



**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:	Greenacres
Name of provider:	Embrace Community Services Ltd
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	10 June 2025
Centre ID:	OSV-0007997
Fieldwork ID:	MON-0047356

About the designated centre

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

Greenacres provides a residential service for male and female adults. The service is located near a village in County Meath. The location offers an excellent balance of space, privacy, and proximity to local amenities, enabling our team to promote community engagement with the residents. There are five individual bedrooms in Greencare's: two downstairs wheelchair-friendly rooms and two wheelchair-accessible bathrooms; on the first floor, there are three bedrooms, one of which has its own en-suite; there are also two bathrooms on this floor. Residents receive care on a twenty-four-hour basis. The staff team comprises a person in charge, team leads, and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
--	---

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
Tuesday 10 June 2025	08:10hrs to 16:30hrs	Karena Butler	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was undertaken following receipt of unsolicited information of concern submitted to the office of the Chief Inspector of Social Services (The Chief Inspector). Many of those concerns related to the centre's water supply regarding the well running low or having no water on different occasions.

This inspection focused on areas of concern raised to include, governance and management, safeguarding, residents' rights, the premises, risk management, and protection against infection. At the time of this inspection, areas requiring improvement were not found to be negatively impacting on the residents. However, the inspector found that the water issue had not been resolved therefore this matter was ongoing and had the potential to negatively impact residents in the future until a permanent solution was in place.

On the day of the inspection, the inspector found that residents were receiving a good standard of care by a dedicated staff team who were aware of their assessed needs and ensured those needs were being met. Improvements were required to some of the governance and management arrangements in the centre, along with notification of incidents, and protection against infection. These areas will be discussed in more detail later in the report.

The inspector had the opportunity to meet and observe five of the six residents that were living in the centre on the day of the inspection. The inspector spoke with three residents and briefly with a fourth resident. They were observed to move freely around their home and all communicated they were happy living in the centre, that staff were nice, and that they felt safe.

One resident told the inspector that they "love it here" and that they were supported to keep in contact with their family including visits to their family which staff facilitated the transport for. They said that if they were ever worried about anything, they would tell the staff. They said that, "Staff are lovely and speak in a nice way to me". They said that staff "listen to me and don't rush me". They said they felt they had choice about what food they had and what activities they participated in. They told the inspector there were issues with the water for a few weeks. They confirmed that the water had been back a few weeks before this inspection. They said that they had bottled water to drink at the time when there was little or no water. They communicated that they either had quick showers or body washes to keep clean during that time.

On the day of this inspection, residents' activities ranged depending on their preferences and appointments they had. Two residents went for a walk and tea in another designated centre. Later those individuals split up with one going shopping with staff. The other resident independently went to a nearby town to go shopping and possibly go to the pub as they had yet to decide their full plan when leaving the

centre. One resident attended a medical appointment and three residents participated in individual music therapy sessions.

The residents appeared to be comfortable in the presence of the staff members on duty. For example, one resident appeared very happy and had a big smile on their face when the person in charge came into the centre and they saw them. The inspector observed the resident and the person in charge talk for a while and both appeared very content in each others company.

Staff interactions with residents were observed to be caring, respectful and jovial at times. For example, one staff joked that they were "twinning" with a resident when they were both dressed in the same colour and the resident was observed to smile at this.

The inspector had the opportunity to speak with two staff members on duty, the person in charge and the team leader who facilitated the inspection. Through those conversations, the inspector was assured that these staff members were familiar with the residents' support needs and preferences. For example, one staff member discussed what supports a resident needed at mealtimes.

The inspector observed the house to be tidy and for the most part clean. In the sitting room there was a television, games, DVDs, and a foosball table. There was an external apartment that one resident lived in and it had decorations displayed in line with their heritage. The apartment had sensory water tubes, sensory toys, and sensory lights available for the resident.

Each resident had their own bedroom which was decorated as per their preference including favourite items. Additionally, two residents had key boards in their bedrooms. The inspector observed that there was adequate storage facilities for any personal belongings.

