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:	Abbey Court
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	09 September 2025
Centre ID:	OSV-0008846
Fieldwork ID:	MON-0047228

About the designated centre

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

Abbey Court is a two story block of 18 flats in a large premises located in a residential area which is close to shops and community amenities. Eight flats are part of the designated centre which is known as Abbey Court. Each flat has single occupancy which means that care and support is provided to eight adult residents with mild or moderate intellectual disability and other co-existing conditions. Staffing is provided by a team of care assistants and a waking night support arrangement is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 9 September 2025	10:05hrs to 16:15hrs	Úna McDermott	Lead
Tuesday 9 September 2025	10:05hrs to 16:15hrs	Stevan Orme	Support

What residents told us and what inspectors observed

Abbey Court was registered as a designated centre for adults with intellectual disabilities in May 2025. This was the first inspection since registration. Overall, this inspection found that a good quality of care and support was provided for the residents living at the centre. This was underpinned by the work completed by the registered provider and the staff team since registration. The provision of a consistent core staff team would further enhance the standard of the service provided and this will be expanded on under regulation 23 later in this report.

The provider was not compliant in Regulation 28: Fire Precautions. This related to a fire safety assessment which was completed by the provider's fire officer in September 2024. This identified a range of actions which were required in order to ensure that the service met with fire safety requirements. Additional information on the interim measures that the provider had in place to ensure residents were safe was submitted to the Chief Inspector of Social Services in March 2024. These arrangements were considered satisfactory at that time and an additional restrictive condition was attached to the registration of the centre (May 2025). This means that the provider has until 31 March 2026 to complete the actions identified.

Abbey Court comprises a two-story block of flats, eight of which are occupied by residents with intellectual disability and this forms the designated centre. Five flats were located on the ground floor where residents had access to shared facilities such as a communal room, kitchen and laundry facilities. Three flats were located on the first floor. Each resident had their own door and doorbell. Inside, they had a bedroom with en-suite facilities and an open plan kitchen, dining and sitting room. During the course of the inspection, inspectors met with five residents in their homes. Each flat was comfortably decorated in line with residents' individual preferences and residents were provided with what they needed.

One resident told an inspector that they were happy living in Abbey Court and with the staff support provided. They said that if they needed help with cooking or shopping that this was provided. If they had a maintenance issue, they said that they could ask for help. For example; when they had a leak in their shower; this was repaired quickly. Another resident had a staff member in their flat with them when the inspector visited. Likewise, they were happy with their home and with the staff team. The staff member was preparing a hot meal for lunch which was nutritious and in line with the residents wishes. They told the inspector that they liked to help with cooking sometimes. They said that while they liked to smoke cigarettes, they preferred if these were kept in the staff office where they could get them if required.

A third resident told the inspector that they liked living in Abbey Court with other people, however, they preferred to spend time in their flat. They said that they liked to keep their door locked as they liked their privacy. When asked what they would do if the fire alarm sounded, they said that they would leave immediately. This inspector visited another resident who resided on the first floor. The inspector noted

that they required assistance with their mobility needs. Additional equipment to support a fire evacuation was provided close to the entrance to their flat. Later, a review of this resident's personal emergency plan found that this was in line with recommendations for safe evacuation. This resident was not feeling well on the day of inspection and they did not wish to speak with the inspector. This was respected.

All residents spoke about their daily activities, hobbies and trips that they enjoyed. These included going out for dinner together on Sundays, planning grooming appointments, enjoying exercises classes in the community and relaxation activities in the communal room. They also said that they enjoyed longer day trips to religious shrines and folk parks and overnight stays in hotels.

During the course of the day, inspectors met with three healthcare assistants and three members of the senior management and leadership team. An inspector observed that staff working that day were kept busy completing daily tasks and supporting resident's needs. As this was a large building, they had a significant amount of space to cover and were doing this with a sense of organisation and calm. Those spoken with were familiar with residents' needs and when asked, a staff member knew what to do in the event of fire and where to find the fire assembly point.

Overall, from observations made, conversations held and review of the documentation, inspectors found that the residents in this centre received a good quality, person-centred service where their rights were respected. The atmosphere on the day of inspection was pleasant and calm. Staff knew what to do and the residents appeared happy and content. They enjoyed the privacy of their own homes, they were supported to spend time with their families and were actively involved in their communities.

The next two sections of this 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 service was well governed and lines of accountability were clearly defined. The person in charge was new to the role and was familiar with the residents' needs. They had effective oversight of the service.

