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:	The Willows
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	23 March 2026
Centre ID:	OSV-0008041
Fieldwork ID:	MON-0045115

About the designated centre

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

The Willows is a large two storey house located near a large town in Co. Louth. Four male residents are supported to live here who are over the age of 18 years. Downstairs the accommodation consists of four single bedrooms, two of which have en-suite bathrooms. There is also a large bathroom which has been modified to accommodate people who may have mobility issues. There are two sitting rooms, along with a fully equipped kitchen and dining area. A utility room is also available where residents can chose to launder their own clothes should they wish. Upstairs there is a large office, two storage rooms and a shower room. The house sits on a large site and is surrounded by gardens to the front and back of the property. Transport is also provided so as residents can be supported to access community services. The staff team consists of nurses and health care assistants. Three staff are duty during the day and two staff are on duty at night. The shifts are nursing led meaning that a nurse is on duty 24/7. The person in charge is supported in their role by a house manager in order to ensure effective oversight of the centre. Residents do not attend a formal day service, rather they are supported by staff in the centre to have meaningful days in line with their wishes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Monday 23 March 2026	09:00hrs to 16:20hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

The purpose of this unannounced inspection was to monitor the care and welfare, and support arrangements for residents living in the centre and assess compliance with the regulations. This inspection determined that although residents were provided with quality care and support, improvements were identified under a number of regulations inspected. Specifically, enhancements were necessary pertaining to residents' contracts of care, and general welfare and development. Additionally, improvements were required regarding the premises.

The inspection was conducted over a single day by one inspector. The person in charge facilitated the inspection by speaking with the inspector and promptly providing all requested documentation. The designated centre is registered to accommodate four residents. The inspector had the opportunity to meet and speak with all residents living in the designated centre.

To form judgments on the residents' quality of life, the inspector used observations, interactions with the residents, a thorough review of documentation, and conversations with key staff. The inspector did not have an opportunity to speak with the relatives of any of the residents, however a review of the provider's annual review of the quality and safety of care evidenced that they were happy with the care and support that their relatives received.

The designated centre comprised of one two-storey building, located on the outskirts of a town in County Louth. The house comprised of four bedrooms, two of which were fitted with en suite facilities, an open plan kitchen / dining room, two sitting rooms, a sensory room, a utility room, a large accessible bathroom, a staff office, and additional storage rooms. There was a large garden to the rear and front of the designated centre with a seating area for residents to use as they so wished. The person in charge advised that funding had been recently secured for garden development plans to include privacy hedging, a garden room, and seating areas. Works commenced on the day of this inspection.

Residents had their own bedrooms, which allowed for personal space and privacy, while communal areas were found to be spacious, and thoughtfully arranged to encourage social interaction and relaxation. The overall interior decor and furnishings were tasteful, and well maintained, contributing to a warm and inviting environment. During the walk around the inspector noted that a small number of minor maintenance issues were necessary. For example, painting throughout the interior of the designated centre was required, and damage to walls, architraves of doors, and skirting boards required repair. In addition, visible staining on one resident's bedroom floor was observed, which required replacing. The person in charge informed the inspector that these had already been reported to the provider's maintenance team for resolution.

The inspector observed good fire safety systems. For instance, there was fire detection and fighting equipment throughout the home, and individualised emergency evacuation plans were in place to guide staff on the supports required by residents. There was a number of restrictive practices used in the centre. The inspector found that they were applied in line with the provider's policy and residents' consent.

Residents in the centre presented with a variety of communication support needs and were supported by staff to communicate and interact with the inspector throughout the inspection as required. Where required, staff supporting residents acted as communication partners and were observed by the inspector to be familiar with residents' communication support plans. Residents indicated that they were happy and content, and warm interactions between the residents and staff members caring for them was observed throughout the duration of the inspection. On the day of the inspection the inspector observed residents to be relaxed and comfortable in the centre, staff engaged with them in a very kind and friendly manner, and it was clear that they had a good rapport.

Residents engaged in a number of activities. For instance, residents did reflexology, art, music, and sensory activities. The inspector noted that the majority of activities planned were home based activities. Residents had weekly meaningful day activity planners on file. However, the inspector raised concerns with the person in charge regarding the lack of activities planned for residents outside of their home. Following a review of residents' individual personal plans it was noted by the inspector that residents were not always actively engaged in activities that aligned with their personal interests and preferences. For instance, some residents enjoyed going to the cinema, going bowling, and going out for dinner. However, a review of residents' expenditure records evidenced that residents spent little time pursuing those interests. It was also noted that activity planners did not meet the residents' current assessed communication needs, which did not assure the inspector that residents were making informed decisions regarding activities they wanted to engage in.