There was garden that surrounded the house and there was space for residents to sit out the back garden in times of good weather. There was a bucket swing, a football net, a giant outdoor board game, and one resident had a favourite swing for their personal use.

The inspector did not have an opportunity to speak with a family representative on this inspection. At the time of this inspection there were no visiting restrictions in place and no volunteers were used in the centre.

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

Capacity and capability

The findings of this inspection were that while the provider had a number of appropriate systems in place in order to provide appropriate governance, management and oversight, improvements were required in relation to contingency planning and risk assessment for low water pressure or no water.

In addition, improvements were required with regard to communication with staff to ensure that staff were facilitated to raise concerns about the quality and safety of the care and support that was provided to residents and that staff concerns were adequately addressed.

Additionally, improvements were required to ensure all adverse incidents were notified in line with the provider's regulatory responsibilities.

Regulation 23: Governance and management

While there were many adequate systems in place in order to promote a safe and effective service, improvements were required to the contingency planning and risk assessment for when the centre's well (which was their only source of water) had low pressure or no water. It was not clear what systems were in place to offset risk in this area. Communication with staff was also noted as requiring improvement in order to keep staff up-to-date with incidents affecting the water and how management were dealing with it so as they were fully aware of how to manage the situation at a local level.

The inspector noted that at the time of this inspection, the centre had access to water and the provider had arrangements in place that drilling for a new well was to begin on 20 June 2025.

However, upon arrival to the centre the inspector found that, there was no documented contingency plan in place to appropriately guide staff in the event of reduced water or lack of water, to include a process for staff for escalation of the issue. Without a clear step-by-step contingency plan there was the potential for residents to be negatively impacted which included a safety and welfare risk. For example, not being able to access water for showers or baths in order to carry out personal hygiene.

Deficits in the contingency planning also meant that the provider may not always be notified of these issues promptly in order to take appropriate actions.

There were inconsistencies in the documentation reviewed compared to what was communicated by the management team to the inspector.

The inspector found that in some cases there was poor record keeping in order to verify information regarding what response management had taken when staff escalated concerns. For example, the inspector was informed by the management team on site that the maintenance person was attending the centre several times a

week to check the water pressure. However, this was not evident from records reviewed.

In addition, the inspector reviewed residents' daily report notes and found that staff documented in some of the daily records that residents' daily showers were being impacted by no water or low water pressure which resulted in them either not bathing that day or instead having a body wash using a basin of water however, it was not documented in some reports if residents participated in personal care on certain days.

The inspector spoke with the management team on the day of the inspection and they stated they were not aware that residents did not have sufficient water to address their personal care needs.

These findings indicated that there was inadequate oversight regarding residents' daily reports, a breakdown in communication between staff and management and a lack of oversight and management of this issue which had the potential to impact negatively on residents quality and safety of care.

The person in charge promoted supervision and team meetings as an opportunity for staff to raise concerns. However, improvement was required to the channels for communication with staff to offset difficulties the low water pressure may be having for residents and staff, and support staff with concerns about their ability to provide a high quality of care. There was documentary evidence that concerns regarding the water were escalated to members of the management team and it was not evident that the management response was timely. The inspector observed some emails from staff escalating concerns with regard to having no or low water, the impact it was having on the residents, and the staff's ability to maintain good infection control practices.

For example, not being able to wash floors as per the provider's own cleaning checklist. In one instance, the inspector observed an email to members of the management team and the maintenance person seeking updates on the water situation and timelines as to when the drilling for the new well was due to begin. The sender communicated that emails had been sent for weeks and that there had been no communication back. This did not assure the inspector that staff were adequately facilitated to raise concerns about the quality and safety of the care and support provided to residents.

Prior to the end of the inspection the person in charge completed a contingency plan to address low water pressure or no water. The contingency plan was still required to be discussed with the staff team. A risk assessment with control measures to help mitigate or reduce the impact on the residents and the centre was yet to be completed.

The provider had many good systems in place to meet other requirements of this regulation. For example, an annual review of the quality and safety of the service was completed for June 2023 to June 2024 and there were arrangements in place to complete the next 12 month period review.

