

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

Issued by the Chief Inspector

Name of designated centre:	Mullingar Centre 8
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	16 April 2025
Centre ID:	OSV-0008747
Fieldwork ID:	MON-0046885

About the designated centre

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

The designated centre comprises of two houses in Co. Westmeath. One house is a single occupancy house providing care and support to one individual with a disability. It is a two-bedroom bungalow and communal facilities include a kitchen cum dining room and a sitting room. The other house provides care and support to two young people with disabilities. Both have their own bedrooms decorated to their individual style and preference. Communal facilities include a fully equipped kitchen cum dining room, a sitting room and a bathroom. Both houses have garden areas for residents to avail of in times of good weather. Additionally, they both have access to private transport for social outings of their choice. The centre is managed by an experienced and qualified person in charge, a social care worker and a team of support staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 16 April 2025	10:00hrs to 16:15hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This designated centre comprised of two houses located in close proximity to a large town in Co Westmeath. One house is in a rural location providing a wraparound service for two young adults with disabilities. The other house is in an estate providing care and support to one young adult with a disability.

The centre was last inspected on March 25, 2024. Prior to the registration of this centre in July 2024, the two houses formed part of organisations 'person centred wing' and did not meet the criteria for registration as required by 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). However, due to the changing needs of the residents and level of staff support they now required, the Provider made the Office of the Chief Inspector aware that they would be putting the two houses forward for registration as they now met the criteria to be classified as a designated centre under the regulations.

The provider also made the Chief Inspector aware at that time, that the two houses would not meet the requirements of a number of regulations to include fire safety and premises. However, they provided assurances that they had a comprehensive set of plans in place to bring the houses into compliance with the regulations. They also informed the Chief Inspector that the three residents were very happy and settled in the houses and the resident residing in the single occupancy house had been residing there for a considerable length of time.

The inspection on March 25, 2024 found non compliance with regulation 17: premises, regulation 28: fire precautions, regulation 27: protection against infection, regulation 26: risk management and regulation 15: staffing. Post that inspection, the Provider submitted a comprehensive time bound compliance plan informing the Chief Inspector of the actions they intended to take so as to bring both houses that comprised the centre into compliance with the regulations. This inspection was to follow up on the progress the provider was making with the implementation of their compliance plan and significantly focused on the issues found in the last inspection of the centre in March 2024.

On arrival to the first house the inspector met with two staff members. One was going off duty (they had worked the previous night on a sleepover) and the other was coming on duty. The staff member going off duty was happy to stay on and speak with the inspector. Although only working in the centre for a short period of time, they were an experienced care professional and were already familiar with the assessed needs of the one resident residing in this house.

They informed the inspector that they had undergone a comprehensive induction process to include training in safeguarding of vulnerable adults. They said that while they believed the resident was in receipt of a good quality of service, if they had any concerns about the quality or safety of care they would have no issues bringing their

concerns to the attention of the person in charge. They also said that they received bespoke training relevant to the resident's healthcare-related needs.

As part of their induction process they had the opportunity to shadow a more experienced staff member prior to working a shift on their own with the resident. The inspector saw from the rosters this staff member had worked a number of days from 9am to 5pm as a supernumerary staff member, shadowing and observing a more experienced staff member working with the resident. This gave them a better understanding of their role and how best to support the resident in line with their care and support plans. The staff member also said that they found the person in charge and staff team supportive and approachable. Additionally, the staff member said that just prior to this inspection, the resident had been in hospital overnight. However, there was always a staff member present with the resident so as to ensure they were adequately supported and their needs were met.

The second staff member explained to the inspector that when there were two staff working during the day, they would bring the resident on social outings that they enjoyed. They showed the inspector some pictures of those outings and it was observed the resident enjoyed horse riding, going for drives and going for walks. The resident also had a large shed in the back garden where they could access a number of sensory items that they liked. This staff member also said that they had training in safeguarding and would have no issues reporting any concern to the person in charge if they had one. They also explained that there was very regular contact between the resident and their family members and that the family were kept up-to-date on how the resident was doing and what social outings they availed of. The inspector also saw pictures of the resident attending a family wedding and they appeared to have enjoyed this occasion very much.

