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:	Clew Bay Service
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	17 June 2025
Centre ID:	OSV-0008934
Fieldwork ID:	MON-0045870

About the designated centre

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

Clew Bay Service consists of one house. The service can provide residential support service for four adults, both male and female over 18 years old who have a diagnosis of a moderate to severe Intellectual Disability. Some residents may have secondary diagnoses including Mental Health, Neurological conditions and Dementia. Each individual is supported to manage their secondary diagnosis through a comprehensive individual care plan. Supports will be provided seven days per week based on the assessed needs of each person. Staff support is available daily on a responsive roster with a waking night support. Staff support is flexible to ensure people are able to attend events of their choosing.

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
Tuesday 17 June 2025	13:00hrs to 18:10hrs	Mary McCann	Lead
Wednesday 18 June 2025	08:40hrs to 11:30hrs	Mary McCann	Lead

What residents told us and what inspectors observed

Clew Bay was registered as a designated centre in December 2024 to provide care and support to four residents.This was the first inspection of this centre and was a short notice announced inspection carried out to monitor the provider's compliance with the regulations relating to the care and support of residents in designated centres for persons (children and adults with disabilities) 2013. the inspector found that Clew Bay provided a good service to the three residents which was delivered by a consistent staff team. The inspector met with the three residents on the first day of inspection and observed staff interacting in a positive way with residents in the kitchen cum sitting dining room.

Clew Bay provides a comfortable home to residents with adequate personal and communal space available and a secure safe garden with garden furniture and raised beds. The inspector observed that bedrooms were personalised and living areas were homely clean and bright with personal items of residents displayed. One resident had a model of a cottage and was delighted with this.

There was good garden space to the back of the house. It was a sunny day on the day of inspection and residents had level access to the garden and one resident was observed at times to be in the garden. There were two large raised beds built of bricks in the garden and very nice garden furniture. The person in charge spoke about the improvements they had planned to develop a sensory garden.

Two residents had moved into this centre in December 2024 from a congregated setting and one resident moved in from his home in May 2025. This resident attended day centre in the local town prior to moving into the centre and continues to attend this service which gave some continuity to their care and to support their transition. The other two residents have a flexible social activity programme organised by the staff of the centre. This meant that residents have flexibility in the way they choose to spend their day and can have a lie in in the morning, or a nap in the afternoon as they wish. A wheelchair accessible bus was available exclusively to the centre. There were three staff on duty during the day which meant residents could avail of individual activities as one resident could go out with staff in the bus and the other residents could engage in an activity in the centre or in the local town. The centre transport also supported residents to attend medical appointments.

When the inspector arrived two residents had gone out with the three staff on duty to a local garden centre cum restaurant, as one of the residents had an interest in gardening and had set cabbage plants and onions in the raised beds in the garden. This was linked to one of the goals for one of the residents. Residents also had also planned to have their lunch out. The person in charge and the area manager were available at the centre. The inspector held an opening meeting and explained the purpose and process of the inspection. From a review of documentation and speaking with the person in charge and area manager, the inspector found that the residents received person centred care from a consistent staff team. Many of the

staff had worked in the congregated setting with two of the residents and were involved in their transition planning. This allayed the anxiety of the residents at a stressful time of moving and was crucial to ensuring continuity of care of residents. The inspector met with the three residents and two staff. The two residents had transitioned well from the congregated setting and had good communication skills. They told the inspector that they loved their new home and the staff looked after them well. They spoke about how much quieter the environment was, how they access the community on a daily basics and loved going out for lunch and meals. They confirmed that they were involved in decorating their bedrooms and in deciding what to grow in the garden. The inspector met with the third resident when they returned from day services. Although this resident could not verbally express their wishes, non-verbally, by gestures and expression they indicated that they were happy living in the centre and attending the day service.