There were arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis and the inspector observed the last two which took place in October 2024 and April 2025. There were quality improvement plans in place where necessary. From a sample of the actions that arose from the provider's April 2025 visit, actions were found to be completed or in progress at the time of this inspection. For instance, one resident wanted to increase their chances of gaining paid employment and was supported to apply for an employability programme and they were awaiting response.

There was a monthly schedule of audits in place in order to assure the provider that there was appropriate oversight within the centre and that any issues that arose were dealt with in a timely manner. The inspector reviewed the audits for May 2025. They included medication, care plans, fire safety, and food and nutrition. In addition, there were a schedule of quarterly audits in place, such as finances, and a policy audit. Actions from the medication audit included a requirement to get an epilepsy medication protocol reviewed by the prescribing professional and the inspector observed that it was reviewed since that audit.

The inspector reviewed a sample of four days of the staff roster surrounding the occurrence of a particular incident of concern and found that the staffing levels in place were as per the assessed needs of the residents. The inspector also reviewed the training certification for the four staff on duty on the day of the inspection for five training courses. From that review, the inspector found that staff had received appropriate training in order to undertake their duties and appropriately support the residents. Training included, hand hygiene, standard and transmission based precautions, and safeguarding vulnerable adults.

Judgment: Not compliant

Regulation 31: Notification of incidents

For the most part, the provider and person in charge had ensured that any adverse incidents that occurred in the centre were reported to the Office of the Chief Inspector as per the requirements of the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). The person in charge maintained a record of all notifications which had been submitted to the Chief Inspector.

However, not all instances of loss of water had been notified as required. This meant that the provider had not ensured that they had fulfilled their regulatory responsibility to report those instances. There was some evidence to suggest that the provider had attempted to submit one notification of loss of water in April 2025 that was accidentally cancelled by the provider.

Judgment: Substantially compliant

Quality and safety

This inspection found that some additional quality improvement was required in relation to protection against infection. Although this was the case, the inspector found, that residents received high quality care that was informed by their needs and expressed preferences.

The inspector reviewed the safeguarding arrangements in place and found that residents were protected from the risk of abuse. For example, staff had received training in safeguarding vulnerable adults.

The person in charge and the staff team were found to be promoting a rights based approach in the centre. For instance, residents were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected.

The physical environment was found to be tidy and in a good state of repair. The provider had arrangements in place for a staff member to complete checks on the premises and report on any required works. In addition, the assistant director had arrangements for completing periodic visits to the centre which included observations for any maintenance works required. For example, the day prior to this inspection they completed one of these visits and identified that some hand rails required replacement as they were becoming rusty in places and they assured the inspector that they would be replaced in a timely manner. They communicated that due to the regular wear and tear on the handrails that the provider's plan going forward was to replace the rails annually.

There were systems in place to manage and mitigate risk and keep the residents safe which included review of incidents that occurred in the centre with the aim of reducing recurrence. Any learning taken from review of the incidents was shared with the staff team to promote consistency of approach.

There were arrangements in place to prevent or minimise the occurrence of a healthcare associated infection. For example, there was a cleaning checklist in place for staff to complete daily tasks in order to ensure the premises was maintained to a hygienic standard. However, the inspector observed some minor areas of improvement were required to some of the cleaning.

In addition, improvements were required with the availability of stock of personal protective equipment (PPE) and some cleaning equipment used to clean the centre. Furthermore, improvement was required to staff adherence to the provider's colour coded system for managing cross contamination.

Regulation 17: Premises

The layout, size and design of the premises was appropriate to meet residents' needs. The facilities of Schedule 6 of the regulations were available for residents' use. For example, residents had access to kitchen and laundry facilities. There was adequate private and communal accommodation for residents that included adequate social, recreational, dining and private accommodation.

The inspector found that generally the premises was clean and in a good state of repair and was observed to be tidy.