Later on in the morning another staff member came on duty. They were an experienced staff member and had worked with this resident for over eight years. They too had undertaken safeguarding training and were very familiar with the assessed needs of the resident. They informed the inspector that plans were in development to completely upgrade, renovate and extend the premises so as the resident would be more comfortable and better suited to the assessed needs of the resident. The premises were much the same as found on the last inspection of this service in March 2025 and, did not meet the requirements of regulation 17: premises or regulation 27: protection against infection.

Notwithstanding, the inspector spent some time in the company of the resident on the morning of this inspection and they appeared very happy, comfortable and settled in their home. The resident also had a very good sense of humour and the inspector saw that staff really enjoyed working in the house. At all times staff interactions with the resident were observed to be warm, kind, caring and person centred.

Additionally, as found in the last inspection of this service, the centre did not have adequate firefighting equipment in place and did not meet the requirements of regulation 27: fire safety. Notwithstanding, there were a number of smoke alarm detectors installed throughout the house and there were fire extinguishers and a fire

blanket available in the kitchen. A staff member informed the inspector that regular checks were carried out on the smoke detectors and on the morning of this inspection the inspector observed that they were all in working order.

This staff member also explained to the inspector that since the last inspection an additional 25 staffing hours per week had been secured for the centre. These additional hours were beneficial as it meant that the resident could avail of more social outings and drives when the second staff member was rostered on duty. Prior to leaving this house to go to the second house that comprised this centre, the inspector observed staff supporting the resident to go for a drive which was an activity they very much enjoyed.

On arrival to the second house later in the day the inspector observed that it had been painted, redecorated and where required, upgraded. It was found to be clean, warm and welcoming and the two residents living there had their own bedrooms decorated to their individual style and preference. There was also a fully equipped kitchen and a sitting room available to the residents. The person in charge explained to the inspector that this house operated a wraparound service for the two residents. Additionally, they did not share overnights in the house as one stayed over four nights a week and the other stayed over on two other different nights.

During the day the residents kept themselves busy doing things that they enjoyed. For example, the inspector met briefly with one of the residents in the afternoon when they returned home from work. They worked part time in a pet shop and enjoyed feeding the rabbits and fish. The resident also liked shopping, horse riding, and was supported with household tasks such as doing their own laundry and cooking. Before going out again in the afternoon with a staff member, this resident gave the inspector a high-five and left to go on their preferred social outing.

The inspector also briefly met with the second resident residing in this house and they too appeared happy and settled. This resident had a busy schedule and was working a number of jobs. For example, they had part time work in a shop in a nearby town, they also volunteered for a meals on wheels round and, they enjoyed part time work on an alpaca farm. They also liked to go to the gym and were supported by staff with household tasks. Although this resident did not engage directly with the inspector, they appeared comfortable and relaxed in the company and presence of staff.

The inspector also spoke with a family member of this resident over the phone so as to get their feedback on the quality and safety of care provided in the centre. They said they were very happy with the service provided, staff were approachable, they were kept up-to-date on their relative's progress and that their relative was happy availing of this service. They said that if their relative was not happy they would know, but they were happy. They also said that their relative had a visual planner at home and from this they knew the days they would be spending in the house each week. They also said that they had no complaints about the service whatsoever. Additionally, they were happy that their relative was availing of an individualised, person centred service based on their individual needs and preferences.

On a walk around of the house the inspector observed that a fire alarm system had been installed to include fire doors and emergency lighting. There were also fire extinguishers and a fire blanket available. However, the inspector observed, that some fire doors did not have a sealant and some of them had gaps where the inspector could see under the door into the adjoining room. This issue is discussed later on in this report.

Overall this inspection found that residents appeared comfortable and happy in their homes and systems were in place to meet their assessed needs. Staff met with over the course of this inspection were kind, caring and person centred in their interactions with the residents and, the residents appeared happy and content in the company and presence of the staff. As found in the last inspection of this centre, issues regarding the premises, fire safety and protection against infection were ongoing in one house that comprised this centre. However, the Providers plan of action to address these issues was being implemented in line with the updated time bound compliance plan arising from the last inspection of the centre in March 2024.

This inspection also found a some issues across a number of regulation to include staff training records and risk management. These issues were highlighted under the relevant regulations and actioned under regulation 23: governance and management.

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 this inspection the residents appeared happy and content in their homes and they were being provided with an individualised, person centred service. However, aspects of the overall governance and management arrangements required review.

The centre had a clearly defined management structure in place led by a person in charge. The person in charge was a qualified health/social care professional, and demonstrated a good knowledge of the residents' healthcare and support plans. They also demonstrated a knowledge of their legal remit to the regulations.

