



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

Issued by the Chief Inspector

Name of designated centre:	Fairyview House
Name of provider:	Trinity Support and Care Services Limited
Address of centre:	Cavan
Type of inspection:	Unannounced
Date of inspection:	31 March 2025
Centre ID:	OSV-0008670
Fieldwork ID:	MON-0046398

About the designated centre

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

Fairyview House is situated within close proximity to a small town in County Cavan. It comprises of a large four bedroom detached dormer style bungalow situated on its own site. There are four bedrooms all of which have ensuite bathrooms and there is also a bathroom on the first floor of the house. The house has a kitchen, dining room, sitting room and sun lounge along with a sensory room. The property is surrounded by a large garden and there are play areas and activities outside for residents to use. The staff compliment comprises of healthcare assistants some of which are agency staff. The person in charge is employed on a fulltime basis and works Monday to Friday. Transport is provided should residents wish to avail of it for leisure activities and appointments.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 31 March 2025	11:00hrs to 18:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This inspection was carried out in response to information received by the Chief Inspector of Social Services prior to this inspection, which raised issues about aspects of the quality and safety of care provided in the centre.

In response to this, the Chief Inspector issued a provider assurance report seeking assurances from the provider under specific regulations, to ensure that the service was safe and suitable for the needs of the residents living in the centre. The registered provider submitted those assurances and also identified several areas of improvement where they intended to act on. The information in this provider assurance report was followed-up on as part of the inspection process.

Overall the inspector found that while there had been issues relating to the reporting of safeguarding concerns in the centre prior to this inspection, systems had been developed to address this issue in the future. Notwithstanding, it was observed that a number of concerns and or allegations arising in the centre prior to this inspection had not been reported to the Chief Inspector as required. These matters are discussed further under Regulation 8: Protection and Regulation 31: Notification of Incidents.

It was also observed that concerns and or complaints were being logged and responded to in the centre. Notwithstanding, aspects of the overall complaints process required review. This was because from reviewing written documentation on the day of this inspection, the inspector could not determine in some cases, if the complainants were satisfied or dissatisfied with the outcome of their concern and or complaint. This issue is discussed under Regulation 34: Complaints.

The centre comprised of a detached two storey house in a rural, tranquil location in Co. Cavan. There were two children residing in the centre at the time of this inspection. Both children had their own bedroom and the person in charge explained that the rooms were decorated and individualised to the residents' likes and preferences. They also had their own individual sitting rooms and communal facilities included a relaxation or sensory room, a fully equipped kitchen-cum-dining room and a sun room. The inspector also observed that the back garden was equipped with a playground area that the children could avail of during times of good weather. On the morning of the inspection the house was observed to be well maintained, spacious, warm and welcoming.

On arrival to the house the inspector met with one of the children. They appeared to be in good form, smiled at the inspector and said hello. When the inspector commented that their house was lovely, they responded by saying yes, it was a fine house. This child did not engage much more with the inspector however, it was observed that they appeared comfortable and relaxed in the company and presence of the person in charge and staff members on the day of the inspection.

The person in charge explained to the inspector that plans were being explored for this child to recommence their school placement and a representative from their school was visiting the child the day after the inspection to further discuss this with them. The person in charge informed the inspector that in the interim, an educational plan had been developed for the child which staff used to try to engage them in learning activities. However, the person in charge reported that the resident would only engage with this plan if they were in the mood to do so.

One staff member informed the inspector that staff undertook some work with the child in order to further develop their literacy and or numeracy skills and supported the child's independence by encouraging them to help out with tasks in the house, such as their laundry and cleaning their room.

The other child was at school on the morning of the inspection. The person in charge explained that this child went to school each morning with staff support. The child was also supported to engage in after-school activities such as going for drives and going for walks in the forest where they liked to feed the ducks.

Later in the day the inspector met with this child briefly however they chose not to engage with the inspector. They appeared relaxed in their surroundings and comfortable in the company and presence of the staff members supporting them.

Both children had 2:1 staff support throughout the day and a floating staff member was also available to provide support as, or if, required. This meant that as well as the person in charge, there were five staff members available each day in the centre to support the children. Two staff spoken with demonstrated they were knowledgeable about the childrens' support or care plans. They also spoke about the children in a caring, dignified and respectful manner.