Each resident had their own bedroom and some had their own dedicated bathroom. Bedrooms were found to be decorated in line with residents' preferences. For example, some were decorated with wall stickers of pictures of their favourite television programmes, including in one instance homemade artwork of a favourite cartoon character that a resident's mother had drawn. There were personal pictures displayed in different areas. This promoted a comfortable and homely atmosphere for residents.

As previously stated, residents had access to outdoor space in the form of a wrapped around garden. The inspector observed different recreational items were available for use by the residents, for example a large outdoor board game.

While the lack of water or low water pressure that affected the centre on occasion had the potential to impact on residents' access to water for drinking, laundering their clothes, washing their dishes, and showering, the provider had plans for a new well to be drilled.

Any other issues associated with the identified risks were actioned under Regulation 23: Governance and management.

Judgment: Compliant

Regulation 26: Risk management procedures

There were sufficient arrangements in place to meet the requirements of this regulation as risk management arrangements ensured that risks were identified, monitored and regularly reviewed.

While the inspector identified that no contingency plan or risk assessment was in place for low or no water pressure, this was actioned under Regulation 23: Governance and management as the other aspects of risk management procedures reviewed on this inspection were observed to be adequate.

There was a risk register in place maintained by the person in charge which identified the main risks presenting in the centre and was last reviewed in October 2024. There were no high rated (red) risks identified in this centre. Risks specific to the individuals, such as falls risks, had also been reviewed to inform care practices. For example, one resident had a bed that could be adjusted in height and was kept to the lowest setting to help prevent injury should the resident fall out of bed. In addition, there was a sensor mat to alert staff should they fall out of bed.

From a review of a sample of risk assessments for three residents, the inspector observed that there were control measures listed to help mitigate or prevent a risk from occurring. From a sample of the control measures reviewed, the inspector found that the control measures were in place. For instance, one risk assessment for possible aggression was that staff should be trained in a specific positive behaviour support training. Another risk assessment for possible falls was that staff were to be trained in manual handling. From a review of the matrix and from speaking with the assistant director, the inspector found that all staff had received training in those listed areas.

The inspector examined adverse incidents that occurred in the centre since March 2025 and found that wherever possible, lessons were identified to reduce recurrence and ensure the safety of the residents. Incidents were reviewed for shared learning with the staff team at team meetings.

In the case of one serious incident that involved a resident, the inspector was satisfied that the matter was being dealt with appropriately by the provider. The provider had ensured that a serious incident review meeting had taken place to assure the provider that all appropriate steps were being taken and ensured that the incident was investigated. The provider was satisfied that they had taken all reasonable steps and were satisfied that the incident had not occurred in the centre. They were awaiting the outcome of a separate investigation into the matter by an external agency. The provider was liaising with that agency in relation to the incident to seek resolution.

The inspector reviewed two residents' epilepsy protocols for administration of emergency medication should they have a seizure. There were found to guide staff on administration and were recently signed off by a prescribing professional. In addition, the inspector reviewed one resident's protocol for prevention of reoccurring respiratory infections which was last reviewed in September 2024. It guided staff to know what the baseline oxygen levels were for the resident and when to seek medical attention for them. Staff were found to recently have followed protocol for the resident and sought appropriate medical attention for the resident when they presented with low oxygen levels. In addition, a staff spoken with was familiar what steps to take should the resident present with ill health and those steps were in line with the resident's support plan.

The boiler was observed to have last been serviced in May 2025. This meant that the system was signed off as safe to use for the residents. The centre's water well was serviced within the last year and was due to be serviced again in 65 days from the day of the inspection. The provider had arrangements in place for the cleaning

and disinfection of the cold water tanks and this was last completed in May 2025. There were also arrangements for water samples be tested with the last samples taken in May 2025 and October 2024 and the results from both tests were satisfactory. This meant that the provider was promoting safe water for use in the centre by the residents and staff.

From a review of other arrangements in place to meet the requirements of this regulation, the inspector found that the centre's vehicle was last serviced in May 2025, it was taxed, and insured. The vehicle had an up-to-date national car test (NCT) with the next NCT due in January 2026. The inspector also observed a second vehicle that was shared with another centre had been recently serviced in January 2025. It was found to be taxed, insured, and had an up-to-date national car test (NCT). This helped assure the provider that the vehicles were safe for the residents to use.