The person in charge was supported in their role by an experienced and qualified senior member of the management team. The inspector spoke extensively with the person in charge over the course of this inspection and they were found to be aware of the assessed need of the residents. They were also found to be responsive to the inspection process and, had systems in place for the supervision of staff to include the management and maintenance of the rosters. They were also aware of their legal requirements to notify the Chief Inspector of any adverse incident occurring in

the centre as required by the regulations

A review of a sample of rosters indicated that there were sufficient staff members on duty to meet the needs of the residents 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 residents. However, the maintenance of the training records required review.

The person in charge was aware of their legal requirements to notify the chief inspector of any adverse incident occurring in the centre as required by the regulations.

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 December 2024. On completion of these audits, a plan of action was developed so as to address any issues identified in a timely manner. However, it was observed that some actions identified had not been addressed and some issues as identified on this inspection, had not been actioned.

Regulation 14: Persons in charge

The person in charge had the appropriate qualifications and experience necessary to manage the designated centre.

They were an experienced qualified health/social care professional who also had an additional qualification management.

They had systems were in place for the oversight and supervision of their staff team and demonstrated a knowledge of the residents assessed needs.

Additionally, the person in charge was found to be aware of their legal remit to the regulations and were found to be responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

A review of the actual rosters from April 03, 2025 to April 15, 2005 highlighted that there were sufficient staff members on duty to meet the needs of the residents as described by an experienced staff member and the person in charge on the day of

this inspection. For example:

- in the first house visited by the inspector there was one staff member on duty each day from 9am to 9pm. The same staff member also provided sleep over cover at night time. This meant that there was always a staff member present in this house on a 24/7 basis to provide care and support to the resident when and as needed
- an additional 35 staffing hours per week had been secured for this house since the last inspection. A staff member explained to the inspector that this meant the resident could avail of more social outings that they liked as there were two staff now on duty over a number of days each week
- the inspector also saw evidence that new staff starting in this house were rostered on duty on a supernumerary basis. This was so they could shadow and observe a more experienced staff member working with the resident. This gave them a better understanding of their role and how best to support the resident in line with their assessed needs and care plans
- in the second house there was one staff member on duty each day from 10am to 10pm. This staff member also provided sleep over cover at night time. As with the first house, this meant that there was always a staff member present in this house on a 24/7 basis to provide care and support to the resident when and as needed
- additionally, during the day the two residents were on a designated 1:1 staff support from 10am to 4pm. This meant that residents could be supported to engage in social, community and work-based activities of their choosing as they had adequate staff available to support them.

The staff team consisted of a person in charge and a team of support workers. The person in charge also explained to the inspector that they envisioned in the future, a team leader would be employed for each house.

Copies of actual and planned rosters were maintained 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, the person in charge informed the inspector that all staff working across the two houses had vetting on file.

From speaking with the person in charge, three staff members and the area director, the inspector was assured that they had a good knowledge of the assessed needs of the residents.

Additionally, a family member spoken with over the phone on the day of this inspection was complimentary of the staff team.

Judgment: Compliant

Regulation 16: Training and staff development

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

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

- safeguarding
- 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)
- positive behavioural support
- fire safety
- safe administration of medication
- communicating effectively through open disclosure
- infection prevention and control
- hand hygiene.

The inspector also requested to view certificates for two staff members and found that they had their safeguarding and Children First training completed.

However, the maintenance of the training records required review. This was because at times, it was difficult to establish if all staff had completed all relevant and mandatory training as required in the centre as records were not maintained in one central location. The area director informed the inspector that this was already under review prior to this inspection and a system was in development to address this issue. This was actioned under regulation 23: governance and management.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in place. There was a person in charge who was supported in their role by an experienced area director. There was also an on call management system in place which staff could avail of if any issues were to arise out of hours.

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 December. On completion of these audits, a plan of action was developed so as to address any issues identified in a timely manner.

For example, the auditing process identified the following actions which were to be

addressed:

- an information session on safeguarding was to be organised
- safeguarding was to be discussed at staff meetings
- a health care plan for one resident was to be updated
- a social care worker was to commence employment in the centre.