While both children appeared comfortable and settled in the house on the day of this inspection, improvements were required with the complaints process, safeguarding process and notifications of incidents.

The next two sections of the report outline 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 care provided to the residents.

Capacity and capability

On the day of the inspection the children appeared settled in the house. However, the complaints process required review as did the process for notifying the Chief Inspector of adverse incidents and or allegations occurring in the house.

This inspection also followed up on the provider assurance report which was submitted to the Chief Inspector prior to this inspection. The inspector found that

the provider had identified some plans for improvement which were outlined in the assurance report. Additionally, the inspector acknowledged that work and training in the areas of safeguarding and child protection policies had taken place prior to this inspection with all persons in charge and managers across the wider organisation. This was to ensure that all concerns and or allegations arising in the organisation were reported, reviewed, escalated and managed in line with relevant policies and procedures.

The centre had a clearly defined management structure in place led by a person in charge. The person in charge was a qualified nursing professional, who also held an additional qualification in management, and demonstrated a good knowledge of the residents' healthcare and support plans. They also demonstrated a knowledge of their legal remit to 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).

A review of the rosters for the month of March 2025 indicated that there were sufficient staff members on duty to meet the needs of the children as described by the person in charge on the day of the inspection.

Additionally, from reviewing the training matrix, the inspector found that staff members were provided with training to ensure they had the knowledge to respond to the needs of the children.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2024 and a six-monthly unannounced visit to the centre had been carried out in January 2025. On completion of these audits, a quality improvement plan was developed and updated as required to address any issues identified in a timely manner.

Regulation 14: Persons in charge

The person in charge had the appropriate qualifications and experience necessary to manage the day-to-day operations and administration of the centre.

They were an experienced qualified nursing professional who also held an additional qualification in management.

They had systems in place for the oversight and supervision of their staff team and demonstrated a knowledge of the care plans and or support plans of the two children living in the designated centre.

They were also found to be aware of their legal remit in line with the regulations and were responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

A review of a sample of actual rosters for the month of March 2025 highlighted that there were sufficient staff members on duty to meet the needs of the children as described by the person in charge on the day of this inspection. For example:

- both children were provided with 2:1 staff support for 12 hours each day
- an additional staff member also worked throughout the day to provide support to the staff team, from 10am to 6pm
- two waking night staff worked overnight in the centre
- one additional staff member also worked on a sleepover shift each night
- the person in charge worked Monday to Friday each week in the centre.

This meant that there were five members of staff working in the centre each day providing care and support to the two children, in addition to the person in charge. Additionally, there were three staff members present in the centre each night.

The staff team consisted of a person in charge, two team leaders, nursing professionals, social care workers and assistant support workers.

The person in charge maintained copies of actual and planned rosters in the centre.

Schedule 2 files were not viewed as part of this inspection. Schedule 2 files contain information and documents to be obtained in respect to staff working in the centre to include photographic evidence of their identity, dates they commenced employment, details and documentary evidence of relevant qualifications and vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. However, on viewing files for three staff members, the inspector observed that they had vetting disclosures in place.

An issue concerning the rosters which was found on the last inspection in April 2024, had been addressed by the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

From reviewing the training matrix and three staff files, the inspector found that staff were provided with training to ensure they had the necessary skills and or knowledge to support the children.

For example, staff had undertaken a number of in-service training sessions which included:

- Children First (Training in relation to the Children First National Guidance for the Protection and Welfare of Children 2017 and the Children First Act 2015)
- safeguarding
- autism awareness
- mental health
- positive behavioural support
- management of self-harm
- positive behavioural support
- restrictive practices
- fire safety
- manual handling
- online first aid
- medication management
- risk assessment
- food hygiene.
- The inspector also requested to view certificates for three staff members, one of whom was an agency staff member, and found that they all had their safeguarding and Children First training completed. Additionally, they all had vetting in place.

Two staff spoken with had a good knowledge of residents' individual care plans and or support plans.

An issue pertaining to training which was found in the last inspection of this service in April 2024, had been addressed by the time of this inspection.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in place. The person in charge managed the day-to-day operations of the centre and was supported in their role by two team leaders. They also had support from the senior management team and two staff spoken with said that if or where required, they could avail of the support of a manager on call when the person in charge was off duty.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2024 and a six-monthly unannounced visit to the centre had been carried out in January 2025. On completion of these audits, a quality improvement plan was developed and updated as required to address any issues that were identified in a timely manner.