Judgment: Compliant

Regulation 27: Protection against infection

For the most part, there were appropriate measures in place to control the risk of infection in the centre on an ongoing basis.

The inspector observed an infection control policy dated April 2024. In addition, there was an outbreak contingency plan for the centre in place should there be an outbreak of an illness in the centre and it was last reviewed in March 2025. Both provided guidance to staff on how to promote good infection control practices.

The inspector observed some of the equipment used to support residents, for example standers and 'cosy' chairs, and all four were found to be clean.

For the most part, the house and the apartment were observed to be clean and in a good state of repair which would facilitate effective cleaning of the house. However, some areas were identified for improvement.

For example,

- the inspector observed minor limescale in a resident's shower tray
- another resident's bath had black discolouration and residue in the jets and their bath seat was observed to have minor cracks in two areas which could lead to the seat not being able to be cleaned appropriately.

While there was guidance in place for colour coded cleaning equipment and some colour coded equipment was observed in the centre, some were observed to be missing. For instance, there was no mop with the identified colour in order to facilitate the cleaning of the bathrooms. Only one cloth with the identified colour was found to facilitate cleaning of the bathrooms and one cloth was for communal

areas. This meant that staff did not have the required amount of cloths to facilitate cleaning in line with the provider's guidance.

One staff spoken with was not fully familiar as to which colour equipment was to be used for cleaning what areas. They communicated that they use the equipment identified for communal areas to clean the bathrooms which was not in line with the provider's guidance. These identified areas with regard to the colour coded cleaning systems had the potential to result in cross contamination and meant there was an increased risk of residents acquiring a healthcare-associated infection.

For the most part, the inspector observed there was appropriate personal protective equipment in place, for example gloves. However, no stock of surgical masks was observed and a staff member on duty was unable to locate any for the inspector. This meant that staff would not have immediate access to masks if required in the event of an outbreak of an illness, which could put themselves and others at risk of developing a healthcare related illness.

Judgment: Substantially compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained, and any potential safeguarding risk was reviewed and where necessary, a safeguarding plan was developed. There was a safeguarding policy in place and it was last reviewed by the provider in April 2024.

There were clear lines of reporting with an identified designated officer responsible for safeguarding. Information on safeguarding procedure and identifying the designated officer was observed to be displayed on the notice board in the hall.

Any potential safeguarding risk was escalated and reviewed. Potential safeguarding risks were reported to the relevant statutory agency. The inspector spoke with two staff members who were familiar with how to immediately safeguard a resident in the case of a peer-to-peer incident or a disclosure allegation and knew to report to their manager. Further knowledge of some safeguarding processes was required. For example, neither staff member could identify the designated officer or know who was nationally responsible for safeguarding. Due to the fact that the staff members knew the immediate steps to take to safeguard residents at the time of an incident, the inspector was assured that this was not impacting negatively on the residents at this time. This was brought to the attention of the assistant director on the day who confirmed to the inspector that they would arrange for a further information session for staff.

From a review of three residents' intimate care plans in place, the inspector found that the plans outlined residents' support needs and preferences with regard to the provision of intimate care, and these plans promoted dignified care practices.

There were systems in place to safeguard residents' finances. The inspector reviewed a sample of two residents' finance folders, one for March 2025 and the other for March and June 2025. The review demonstrated to the inspector that residents' finances were being checked a minimum of once per day by two staff to ensure their money was accounted for and safe. The inspector completed a cash balance count for one resident and found that it matched the expenditure cash balance record that was in place for the resident. This meant that the systems in place for oversight of the residents' finances were working appropriately at the time of this inspection.

In addition, from a review of the schedule of audits in place and from reviewing May 2025 audits, the inspector found that there were monthly audits of residents' finances taking place. This would further facilitate safeguarding and oversight over residents' finances and should identify if there were any anomalies in the residents' accounts.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was being operated in a manner that promoted and respected the rights of residents.