Staff spoke with the inspector regarding the residents' assessed needs and described training that they had received to be able to support such needs, including safeguarding, positive behaviour support, and fire safety. The inspector found that staff members on duty were very knowledgeable of residents’ needs and the supports in place to meet those needs. Staff were aware of residents' likes and dislikes, and told the inspector they really enjoyed working in the centre. They told the inspector they felt supported by the person in charge, and were knowledgeable about abuse detection and prevention.

The person in charge emphasised the high standard of care provided to all residents, expressing no concerns regarding their wellbeing. Residents were supported by a familiar staff team who knew them well and understood their communication styles and individual support needs. Staff were observed to be responsive to residents’ requests and assisted residents in a respectful manner.

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 to each resident living in the centre.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that residents were safe and received a high quality service in the centre. However, improvements were required to Regulation 24: Admissions and contract for the provision of services. This is discussed further in the main body of this report.

The person in charge was full-time, and found to be suitably skilled, experienced, and qualified for their role. They had responsibility for two designated centres. They were supported in their role by a team of staff nurses, healthcare assistants, and a social care worker. The inspector found that the person in charge responded well to regulation, and they demonstrated they could meet their regulatory responsibilities.

There was a clearly defined management structure in place, and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. There was a regular core staff team in place, and they were very knowledgeable of the needs of the residents. The staffing levels in place in the designated centre were suitable to meet the assessed needs and number of residents living in the centre.

The staff team were in receipt of regular support and supervision. They also had access to regular refresher training, and there was a high level of compliance with mandatory training. Staff had received additional training in order to meet residents' assessed needs. The inspector spoke with a number of staff over the course of this inspection and found that staff were well-informed regarding residents' individual needs and preferences in respect of their care.

The provider ensured that the directory of residents was readily available in the centre, in full compliance with regulatory requirements. It contained accurate and up-to-date information for each resident.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents, and the governance and management systems in place were found to operate to a high standard in this centre. A six-monthly unannounced visit of the centre had taken place in October 2025 to review the quality and safety of care and support provided. Subsequently,

there was an action plan put in place to address any concerns regarding the standard of care and support provided.

Improvements were required to ensure that enough assistance was made available when needed for all residents to meaningfully engage with the processes involved in understanding, agreeing to and signing their contract of care. The inspector noted that contracts of care in place were not in line with residents' assessed communication needs. Furthermore, contracts of care had not been signed by residents. Improvements were required to ensure easy-to-read information was made available to all residents to provide them with clear, comprehensible information about their rights and responsibilities as tenants.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described what the service does, who the service is for, and information about how and where the service is delivered.

Overall, it was found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 14: Persons in charge

The designated centre was managed by a full-time person in charge. They were also responsible for another designated centre operated by the provider. The inspector found that the person in charge had the required knowledge, skills, and experience to meet the requirements for this regulation.

The person in charge was actively implementing the provider's systems to ensure oversight and monitoring in this centre. They were developing action plans and implementing the required actions to bring about improvements in relation to the residents' home, and their care and support.

It was evident from the person in charges interactions with residents on the day of the inspection that they knew them very well. Through discussions and a review of documentation, the inspector found that the person in charge was motivated to ensure that each resident was in receipt of a good quality and safe service.

Judgment: Compliant

Regulation 15: Staffing

On the day of this inspection, the provider ensured there were sufficient staffing levels with the appropriate skills, qualifications, and experience to meet the assessed needs of the residents at all times, in accordance with the statement of purpose and the size and layout of the designated centre. The inspector noted that the staff team were well qualified, and dedicated to delivering care that upheld residents' rights and ensured their safety.

The staff team was comprised of the person in charge, nurses, healthcare assistants, and one social care worker. The inspector examined the planned and actual staff rosters for March and April 2026. It was found that regular staff were employed, and the rosters accurately represented the staffing arrangements, including the full names of staff on duty during both day and night shifts.

During the inspection, the inspector spoke with two staff members on duty, and found that were highly knowledgeable about the residents' support needs, and their responsibilities in providing care. Residents were familiar with the staff and appeared comfortable interacting and receiving care. It was clear that staff had developed and maintained therapeutic relationships with residents, helping them feel safe, secure, and protected from all forms of abuse.

Schedule 2 files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had received appropriate training and education, ensuring they had the necessary knowledge and skills to effectively meet the residents' assessed and changing needs.

The inspector reviewed the staff training matrix maintained by the person in charge, and found that it was effective in regularly monitoring staff training. All staff had completed a variety of training courses, ensuring they had the necessary knowledge and skills to support residents effectively. This included mandatory training in areas such as fire safety, managing behaviour that challenges, and safeguarding vulnerable adults. The inspector also noted that refresher training had been booked for staff members, and this was noted on the training matrix.