Staffing levels at the centre were maintained by the good governance arrangements outlined, however, a consistent core staff team would enhance the service provided.

The provider had an audit schedule and routine audits and unannounced visits were occurring. Findings from audits were recorded on a quality improvement plan. Actions to address issues found were documented and completed within a specific

timeframe. This ensured that they were addressed promptly and the service was continually improved.

Residents and their representatives were provided with a system through which they could raise concerns if required. Information on this was readily available in the centre.

A review of matters arising at the centre found that the provider had submitted notifications to the Chief Inspector of Social Services in line with the regulations.

Further findings relating to the regulations under this section of the report are provided below.

Regulation 14: Persons in charge

The person in charge was new to the role. They were employed full-time and had the skills and experience necessary to fulfil their role. They had responsibility for this designated centre only which was appropriate given the nature of the service at the time of inspection.

Judgment: Compliant

Regulation 15: Staffing

The provider had a sufficient number of skilled and experienced staff employed to meet with the assessed needs of the residents and the size and layout of the building. The skill mix employed consisted of health care assistants, social care workers and addition bespoke personal assistant staff arrangements. However, a high number of the staff employed were agency staff as there were seven vacant posts at the time of inspection. The provider had a recruitment plan in place and for this reason, this matter will be reported on under Regulation 23: Governance and Management later in this report.

An inspector reviewed the planned and actual rosters for the period 21 July 2025 to 14 September 2025. This provided an accurate account of the staff on duty on the day of inspection and the planned staffing levels for the night-time shift as outlined by the leadership team. Where additional staff were required, this was provided. For example, on the weekend of 3 August 2025, some residents went on a weekend trip and staffing arrangements were adapted to support this.

In addition, an inspector cross checked four staff files in order to assess if they met with Schedule 2 of this regulation. Two staff were core staff and two were agency staff. This review found that the files provided were complied fully with

requirements. For example; Garda vetting was up to date, forms of identification were provided and references were available for review.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory and refresher training as part of a performance development arrangement. In addition, if bespoke training was required in order to support the assess needs of the residents, this was provided.

As there were some new staff at the centre and others due to commence, the induction process was reviewed by an inspector. This found that good support were provided. They provider had induction guidelines and a checklist to complete during the induction phase. An inspector reviewed this for two staff members and found that it provided training and support on the centre's policy, procedures and guidelines and a list of the mandatory training requirements.

In addition, an inspector reviewed a four training modules which were considered relevant to this inspection. These included fire training, safeguarding and protection training, safe administration of medicines and training in positive behaviour support. One staff member required refresher training in safeguarding and protection and this was scheduled. All other information reviewed was up to date.

Staff were provided with support through annual supervision meetings. An inspector reviewed the supervision schedule and found that since registration, two of five staff had their meetings completed and others had dates confirmed.

Judgment: Compliant

Regulation 23: Governance and management

This centre provided a unique systems of support to the resident living there. This was due to the fact that their individual flats were located in a mixed-use building alongside other occupants. Inspectors found that this arrangement was working well at the time of inspection. Each resident had their own home within the building and were supported to live typical lives, similar to others in their peer group.

As outlined under regulation 15, there were seven vacancies at the centre. The management team acknowledged that this was the most significant operational risk at that time, however, there was a plan in place to address it. A risk assessment was in place (24 May 2025), it was escalated to senior management and approval to recruit was pending. While this situation was being managed at the time of

inspection, it was not sustainable in the long term and ongoing work was required to ensure that a consistent core staff team was employed at the centre.

As outlined previously, this centre was registered in May 2025. It was clear to the inspector that the person in charge and the staff team had completed a significant amount of work to prepare for regulation of the centre. The documentation systems were organised and the information easy accessible. This meant that good information was available to guide staff and for the inspectors to review.

While four months only had passed, the provider had completed a regulatory self-assessment on 29 May 2025 and the six monthly unannounced audit on 3 September 2025. This meant that they were monitoring their compliance levels and feeding the information from these and other audits onto a quality improvement plan. This plan was last updated on 3 September 2025 and at the time of inspection 85% of the actions were complete. It was submitted to the senior management team for review on a monthly basis and more often if required.

A centre level, team meetings were taking place regularly. They were chaired by the person in charge and attended by the assistant director of nursing. An inspector reviewed the minutes of meetings held on 12 May 2025 and 10 July 2025. Topics such as residents' needs, staffing requirements, personal care plans, health & safety and resident activities were discussed.