For example, the auditing process identified the following:

- the policy folder required review
- the rosters required review

- the self assessment for the use of restrictive practices required review or updating
- a weekly activity schedule required review
- there were gaps in some fire safety documentation.

These issues had been addressed at the time of this inspection.

Systems were also in place at the time of this inspection to support staff to raise concerns about the quality and safety of care and support provided to the residents. For example, two staff spoken with said they would have no issues whatsoever in raising a concern, if they had one, with the person in charge regarding the quality and safety of care provided in the centre. They also confirmed that they had completed training in Children First and safeguarding.

Notwithstanding, as identified earlier in this report, the complaints process required review as did the process of reporting adverse incidents and or allegations to the Chief Inspector of Social Services.

These issues are discussed later in this report under Regulation 8: Protection, Regulation 31: Notifications of incidents and Regulation 34: Complaints procedures.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the children.

The person in charge was aware of their legal requirements to review and update the statement of purpose on an annual basis, or more frequently, as required by the regulations.

A minor update was required to the statement of purpose, however, when this was brought to the attention of the person in charge, they updated the document prior to the end of the inspection process.

Judgment: Compliant

Regulation 31: Notification of incidents

On the day of this inspection the person in charge demonstrated they were aware of

their legal responsibility to notify the Chief Inspector of Social Services of any adverse incident occurring in the centre in line with 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).

For example, the person in charge informed the inspector that any allegation of abuse or concern arising in the centre would be reviewed, reported to the designated safeguarding officer, reported to the relevant state agencies and reported to the relevant social workers. Additionally, they also confirmed that where or if required, allegations involving criminal activity occurred, they would be reported to the Gardaí.

However, it was observed that prior to this inspection some allegations of abuse and or adverse incidents occurring in the centre had not been reported to the Chief Inspector of Social Services as required by the regulations.

This was of concern to the inspector as notifications, when submitted to the Chief Inspector, provide assurances that the service is managing and responding to allegations in a culture of openness, transparency and accountability. For example, where adverse incidents or allegations occur in the centre, the notification process provides assurance to the Chief Inspector that the incidents or allegations have been reported to the relevant state agencies and appropriately managed in line with policy and procedure using a person-centred approach. They should also be reviewed as part of the provider's continual quality improvement measures. This process also provides assurances that learning from adverse incidents and or allegations has happened so as to prevent a possible reoccurrence. Additionally, it provides assurances that learning from the evaluation of adverse incidents or allegations has been communicated promptly to the appropriate people and or relevant stakeholders and used to improve quality and inform practice.

The inspector acknowledged that work had been undertaken by the provider prior to this inspection with all persons in charge and managers on the organisation's safeguarding and child protection policies. This was to ensure all concerns and or allegations arising in the centre were reported, reviewed, escalated and managed in line with relevant policy and procedure.

Notwithstanding, additional assurances were required so as to ensure that all adverse incidents and or allegations were being reported as required to the relevant state agencies and or stakeholders and that the safeguarding pathways as outlined above, were being adhered to at all times.

Judgment: Not compliant

Regulation 34: Complaints procedure

The registered provider had been requested to submit assurances relating to the management of concerns and or complaints. At that time, the provider stated that

all complaints were logged and responded to in the centre. The inspector followed up on three complaints that had been recorded during 2024 and 2025. A review of these complaints showed that the provider had taken steps in an attempt to address the issues raised. For example, an issue was raised regarding lack of variety with the menu options available in the centre. On the day of this inspection the inspector found that menus were more varied and provided more options.

However, while there were policies and procedures in place for the management of concerns and or complaints, this process required review. From reviewing written complaints, the inspector could not determine, in some cases, if the complainants were satisfied or dissatisfied with the outcome of the complaint that had been made or the concern that had been raised.

Additionally, from the documentation reviewed, it was not explicitly clear if the provider had made the complainants aware that an appeals process was available to them if they were not satisfied or in agreement with the outcome of their concern or complaint.

The inspector also reviewed the complaints policy and found that it could contain more information on the complaints process in line with Regulation 34: Complaints procedures.