In addition and to enhance quality of care provided to residents, further training was completed, covering essential areas such as manual handling, safe administration of medication, infection prevention control, and Children First.

The provider and person in charge had appropriate supervision arrangements in place for all staff. All staff received support and supervision relevant to their roles from appropriately qualified and experienced personnel in line with the provider's established policy. The person in charge maintained supervision records and schedules. The inspector reviewed four staff members' supervision records, which included a review of the staff member's personal development, and provided an opportunity for them to raise any concerns.

Judgment: Compliant

Regulation 19: Directory of residents

In compliance with regulations, the provider ensured and accurate and up-to-date resident directory was maintained.

The inspector confirmed that all information met the required standards as set out in Schedule 3 and that effective systems were implemented to ensure ongoing accuracy. For example, the directory of residents included the name, address, date of birth, sex, and marital status of each resident, the name, address and telephone number of each resident's next of kin or representative and the name, address and telephone number of each resident's general practitioner (GP).

Judgment: Compliant

Regulation 23: Governance and management

The provider had robust systems in place to ensure the delivery of a safe, high-quality service to residents, fully aligned with national standards and guidance. Clear lines of accountability were established at individual, team, and organisational levels, ensuring that all staff were aware of their roles, responsibilities, and the appropriate reporting procedures.

To ensure residents received effective, person-centred care and enjoyed a high quality of life, the provider maintained appropriate resources. This included staffing levels aligned with residents' assessed and changing needs and active multidisciplinary team participation in care planning.

A comprehensive suite of audits, covering medicine management, residents' individual personal plans (IPP), residents' finances, infection prevention and control (IPC), and health and safety, was conducted by the local management team. A review of these audits confirmed the audits thoroughness and their role in identifying opportunities for continuous service improvement. An annual review of the quality and safety of care had been completed for 2025. The inspector

completed a review of this and found that all residents, staff, and family members were all consulted in the annual review.

The inspector reviewed the action plan developed following the provider's most recent six-monthly unannounced visit, conducted in October 2025. This visit resulted in a detailed report that identified key areas for service improvement, from which a comprehensive action plan was formulated. Upon review, the inspector found that the majority of actions had been successfully completed, and were being effectively utilised to support and sustain continuous service improvement.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Improvements were required to ensure that enough assistance was made available when needed for all residents to meaningfully engage with the processes involved in understanding, agreeing to and signing their contract of care.

The provider had failed to ensure the information in residents' contracts of care was made available to residents in line with their assessed communication needs, and in a format that they could understand to support their informed decision-making on the terms of their contract. Contracts of care reviewed by the inspector were not written in plain language, and were difficult to follow and understand. Furthermore, the inspector noted that there were no contracts of care signed by residents on file on the day of this inspection.

Additionally, the provider's admission, discharge and transfer policy which was last reviewed in April 2022 required review. In line with regulations, policies and procedures should be reviewed at intervals not exceeding three years. The inspector noted, following a review of the policy, that it did not make reference to or include guidance pertaining to residents' contracts of care. This required comprehensive review by the registered provider.

Judgment: Not compliant

Regulation 3: Statement of purpose

The provider had previously submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose on the day of inspection, and found that it described the model of care and support delivered to residents in the service, and the day-to-day operation of the designated centre. The statement of

purpose was also available to residents and their representatives in a format appropriate to their communication needs and preferences.

In addition, a walk around of the premises confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Quality and safety

This section of the report provides an overview of the quality and safety of the service provided to the residents living in the designated centre. The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations, and in a manner which ensured the delivery of care was safe and person-centred. However, improvements were necessary pertaining to residents' general welfare and develop and premises.

Improvements were required to ensure that all residents had opportunities to engage and participate in meaningful activities that aligned with their personal interests, and reflected their individual preferences and abilities as documented in their individual personal plans (IPP). A comprehensive review of all residents' meaningful activities was required with consideration given to their individual interests, likes, and personal choice.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be very happy living in the centre and with the support they received. After walking through the designated centre, the inspector found that the design and layout of the premises effectively ensured residents could enjoy an accessible, comfortable, and homely setting. However, it was noted that some home improvements works were necessary including interior painting, damage to walls, and the replacement of sofa.

The provider had effectively mitigated the risk of fire by implementing robust fire prevention and oversight measures. Appropriate systems were in place to detect, contain, and extinguish fires within the designated centre. Documentation reviewed confirmed that equipment was regularly serviced in compliance with regulatory requirements. Additionally, residents' personal emergency evacuation plans were reviewed on a continuous basis to ensure that specific support needs were fully met.