At service level, the person in charge attended monthly governance and support meetings for persons in charge in their area. This provided opportunities for discussion and shared learning. Minutes for meetings held in May, June and July 2025 were reviewed by an inspector. Topics discussed included staff training, staff vacancies, safeguarding issues and updates relating to the regulatory process. In addition, the person in charge attended monthly quality patient safety (QPS) meetings. A review of the meeting minutes from 28 May 2025 provided information on the discussions held regarding health, safety and matters relating to the quality of the service provided to residents.

While there was evidence of good systems and processes in place, further work relating to the provision of a consistent staff team was required in order to strengthen the compliance of this regulation.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

An inspector reviewed the incident management systems used at the centre from 1 July 2025 to the date of inspection. This review found that if required, all matters requiring notification to the Chief Inspector were completed in line with this regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had effective arrangements in place to ensure that the complaints process was accessible to residents. The complaints policy to guide staff on how to support residents was up to date (27 September 2022) and a plan was in place to review it as required.

Information for residents on how to make a complaint was available in easy to read format and was displayed prominently on the communal notice board close to the resident's flats. This included a picture of the designated complaints officer who was based at the centre.

Residents spoken with by inspectors said that they knew what to do if they wanted to make a complaint. Some said that they would speak with staff if they needed support.

A review of the documentation systems found that there were no open complaints at the time of inspection. One complaint occurred prior to registration, however, it provided a good example of the effective systems used by the provider to ensure matters were addressed promptly and in line with the provider's policy.

Judgment: Compliant

Quality and safety

The inspector found that this centre provided a good quality service where residents' rights were protected. The design of the premises provided residents with opportunities to mix together while living apart. Residents had active lives and were supported to attend day services and work placements in line with their wishes.

The registered provider ensured that a person-centred service was provided in this centre. The residents' health, social and personal needs had been identified and assessed. The necessary supports to meet those needs had been put in place. Staff were provided with clear streamlined information to guide their work.

The provider had effective safeguarding procedures and staff were aware of what to do. Risks to residents and the service as a whole had been identified and control measures put in place to reduce those risks. Additional work was required under regulation 28 which will be outlined later in this section of the report.

Further findings relating to the regulations under this section of the report are provided below.

Regulation 13: General welfare and development

Inspectors found that this was a well run service which adopted a rights-based approach to general welfare and development and where residents were supported to to make decisions about how they wished to live their life.

The residents living at Abbey Court has a range of individual needs. Some liked to attend day services, while others preferred to remain at home. At the time of inspection three residents had planned day service placements which ranged from three to five days per week in line with their preference. One resident attended a community based older persons activity group on occasion and another had a planned work placement in a local leisure centre.

The centre was located close to transport networks which residents were supported to use if required. In addition, three vehicles were provided, one of which was wheelchair accessible.

All residents were provided with opportunities to take part in activities of their choice and in line with their interests and capacity. These included chair yoga, exercise classes, grooming appointments such as hair dresser/barber and beauticians and support to attend mass if desired. In addition, longer trips to places like Knock shrine were reported as much enjoyed by residents and some liked to go on overnight stays to music concerts, parties or to spend time with their families.

At the time of inspection, residents were looking forward to a sound bath meditation experience which was planned for the following weekend and would be held in the communal room at the centre.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises provided was in good condition. Inspectors visited five of eight flats and found that they were clean, comfortable and met with the needs of the residents living there. A cleaning contractor was observed completing a deep clean of communal areas on the day of inspection.

Where works were required, these were completed. For example; remedial works were carried out to address issues relating to a leak and water damage on ground floor linked to two flats. Once identified, the repair works were completed promptly by maintenance staff. While there was some evidence of residual water damage to

some areas of one flat viewed and along the communal corridor, this was located above skirting board level and did not pose a risk to residents. The provider was aware of this. In addition, the provider had a fire safety improvement plan for the premises. This will address under Regulation 28; Fire precautions later in this report.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had effective arrangements in place for risk assessment and control including measures to deal with emergencies.

The provider's risk management policy was up to date. At centre, level the person in charge had a risk register which documented the main risks arising at the centre. This included risk assessments for accidental injury, self-injurious behaviour and unexpected absences from the service. These centre level risk assessments were subject to regular review, the most recent on 3 July 2025.

Risks to individual residents were identified through a preliminary risk screening form. While these were completed in March 2025, which was prior to the date of registration, it demonstrated that the provider was taking action to protect residents and at that time, to prepare for compliance with regulatory requirements.