The inspector noted that residents were supported in maintaining connections with their family, friends, and local community. Residents were encouraged to engage in social and recreational activities of their choosing, both within the centre and in the wider community, promoting their inclusion and social well-being. For example, some residents were members of a local group and had arranged to go away with the group on holidays later in the year. One resident, confirmed to the inspector that they were excited about the holiday.

The inspector observed the minutes of staff team meetings, for example May 2025 whereby the person in charge was encouraging staff to promote more community inclusion and choice in activities that the residents participated in.

Residents' meetings were being held where residents were informed about things that were happening in the centre, things that may affect them, and they were asked their opinions on different matters. For example, the inspector observed that residents were asked if anyone had any complaints, and staff discussed restrictive practices with them.

Residents were provided with easy-to-read information and visuals to help support their understanding of what was being discussed. For example, the inspector observed information on healthy eating, how to wash your hands, safeguarding, and brushing your teeth.

From discussion with two staff and four residents, the inspector was informed that choice was afforded in areas of daily living from activities to meal choices.

While the low water pressure or having no running water at times had impacted the residents' ability to have full showers as per their usual routine and in order to support their hygiene, this was actioned under Regulation 23: Governance and management.

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 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Greenacres OSV-0007997

Inspection ID: MON-0047356

Date of inspection: 10/06/2025

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A contingency plan for low water pressure and/or no water was developed for the centre on 10/06/2025. This has been attached to the Emergency plan for the centre which is stored in emergency box and accessible to all staff. This is being rolled out to all designated centers.</p> <p>PIC will ensure all current staff read and understand the updates to emergency plan. It is part of induction for all new staff to read the emergency plan. To be reviewed by end of July by PIC.</p> <p>Risk item for Low water pressure/loss of water was added to the centers risk register on 25/06/2025.</p> <p>A log will be put in place for any incidents of Low pressure/loss of water/loss of electricity/unplanned activation of fire alarm in each centre. This log prompts staff to follow emergency plan and contact the PIC/oncall management.</p> <p>All maintenance personal to sign visitors log book using comments section to state why they are on site. This to be communicated to all maintenance personal by Procurement manager. To be reviewed by ADOS in August governance.</p> <p>To improve communication a maintenance section has been added to daily handover sheet in July. Team meeting agenda reviewed and updated in July to clearly state maintenance to be discussed. There is a maintenance log online. PIC to use this to provide updates to team.</p> <p>The centre uses Eppicare touch to record intimate care were a resident requires support in this area. Use of this system to be discussed with team and monitored by Team leads</p>	

and PIC to ensure all staff are following this system. PIC to discuss above actions with team in July meeting. ADOS to review progress in August governance.

Regulation 31: Notification of incidents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

A log will be put in place for any incidents of Low pressure/loss of water/loss of electricity/unplanned activation of fire alarm in each centre. This log prompts staff to follow emergency plan and contact the PIC/oncall management. It includes impact a section for impact on residents and measures taken including reporting to PIC and maintenance. This to be implemented by end of July in all centres.

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

Cracks in bath seat reported to maintenance, this seat is not currently in use. To be repaired or replaced by 31/08/2025 or prior to return of resident.

Shower trays throughout the centre have been deep cleaned with disinfection cleaning products.

A new checklist for stock of cleaning equipment including cloths and mops has been implemented in the centre in July. A press was cleaned out for storage of equipment which has been organized by colour code. Cleaning equipment was ordered as required. Checked on governance in July. Stock available.

The centre had a stack of FFP2 masks but no surgical masks. These were ordered and supplied. Checked in governance in July.

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.	Not Compliant	Orange	31/07/2025
Regulation 23(3)(b)	The registered provider shall ensure that effective arrangements are in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.	Substantially Compliant	Yellow	31/07/2025
Regulation 27	The registered provider shall	Substantially Compliant	Yellow	31/08/2025

	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 published by the Authority.			
Regulation 31(1)(c)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place.	Substantially Compliant	Yellow	31/07/2025