The inspector noted that, regarding some of the feedback, complaints and or concerns arising in the centre, the registered provider had recently facilitated a meeting with family members and other relevant stakeholders. The purpose of this meeting was to review, address and support family members with any concerns and or feedback they had about the service and to look at how communication between the service and family members could be improved upon.

Judgment: Substantially compliant

Quality and safety

On the day of this inspection the children living in this centre appeared settled and content in the house and systems were in place to meet their healthcare-related needs. However, aspects of the safeguarding process required review.

The children were being supported with their healthcare-related needs and had access to a range of allied healthcare professionals. Residents also had access to a behavioural support specialist, if required.

Systems were in place to safeguard the children and where needed, safeguarding plans were in place. However and as identified above, aspects of the safeguarding process required review.

Systems were in place to manage and mitigate risk and support the childrens' safety

in the centre. Additionally, firefighting systems were in place to include a fire alarm system, fire doors, fire extinguishers, a fire blanket and emergency lighting and or signage.

The house was observed to be generally clean, warm, spacious and welcoming on the morning of this inspection. Additionally, the back garden was equipped with a playground area that the children could avail of during times of good weather.

Regulation 17: Premises

The house was found to be generally clean, warm and welcoming on the morning of this inspection.

It was a spacious two-storey dwelling and both children had their own individual bedrooms. Additionally, they both had their own individual sitting rooms where they could spend time with their two designated staff members doing activities of interest or relaxing.

Communal facilities included a relaxation/sensory room, a fully equipped kitchen-cum-dining room and a sunroom.

A playground area was provided to the rear of the property where the children could play in times of good weather.

The garden areas were well maintained and there was ample private parking available to the front and side of the property.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and support the childrens' safety in the centre.

There was a policy on risk management available and each child had a number of individual risk assessments on file so as to support their overall safety and wellbeing. For example, where a risk related to behaviours of concern was identified, the following controls were in place:

- 2:1 staffing support
- staff had training in behaviours that challenge and positive behavioural support
- equipment such as headphones could be used to support the child in managing noise in their environment

- choice of activities was promoted.

Additionally, where a risk was identified when using transport, the following controls were in place:

- appropriate staff support was provided on all outings, for example 2:1 and or 3:1 staff support as required
- staff had relevant training
- the company vehicle was checked regularly to ensure there was no issues with it
- this risk assessment was dynamic in nature which meant it could adapt and take into account circumstances on the day or presentation of the child.

The inspector viewed a number of risk assessments and found that they had been reviewed in March 2025.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate firefighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting and or signage. Equipment was being serviced as required by the regulations. For example:

- the fire alarm system had been serviced in July and October 2024 and again in February 2025
- the emergency light system had also been serviced in July and October 2024 and again in February 2025
- the fire extinguishers had last been serviced in February 2025.

Staff also completed checks on all fire equipment in the centre, as required. From reviewing the training matrix, it was noted that staff had completed training in fire safety.

Fire drills were being conducted in the designated centre as required. For example:

- a drill conducted in October 2024 at 20.15pm indicated it took three staff and two children one minute and 40 seconds to evacuate the premises with no issues reported.
- another drill conducted in February 2025 at 15.00pm indicated it took five staff and two children two minutes and one second to evacuate the premises. It was reported that one child could become anxious by the sound of the fire alarm however, there were no issues with evacuating.

Both children had an up-to-date personal emergency evacuation plan in place which detailed the supports they required in evacuating the house during fire drills.

Judgment: Compliant

Regulation 6: Health care

The children were being supported with their healthcare-related needs and had access to a range of allied healthcare professionals, as needed.

The inspector reviewed a sample of files and found they had access to the following services:

- general practitioner (GP) to include medication reviews
- dietitian
- dentist
- speech and language.

Each child had a healthcare-related plan in place, where required, so as to inform and guide practice.

One staff spoken with demonstrated that they were familiar with one of these plans for one of the children.

A behavioural therapist was also available to provide support and bespoke training to the service, as required.