These issues had been addressed (or were in the process of being addressed) at the time of this inspection

However, the governance and management arrangements for the centre required review as the auditing process did not pick up on a number of issues identified on this inspection. For example:

- some actions arising from the auditing process had no dates assigned to them for completion. This meant the inspector could not determine if these actions would be addressed in a timely manner
- as identified under staff training and development, the maintenance of the training records required review. This was because at times, it was difficult to establish if all staff had completed all relevant and mandatory training as required in the centre as records were not maintained in one central location. The person in charge and area director informed the inspector that this was already under review prior to this inspection and a system was in development to address this issue
- aspects of the process of risk management required review. For example, staff had very specific training to help mitigate certain risks one of the residents could present with. However, some of this training was not identified as a control measure for the management of risk in the residents individual risk assessments
- another risk identified in an individual risk assessment was no longer present in the centre. This required review and updating
- some risk assessments were not being updated in a timely manner and, the auditing process had not picked up on this.

All of the above required review so as the provider could be assured there were management systems in place to ensure the service provided was effectively monitored.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose detailed the aims and objectives of the service to include the facilities to be provided to the residents.

The person in charge was aware of their legal remit to update the statement of

purpose annually or sooner if required.

It was observed that some minor updates to the statement of purpose were required however, the person in charge was aware of this and had a plan in place to address this issue.

Judgment: Compliant

Quality and safety

On the day of this inspection the residents living in this centre appeared happy, settled and content in their homes and staff were observed to be attentive to their needs. However, as found on the last inspection of this centre in March 2024, issues remained with the premises and fire precautions. Notwithstanding, a number of significant improvements had been made to one of the houses that comprised this centre.

Systems were in place to safeguard the residents and where or if needed, safeguarding plans were in place. Systems were also in place to manage and mitigate risk and support the residents' safety in the centre.

Firefighting systems were in place in one of the houses to include a fire alarm system, fire doors, fire extinguishers, a fire blanket and emergency lighting. However, the second house had no fire alarm system, emergency lighting or fire doors installed, but had a number of smoke detector alarms, fire extinguishers and a fire blanket in place.

The two houses were observed to be warm and welcoming on the morning of this inspection however, one of them required significant refurbishment works throughout. Notwithstanding, the inspector observed that the three residents appeared happy and settled in their homes and were in receipt of an individualised and person centred service.

Regulation 17: Premises

The designated centre comprised of two single-storey houses.

As identified in section one of this report, the first house visited by the inspector did not meet the requirements of regulation 17:premises as they were not in a good state of repair. The entire house needed to be completely renovated and painted throughout. Notwithstanding, it was homely and the resident had their own bedroom furnished to suit their individual assessed needs. There was also a sitting room, kitchen, bathroom and staff office/sleepover room. The person in charge and

area director informed the inspector that plans were in development for the complete renovation of this house as well as to extend the property.

The second house however, had undergone a number of renovations. It had been painted and decorated throughout and both residents had their own individual personalised bedrooms, decorated to their individual style and preference. One of these bedrooms had an ensuite facility. Communal facilities included a fully equipped kitchen cum dining room, a sitting room and a bathroom. Garden areas were provided to the front and rear of the property for the residents to avail of in times of good weather. This house was observed to be homely, warm and welcoming and the two residents appeared happy, settled and content in it.

Overall this inspection found that one house comprising this centre was not in a good state of repair and did not meet the requirements of regulation 17: premises

Judgment: Not compliant

Regulation 26: Risk management procedures

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

There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being.

For example, where the environment could pose a possible risk to a resident, the following measures were in place:

- the resident was reviewed by a physiotherapist regarding their mobility
- 1:1 staffing support was available to the resident and 2:1 staffing support was available for community-based outings
- specialised equipment was available (to include the use of a wheelchair as or if needed)
- the resident was to have appropriate good-quality footwear
- the resident had as required access to a range of multi-disciplinary and allied healthcare professionals

The last inspection found a number of issues regarding risk management procedures to include issues related to the internal door locking system, the back garden and training staff required specific to the assessed needs of one of the residents. These issues had been addressed at the time of this inspection.