Once identified, individual risks to residents were assessed, risk rated and control measures put in place. For example a resident with a clinical diagnosis of a medical condition had associated risk assessment relating to their eyesight smoking risks and management of their condition with prescribed medicines (18 August 2025).

If required, risks were escalated to the senior management team. For example and as outlined previously in this report, the provider had identified risks relating to staffing and fire safety arrangements at the centre. An inspector reviewed corresponding risk assessments and control measures which were used to guide staff and ensure residents were safe.

Furthermore, the person in charge attended a monthly provider-led quality and patient safety meeting for managers where learning relating to risk management was shared in order to guide practice. Minutes for meetings in March and May 2025 were available for review in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

As outlined in the opening section of this report, this designated centre was registered with a restrictive condition attached relating to fire precautions. This was following a review of fire safety arrangements which was completed by the provider's fire safety officer and from which a list of remedial actions were identified. Actions included upgrades to fire doors, upgrade to the fire alarm system and the provision of additional fire separation measures in the attic and in the service risers linking the first and second floor of the building. At the time of inspection, plans to progress these matters were ongoing.

In the intervening period, the provider was required to provide assurances that residents were safe. Actions completed included the appointment of a fire safety contractor to complete maintenance checks on fire fighting equipment, the training of staff in fire safety, the completion of fire drills and the completion of service level risk assessments and individual evacuation plans for residents. A meeting with the housing association was scheduled for the day of inspection in order to plan further progress and meet with the requirements of the restrictive condition.

During a walk around of the centre, inspectors observed that fire fighting equipment such extinguishers and blankets were provided and subject to regular review. In addition, the needs of individual residents were documented in their personal emergency evacuation plans, four of which were reviewed. One resident required additional support due to their assessed mobility needs. A risk assessment was in place and adapted equipment such as a fire evacuation chair and sheet were located close to their living accommodation and these were viewed by an inspector.

Fire drills were taking place using both day and night-time scenarios. In addition, a full unplanned night-time evacuation of the designated centre took place in July 2025 in response to the activation of the fire alarm system. The person in charge reported that residents were supported to the assembly point safely.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The provider had arrangements in place for the ordering, receipt, prescribing and safe storage of medicines in the centre. Residents has access to the services of a local pharmacist. Medicines prescribed were stored safely in the staff office.

At the time of inspection, this was not a nurse-led service and care and support was provided by a team of health care workers. The provider had arrangements in place to ensure that they were trained in the safe medicine administration and a review of a sample of records found that training in this area was up to date. Where as needed (PRN) medicines were prescribed, a protocol to support safe practice was in place.

Where residents administered their own medicines, the provider had a risk assessment tool completed to assess individual capacity.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

As outlined, a period of four months had passed since the registration of this centre. However, a review of the requirement of this regulation completed by inspectors found that all residents had individual folders with assessments of their health, social and personal care needs.

Inspectors review four assessments and found that they were well presented, well maintained, in date and subject to regular review. They included assessment of health needs, financial supports and nursing requirements. Where required additional protocols and interventions were put in place, all of which were subject to quarterly review.

Residents had review meetings held annually and associated person-centred plans. Where suitable, residents representatives attended review meetings and assisted with the development of plans. These documented goals such as planning a birthday party, trips to the cinema, a trip to see a tribute band and longer trips and overnight stays. Once completed a photo diary of the each trip and achievement was created for the residents use and enjoyment.

Overall, the inspector found that staff were provided with clear information through support plans and activities of interest were arranged with the input of residents, their representatives and in line with their preferences.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had appropriate supports for residents that required support with behaviours of concern if required. There was an up to date positive behaviour support policy (1 December 2024) and access to a specialist in behaviour support was provided. As outlined under regulation 15, staff were provided with training in line with the provider's training policy.

At centre level, information to guide staff was clearly documented. For example, a positive behaviour support plan for a resident was implemented on 26 May 2025 and reviewed on 8 September 2025. This recommended that the resident have a one to one staff ratio and a quiet and relaxing environment. These were observed on the day of inspection. A second resident had a plan to support positive communication

with peers and staff. This was supported by a risk assessment and an inspector found that the recommendations of the positive behaviour support plan dovetailed with the control measures the resident's risk assessment. This meant that advice provided was considered and consistent.