The person in charge ensured that there were appropriate and suitable practices relating to medicine management within the designated centre. This included the safe storage and administration of medicines, medicine audits, and ongoing oversight by the person in charge. Residents' needs and abilities to self-administer

their medicines had been assessed, and associated care plans were prepared on the supports they required.

It was found that residents had an up to date and comprehensive assessments of need on file. Care plans were derived from these assessments of need. Care plans were comprehensive, and were written in person-centred language. Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met.

Where required, positive behaviour support plans were developed for residents. Staff were required to complete training to support them in helping residents to manage their behaviours that challenge. The provider and person in charge ensured that the service continually promoted residents' rights to independence, and a restraint-free environment.

Overall, residents were provided with safe and person-centred care and support in the designated centre.

Regulation 13: General welfare and development

Improvements were required to ensure that all residents had opportunities to engage and participate in meaningful activities that aligned with their personal interests, and reflected their individual preferences and abilities as documented in their individual personal plans (IPP).

The inspector reviewed all residents' weekly meaningful day activity planners, and noted that residents spent little time engaging in activities outside of the designated centre. For example, one resident's meaningful activity planner listed only one community based activity during the week. The inspector also noted that some residents had no community based activities scheduled at weekends. The provider's own internal audits also reported that improvements were required regarding supporting residents with meaningful activities outside of their home. In the previous six monthly unannounced visit the audit noted that residents should be "supported to leave their home on more than one occasion per week".

The inspector completed a review of two residents finances across a three month period and found that one resident spent time going out for drives and to local shops. There was no evidence on file that the resident was supported to engage in activities that aligned or reflected their personal interests. For instance in the resident's individual personal plan (IPP) it listed cinema outings, bowling, and going out for dinner as activities the resident enjoyed. However, receipts and expenditure reports maintained did not reflect that the resident was spending time or money on these activities.

A comprehensive review of all residents' meaningful activities was required with consideration given to their individual interests, likes, and choice.

Judgment: Not compliant

Regulation 17: Premises

The inspector found the atmosphere in the centre to be warm and calm, and residents appeared to be very happy living in the centre and with the support they received. However, the inspector noted that some home improvements works were required.

The registered provider ensured that the designated centre was designed and arranged to align with the service's aims and objectives, as well as the number and needs of residents. The centre was clean and appropriately decorated. The inspector observed a warm and calm atmosphere within the designated centre. The living environment was stimulating and provided opportunities for rest and recreation.

Residents had their own bedrooms, each considerately decorated to reflect their individual style and preferences. For example, rooms were personalised with family photographs, artworks, soft furnishings and possessions, all in line with each residents' interests. This not only promoted their independence and dignity but also celebrated their uniqueness and personal taste. Additionally, each bedroom was equipped with ample and secure storage for personal belongings.

The equipment used by residents was both easily accessible and stored securely. Records reviewed by the inspector evidenced that the equipment was regularly serviced, with items such as overhead hoists and tracking systems undergoing annual servicing.

The inspector carried out a walk around of the centre, and noted that some home improvements works were required. For example, painting of walls was required throughout the interior of the designated centre, damage to walls, architraves of doors, and skirting boards required repair, staining on one resident's bedroom floor required replacing, and one sofa which was visibly damaged required replacing.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had taken appropriate steps to mitigate the risk of fire by implementing effective fire prevention and oversight measures. During this inspection, the inspector observed that the designated centre was equipped with fire and smoke detection systems, emergency lighting, and firefighting equipment. A review of maintenance records confirmed that these systems and equipment were

subject to regular checks by staff, and inspections and servicing by a specialist fire safety company.

The inspector noted that the fire panel was addressable and easily accessible in the entrance hallway of the home. Additionally, information pertaining to fire zones were readily available and accessible to the staff team in the event of an emergency. It was observed that all fire doors, including bedroom doors, closed properly when the fire alarm was activated. Furthermore, all fire exits were equipped with thumb lock mechanisms, which ensured prompt evacuation in the event of an emergency.

The provider had implemented comprehensive measures to ensure that each resident was aware of fire safety procedures. For instance, the inspector reviewed the personal emergency evacuation plans (PEEPs) of all residents living in the designated centre. Each plan outlined the specific support required to assist residents during an evacuation, both during the day and at night.

The inspector examined the fire safety records, including fire drill documentation, and confirmed that regular fire drills were conducted in accordance with the provider's established policy. The provider demonstrated that they were capable of safely evacuating residents under both daytime and nighttime conditions.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate practices and arrangements for the management of residents' medicines, including for the ordering, storage and administration of medicines. The practices were underpinned by the provider's medication management policy.