Notwithstanding, aspects of the risk management process required review as some of the control measures in place to manage certain risks were not explicitly stated in some risk assessments. This issue was discussed and actioned under regulation 23:

governance and management.
Judgment: Compliant
Regulation 27: Protection against infection
<p>Due to ongoing issues related to the premises as identified in the opening section of this report and under regulation 17: premises, one of the houses that comprised this designated centre did not meet the requirements of regulation 27: protection against infection.</p>
Judgment: Not compliant
Regulation 28: Fire precautions
<p>At the time of this inspection one of the houses that comprised this centre did not meet the requirement of regulation 28: fire precautions.</p> <p>In the first house the inspector visited, there was no integrated fire alarm system, no fire doors and no emergency lighting.</p> <p>However in order to mitigate against the risk of a fire in this house, the provider took a number of precautions to include the following</p> <ul style="list-style-type: none"> • a number of smoke alarm detectors were installed throughout the house which were checked on a regular basis by staff • fire extinguishers were available in the house • a fire blanket was available in the house • the person in charge informed the inspector all staff had training in fire safety • the person in charge also reported that fire drills were being conducted as required by the regulations • the resident had a personal emergency evacuation plan in place which detailed the support they needed during an evacuation • there were staff present in the house to support the resident on a 24/7 basis • the inspector also noted that the fire extinguishers had been serviced in February, 2025. Additionally, a fire drill facilitated on March 20, 2025 informed that it took 1 staff member and the resident 35 seconds to evacuate the house with no issues reported. <p>The second house had an integrated fire alarm system installed. There was also emergency lighting, fire doors, fire extinguishers and a fire blanket in place. The person in charge informed the inspector that systems were in place so to ensure all fire equipment would be serviced as required by the regulations.</p>

It was observed however, that some fire doors had no sealant attached and, there were gaps in some of these doors which would allow smoke to flow freely from one room to the other in the event of a fire breaking out in the centre

Both residents had a personal emergency evacuation plan in place which detailed the level of support the required during a fire drill

Overall, at the time of this inspection the first house visited by the inspector did not meet the requirements of regulation 17: fire safety for the reasons as detailed above. Additionally, in the second house the fire doors required review as detailed above.

In turn, the fire precautions required review by a competent fire person so as the provider could be assured that there were adequate fire precautions in place to ensure the residents safety.

Judgment: Not compliant

Regulation 8: Protection

Policies, procedures and systems were in place to support the residents' safety and safeguarding plans were in place where or if they were needed. At the time of this inspection there was one open safeguarding plan however, it had been reported the safeguarding designated officer, the national safeguarding team and the Chief Inspector. Additionally, a safeguarding plan had been developed to support the residents safety and wellbeing

The inspector also noted the following:

- information on how to contact the designated safeguarding officer was on available in the centre
- staff had training in safeguarding of vulnerable adults, communicating effectively through open disclosure and Children's First
- three staff members confirmed with the inspector that they had completed staff training in safeguarding. They also said that if they had any concerns about the quality or safety of care provided to the resident, they would report it immediately to the person in charge
- some staff had training in advocacy, human rights and assisted decision making
- the person in charge said that there were no open complaints about the service at the time of this inspection
- the person in charge was also able to talk the inspector through the reporting procedures of a safeguarding concern
- a family member spoken to over the phone by the inspector on the day of this inspection said that they were satisfied with the quality and safety of care provided to their relative and they had no complaints about any aspect of the

service provided.

It was also observed that some staff had training in the following:

- advocacy
- human rights
- assisted decision making

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 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Mullingar Centre 8 OSV-0008747

Inspection ID: MON-0046885

Date of inspection: 16/04/2025

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: Staff Training Records will be held at each location for all staff to be completed by (30.05.25) All Audits to have accompanying action plans with dates specified for completion of actions (Completed). Risk Assessments have been reviewed and amended to include the control measures in place. (Completed).	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Property 1 will be undergoing extensive refurbishment and restructuring work to include an extension. Planned completion date of (30.04.27).	
Regulation 27: Protection against infection	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: Property 1 will meet IPC standards in line with the refurbishment and restructuring works	

to be carried out on the premises (30.04.27)

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Property 1 We have specified and tendered the works. This tender includes the installation of an LD1 fire detection and alarm system, emergency lighting, fire stopping in the protected corridor and attic space, certified fire doors, door closing devices, electrical testing and PAT Testing. PIC is working towards the completion of required works by 30.12.25

Property 2 Review of Fire doors has been notified to the relevant department and the required works on the doors will be completed by (30.06.25).

Review of the fire precautions will take place monthly at property 1, completed by a competent fire person. A note of the review will be held on file at the location.
(30.05.25)

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/04/2027
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	30/05/2025
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated	Not Compliant	Orange	30/04/2027

	infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Not Compliant	Orange	30/12/2025
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/05/2025