Some restrictive practices were used, however, the provider ensured that they were the least restrictive possible, monitored effectively and used for the shortest duration. Protocols for each restriction were available for review. For example; one protocol (2 July 2025) detailed the rationale for the use of an alarm mat for the resident's bed and chair. A clear rationale was provided and this was linked to the resident's falls prevention plan. In addition, some residents spoken with outlined their consent to practices such as the safe storage of cigarettes in the staff office, which were accessible to them as they wished.

Judgment: Compliant

Regulation 8: Protection

The registered provider had clear systems in place which were effective in ensuring that residents were safe.

The provider's safeguarding policy was in date (April 2025) and staff had access to safeguarding training. Those asked were aware of the identity of the designated officer and knew what to do if they had a safeguarding concern and in accordance with residents safeguarding plans if relevant.

A review if safeguarding incidents found that if there was a suspicion or allegation of abuse, this was assessed in line with national and local safeguarding policy. For example, an inspector reviewed an incident that occurred in July 2025. This was screened by the provider and a preliminary safeguarding plan was submitted to the safeguarding and protection team. A formal safeguarding plan was agreed and this remained open at the time of inspection.

If required, associated care plans and nursing interventions were in place to guide staff. For example; residents had comprehensive intimate care plans which meant that personal care was completed in a respectful manner using a planned approach and in line with resident's wishes.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that resident’s human rights were taken seriously at this centre and a rights based approach was embedded in the service offered to residents.

Through observations and discussions with staff, it was clear that they were aware of the core principles of dignity, respect, choice and autonomy.

For example, residents had the right to remain at home in their flat if they wished to do so as staff were available to provide support. They also had the right to make choices about what they would like to do and how to guide their daily lives. This was facilitated through individual discussions or residents meetings which were held weekly.

The person in charge and the staff team took care to ensure that residents were asked whether or not they consented to matters that were relevant to them. For example, a resident was asked if they wished to attend an appointment as part of a national screening service. When they declined, this was respected. The staff member commented that it was their right to refuse and that perhaps they would try again at a later stage.

In addition, where residents required support to consent to decisions about their care this was provided. For example; one resident who was aging and at risk of falls was supported to understand the change in their needs through discussion and the use of easy to read documents on alternative housing arrangements should that become necessary.

The registered provider had a human rights committee which assisted with the monitoring and review of practices at the centre. Where restrictive practices were used they were subject to regular review. For example, most residents needed support to manage their finances. A financial competency assessment was completed and while support was provided, each person had free access to their money whenever required.

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	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Abbey Court OSV-0008846

Inspection ID: MON-0047228

Date of inspection: 09/09/2025

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: To ensure compliance with regulation 23: Governance and Management : the following action has been undertaken • The centre has a planned and actual roster in place which is monitored and reviewed by the PIC on weekly basis. • Eight form A's (for the recruitment of new staff) with supporting business cases have been completed and forwarded for approval to the Head Of Service. Once approval has been received the HR department will offer out the positions to the care assistant panel. Completions date. 30-04-2026 • As an interim measure the centre utilities consistent agency staff where possible to ensure consistency of care in the centre and this is monitored regularly.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: To ensure compliance with regulation 28: Fire Precautions : the following action has been undertaken • All staff in the centre have completed Fire Safety Training. • Each resident has an up to date Personal Emergency Evacuation Plan (PEEP) in place	

which identifies what support each resident requires in the event of an evacuation.

• The centre has sourced additional equipment for specific residents to aid with their evacuations such as the fire evacuation chair and the ski pad.

• The centre has a fire register in place which includes weekly/monthly or quarterly checks on all firefighting equipment.

• All residents take part in regular practice fire evacuation drills; the most recent fire drill was completed on the 01-07-2025. These practice evacuation drills are reflective of both day and night time scenarios.

• Weekly calls are scheduled between the HSE and Oaklee Housing Association in order to progress to completion of the outstanding fireworks at Abbey Court.

• The Provider Nominee received correspondence from Oaklee Housing Association stating that the Fire Safety Consultant was satisfied that the upgrade compartmentation work completed in Abbey Court would significantly contribute to reduce fire spread in the event of an incident. Completion date: 16-10-2025.

• Oaklee Housing Association plan to have a fire risk assessment completed in Abbey Court, the Provider Nominee is awaiting confirmation date for the risk assessment. Completion date: 30-11-2025

• The outcome of the fire risk assessment will inform the Fire Safety Statement and identify all outstanding fireworks to be completed and agree a timeframe for the completion of the work. Completion date: 30-06-2026

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/04/2026
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	30/06/2026