident might decline to leave the campus grounds, based on observations and discussions during the inspection, residents also did other activities aside from their identified goals. These included swimming, attending matches or going to pubs and cafes.

Judgment: Compliant

Regulation 7: Positive behavioural support

Given the needs of some residents, guidance on how to support these residents to engage in positive behaviour support was present within their personal plans. Incident reports reviewed suggested that such guidance was being followed in practice. Based on a training matrix reviewed, all staff had completed training de-escalation and intervention. Some restrictive practices were in use in this centre. Documentation provided indicated that these restrictive practices had been reviewed in March 2025.

Judgment: Compliant

Regulation 8: Protection

Notwithstanding, the findings of this inspection related to staff knowledge around relevant national standards and the types of abuse (as highlighted under Regulation 16 Training and staff development), the following positive aspects related to safeguarding practices were found during this inspection:

- A designated officer (person who reviews safeguarding concerns) was in place for the centre with contact information about them seen to be on display in the centre's bungalows.
- Staff spoken with demonstrated a good awareness of who the designated officer was and how to report any safeguarding concern.
- Such staff also had a good awareness around the two active safeguarding plans in place at the time of this inspection.
- Copies of these safeguarding plans were provided which indicated that they had been regularly reviewed (most recently in May 2025).These safeguarding plans outlined the measures to take to prevent certain safeguarding incidents from reoccurring.
- Based on discussions with staff and incident records reviewed, such plans had been effective and there was evidence that the outlined measures had been

implemented in practice. For example, one safeguarding plan required a staff shift planner to be put in place with records reviewed confirming that this shift planner had been completed every day from 1 April 2025 on.
- Given the needs of one resident, it was highlighted how they could make allegations of a safeguarding nature. It was seen that the person in charge had engaged with a multidisciplinary team and the designated officer around such matters. Following this a specific protocol was developed to support the resident in this regard and to give guidance for staff on how to respond to such allegations if they arose. A copy of this protocol was provided which was noted to have been reviewed in April 2025.

Taking into account such findings, no immediate safeguarding concerns were identified during this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

During the October 2023 inspection, it was identified that residents in this designated centre had bank accounts with the one banking organisation and that there was no evidence to support that the residents were involved to select a bank of their choosing, were consulted and had the freedom to exercise control in relation to this. The provider had implemented actions outlined in the compliance plan response sent to the Chief Inspector following the October 2023 inspection. This included ensuring residents' bank statements were scanned and retained in the personal financial file of the relevant residents.

The provider also made available to the Chief Inspector following this most recent inspection communication and other records which demonstrated that the provider had raised issues related to residents' bank accounts to other bodies since the October 2023 inspection. During the current inspection, it was indicated that matters related to residents' bank accounts remained unchanged and that this had been identified as being a restriction on residents. The provider had completed a review of the "Policy on the handling of the personal assets of adults supported by the services". This review included the addition of a restrictive practice decision making record within the policy which acknowledged aspects of the policy were restrictive for residents. However, the policy also referenced that restrictions were being kept to a minimum while endeavouring to ensure adequate arrangements were in place to protect resident's finances.

Aside from matters related to residents' finances, during the inspection it was noted that staff members on duty supported and spoke of residents in a positive and respectful manner throughout. It was also observed that residents appeared comfortable in the presence of such staff. Information around human rights and accessing advocacy services were seen to be on display in the bungalows. The

inspector was informed that no resident required the input of an independent advocate at the time of this inspection.
Judgment: Substantially 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	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Liscarra OSV-0007862

Inspection ID: MON-0046449

Date of inspection: 14/05/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • BOCSI Safeguarding policies have been developed in line with the HSE National Policy. • The Person in charge discussed HSE Policy on Safeguarding Adults at risk of abuse and the National Standards for Adult Safeguarding at staff meetings on the 10/06/2025 and 11/06/2025. • The Person in Charge will continue to carry out unannounced inspections at night to support safeguarding awareness amongst night staff. • The Designated Officer will continue to meet with the PIC, ADON and Head of Integrated Services on a bimonthly basis for shared learning. Included in this engagement will be the sharing of any national updates on safeguarding. • All staff in the designated centre have completed their Safeguarding Adults at risk of abuse training • Safeguarding Adults at risk of abuse is discussed at all residents and staff meetings.	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: • 11/06/2025 Speech and Language therapist, the Person in Charge and keyworker reviewed the Speech and Language programme for one resident. Following this review it was agreed to explore alternative options that may enhance the residents communication. This will be completed by 31st July 2025	

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
03/06/2025 Maintenance meeting held with facilities to prioritise minor maintenance to be completed in the context of the overall Bawnmore plan. This included a walkabout of the Designated centre with the ADON to inform this discussion.
• All screw holes in walls will be filled in and completed by 30th July 2025.
• Progress on the plan submitted to HIQA in respect of Fire safety, building upgrade and Decongregation is progressing.
• We are working towards full compliance, if there are delays outside of our control we will be engaging with the Chief Inspector to find a solution.
• The intention is that all residents in this designated centre will reside in high quality homes once this plan is fully realised.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• The BOCSILR Policy on the Handling of the Personal Assets of Adults Supported by the Services includes a permission form which supports people to opt in or opt out of support from the BOCSILR in the management of their personal assets.
• No resident is restricted from managing their own personal assets if they choose to opt out of support from the BOCSILR. Residents may choose to manage their personal assets independently, with a decision supporter or another person outside of the services should they choose to.
• In order to support people to make an informed decision information is provided to them regarding the nature of the support that the BOCSILR can offer to them in terms of the management of their personal assets.
• At present the BOCSILR have identified one suitable deposit account and one suitable current account through which support can be offered in a safe manner both for the person supported and for staff.
• The BOCSILR Policy on the Handling of the Personal Assets of Adults Supported by the Services clearly sets out the limitations on direct access to personal assets inherent in the use of this type of account in order to ensure full transparency when a person is choosing to opt in or opt out of support.
• Every effort is made to mitigate the impact of the restrictions on direct access to personal assets inherent in the use of this type of account and these are set out in the policy.
• Limitations on direct access to personal assets inherent in the use of this type of account as well as those in place to minimize the vulnerability to misappropriation of funds are not notified to the regulator as restrictions as each person support has the right to opt in or opt out of support.

• The BOCSILR is committed to exploring all alternative accounts that may facilitate less restrictive direct access to personal assets for people supported who opt in to support from the BOCSILR. In this regard the engagement with the assisted decision making department with the HSE seeking guidance in assisting residents in relation to banking arrangements was commenced on 11/11/2024. Engagement with banking institutions has also been perused to identify possible suitable banking products that would be a less restrictive alternative for residents within the service.

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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	31/07/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	11/06/2025
Regulation 16(1)(c)	The person in charge shall ensure that staff are informed of the Act and any regulations and standards made under it.	Substantially Compliant	Yellow	11/06/2025

Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/06/2026
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	31/12/2026