Residents received a comprehensive individualised service from their pharmacist who facilitated the safe and timely supply of medicines, as well as information and pharmaceutical care to ensure the best possible outcome for each resident living in the centre.

The inspector found evidence to support that each resident's medicines were administered and monitored in line with best practice as individually and clinically indicated. For instance, the inspector reviewed the practices and arrangements for one resident and spent time observing one staff member administer morning medicines. Following observation, it was evident to the inspector that staff were very knowledgeable of the professional guidelines and professional code of practice that governed medicines management, and adhered to these requirements.

All medicines errors, suspected adverse reactions and incidents were recorded, reported and analysed within an open culture of reporting. Learning was fed back to improve each resident's safety and to prevent reoccurrence. Medicines management

was audited regularly, and this included practices in areas such as medicine stock control, administration, storage, and disposal.

The inspector observed that all residents' medicines were securely stored, and clearly labelled with relevant information such as expiry dates. The inspector observed that residents' prescription sheets and medicine administration records contained all necessary information, and noted that residents received their medicines as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed four residents' files and saw that files contained up-to-date and comprehensive assessments of need. These assessments of need were informed by the residents, their representative, and the multidisciplinary team as appropriate.

The assessments of need informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support. For example, the inspector observed plans on file relating to the following:

- Communication
- Positive behaviour support
- Intimate care
- General healthcare.

Each resident was assigned a keyworker and they supported the resident to engage with and participate in decisions about their own lives and the running of their home. All residents participated in an annual review of their individual personal plan (IPP). During these meetings, residents set meaningful goals they aimed to achieve. Examples of goals set by residents included visiting an art gallery, planning a birthday celebration, attending a country music festival, and go to see a musical.

The provider had in place systems to track goal progress. For instance, goals were discussed with residents during keyworking and recorded in goal progress documentation. In addition, photographs of the residents participating in their chosen goals and how they celebrated were also included in their individual personal plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that effective arrangements were in place to provide positive behavioural support to residents with assessed needs in this area. For example, residents with an assessed need for positive behavioural supports had positive behaviour support plans on file.

Three positive behaviour support plans reviewed by the inspector were found to be detailed, comprehensive, and developed by appropriately qualified professionals. Each plan incorporated proactive and preventative strategies aimed at minimising the risk of behaviours that challenge from occurring.

Staff spoken with on the day of this inspection were knowledgeable of positive behaviour support plans in place and the inspector observed positive communications and interactions throughout this inspection between residents and staff. Staff had access to specialist advice and suitable support through the provider's behaviour support specialists.

There were a number of restrictive practices used within the designated centre. The inspector completed a thorough review of these and found they were the least restrictive possible and used for the least duration possible. The inspector confirmed that these had been appropriately risk assessed, in accordance with the provider's established policy, and were subject to regular review by the provider's Governance of Restrictive Interventions Committee (GRIC).

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for The Willows OSV-0008041

Inspection ID: MON-0045115

Date of inspection: 23/03/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 24: Admissions and contract for the provision of services	Not Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The information in residents' contracts of care has been made available to residents in line with their assessed communication needs, and in a format that they could understand to support their informed decision-making on the terms of their contract. Copies of the resident's contract of care have been sent to residents representatives where necessary. The Admission, Discharge and Transfer policy is being reviewed and updated.	
Regulation 13: General welfare and development	Not Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: All residents opportunities to engage in activities outside the centre in line with their 'Will and Preference' have been reviewed. An individual profile of preferred activities has been developed for each person; this includes an activity sampling schedule to ensure future social engagement activities are in line with peoples preferred activities. This will be reviewed and expended upon on a quarterly basis. In house staff training has been scheduled with the Person-Centred Coordinator.	

Residents have been supported to join local community groups in line with their 'Will and Preference' Residents' friendly visual supports are being used to support residents make daily choices on activities available. Residents' meetings have been structured to enable residents to become involved in planning weekly recreational opportunities

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Painting has been scheduled. Damage to Walls, Architrave and skirting boards are scheduled for repair. Flooring has been reviewed and will be replaced in the areas where staining is evident. New Sofa ordered.

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	21/05/2026
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.	Substantially Compliant	Yellow	22/06/2026
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of	Not Compliant	Orange	17/04/2026

	giving consent, the terms on which that resident shall reside in the designated centre.			
Regulation 24(4)(b)	The agreement referred to in paragraph (3) shall provide for, and be consistent with, the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose.	Not Compliant	Orange	17/04/2026