Judgment: Compliant

Regulation 8: Protection

Policies, procedures and systems were in place to support the childrens' safety and safeguarding plans were in place where or if they were needed. At the time of this inspection there were some safeguarding issues identified and safeguarding plans were in place to guide practice. For example, where a peer-to-peer related issue was identified, the following plan of action was in place:

- staff were to promote a safe and supportive environment for both children
- staff were to be vigilant and ensure supervision of both children. Both children were on 2:1 staff support, 12 hours per day
- where an issue was to occur, staff were to complete a debrief with the child
- staff were to provide support when the children were having visitors
- there was to be no direct contact between the two children
- any issue and or adverse incident occurring would be reported to the designated safeguarding officer, the relevant state agencies including the Chief Inspector, and relevant social workers.

The inspector also noted the following:

- information on advocacy and or safeguarding was available in the centre
- safeguarding, and the steps involved in the safeguarding process, was discussed at a staff meeting
- as identified earlier in this report, the person in charge was able to inform the inspector that any allegation of abuse or concern arising in the centre would be reviewed, reported to the designated safeguarding officer, reported to the relevant state agencies and reported to the relevant social workers. They also confirmed that where, or if required, allegations involving criminal activity occurred, they would be reported to the Gardaí
- two staff spoken with said they would have no issue reporting a safeguarding concern to the person in charge if they had one. There were also able to name the designated safeguarding officer for the service.
- One also reported that safeguarding was everyone's business and it was important to uphold the rights and wellbeing of the children.

From reviewing the training matrix and three staff files, the inspector observed that they had the following in place:

- Children First
- safeguarding
- vetting.

Additionally, as identified earlier in this report, the inspector acknowledged that work had also been undertaken by the provider prior to this inspection with all persons in charge and managers regarding the organisation's safeguarding and child protection policies. This was to ensure all concerns and or allegations arising in the centre were reported, reviewed, escalated and managed in line with relevant policy and procedure.

However, taking into account that some adverse incidents and or allegations had not been reported, prior to this inspection, to the Chief Inspector as required by the regulations, the safeguarding processes required review.

This was to ensure that the Chief Inspector could be assured of the following going forward:

- all allegations of abuse and or adverse incidents or complaints would be dealt with in an open, transparent and effective manner
- there would be evidence of a zero tolerance approach to abuse
- there would be an appropriate level of scrutiny and oversight of the safeguarding arrangements in the centre to ensure the childrens' safety and welfare at all times.
- all allegations of abuse and the measures taken to ensure that the safeguarding issue was being managed and addressed, would be reported to the designated safeguarding officer, the relevant state agencies and relevant stakeholders.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Fairyview House OSV-0008670

Inspection ID: MON-0046398

Date of inspection: 31/03/2025

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 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Following a review of the organisations Incident Management and Safeguarding across Designated Centres, the following actions have been implemented to ensure all incidents and safeguarding concerns are appropriately raised with the relevant internal and external bodies (HIQA, TUSLA, HSE) as per the organisational policies that are in place:</p> <ul style="list-style-type: none">• All incidents are shared with the organisation's Designated Safeguarding Officer (DSO) to ensure any potential safeguarding issues are identified and reported promptly.• Refresher safeguarding training has been booked for the 30 May 2025.• Team meetings have a standing agenda item in relation to safeguarding concerns to ensure this area is discussed regularly to enhance staff learning and understanding.	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>As a follow on from this Inspection a review of the organisation's Complaints Policy and Procedure has been undertaken. The Complaints Policy and Procedure has been updated to reflect the current process and outcomes to any complaints raised. The complaints template used for internal recording has been revised to clearly outline all steps in accordance with the Complaints Policy and Procedure. Additionally, an outcome section has been added, along with a feedback section for the complainant to indicate their satisfaction with the resolution.</p>	

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: Following a review of the Centre's safeguarding concerns, the following actions have been implemented to ensure all safeguarding concerns are appropriately raised with the relevant internal and external bodies:</p> <ul style="list-style-type: none"> • The Designated Safeguarding Officer reviews and advises on all potential safeguarding concerns. • Safeguarding training has been scheduled for all staff within the Centre for 30 May 2025 • The training matrix has been reviewed, and safeguarding training will be completed every two years, with an annual safeguarding refresher. 	

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 31(1)(f)	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 allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	30/04/2025
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Substantially Compliant	Yellow	30/04/2025
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of	Substantially Compliant	Yellow	06/05/2025

	any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.			
Regulation 08(5)	The registered provider shall ensure that where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with.	Substantially Compliant	Yellow	30/04/2025