The inspector observed positive interactions between staff and residents on the afternoon of the first day. Staff were sitting chatting to residents and utilising the time to have positive interactions with residents responding to residents needs for example getting them a drink. There was a light hearted jovial atmosphere and residents were chatting about their trip out and how they enjoyed their lunch and where they liked to go and eat. Residents who could verbally express their views confirmed that they had a 'dinner every day and the food was home cooked and was good. They also stated they got to choose the menus on a weekly basis. Residents confirmed that they occasionally visited the shops but they preferred to do a shopping list and for staff to do the food shopping weekly. The third resident had settled into their new home. Staff were observing and noting nonverbal cues the resident used with a plan to develop a communication system for the resident. This resident had been referred to the speech and language therapy service for a communication assessment. Both staff spoke about how successful the transition planning was and how involving residents in the decision making and giving them time to visit and talk about moving into their new home assisted greatly with the transition. Staff also described how for one resident their incidents of responsive behaviour had decreased since moving into the centre and they no longer required a positive behaviour support plan. Staff confirmed that they felt there was enough staff on duty to meet the needs of residents and also felt they could safely evacuate at night time if required.

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

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective this was in ensuring a good quality safe service was provided to residents. Overall, the inspector found that some aspects of governance and management required review, this included where audit s were completed that a corresponding time bound corrective action plan was developed to address any deficits identified. A good person centred service was delivered to residents however more work was required with regard to ensuring audits were effective as action plans post audits did not have an identified person responsible to ensure the action was completed and a time frame for completion. Actions from audits were discussed at team meetings.

Another area of governance that required improvement and this related to the submission of notifications. This is discussed further under regulation 31. The day to day running of the service was led by the person in charge who reported to the area manager. The person in charge stated they attended the centre five days per week and an out of hours on call service was available to staff when they were not on duty. The provider had ensured that there was an effective complaints procedure for residents to utilise. The procedure had been prepared in an easy-to-read format to aid residents' understanding.

Regulation 15: Staffing

The inspector found that there was adequate staff on duty to meet the assessed needs of residents and residents spoken with stated 'there was always someone around to help them'.

The inspector reviewed the staff rota from the 16 to the 29 June 2025 and found that there were three staff on duty during the day and two waking night staff. The rota was easy to read, well maintained and an actual and planned rota was in place. The inspector spoke with two staff, the person in charge and the area manager. Staff stated that they had worked with the residents prior to them moving into this centre stated that they felt life was much better for the residents since moving into their new home. Staff displayed a very good knowledge of resident's needs and were aware of their likes, dislikes and life history so could chat freely with residents about their life. The person in charge stated there was two staff vacancies at the current time and regular agency staff covered these vacancies.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had up-to-date training in areas that were relevant to the care and support of the residents in this centre. This meant that staff had the skills and competencies to deliver care and support to residents.

A staff training matrix was maintained which included details of when staff had attended training. The inspector reviewed the staff training records from January 2024 to the date of inspection. All staff had completed mandatory training in fire safety, positive behaviour support and safeguarding. Other training completed by staff included manual handling, medication management, complaints handling and open disclosure. This assisted staff to develop the required skills and knowledge to provide care and support to residents. The person in charge had a roster in place to ensure they met with all staff for formal supervision quarterly basis and was in the centre five days per week and occasionally worked weekends.

Judgment: Compliant

Regulation 19: Directory of residents

The director of resident was in compliance with the relevant regulation

The inspector reviewed the directory of residents for Clew Bay and found that it included all of the required information as set out under Schedule 3 of regulation 19.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there was generally good governance and management systems in place which ensure that the care and support provided to residents was good, but some aspects of governance and management required review.

A suite of audits was being completed by the person in charge which included fire safety, restrictive practices, accident and incidents. Medication audits were completed by a member of the community nursing team. Where areas for improvement were identified, the person in charge could explain to the inspector what improvement had been made and these were generally discussed at the team meeting or were recorded in the communication book but there was no action plan for staff to review the corrective actions. Another area of governance that required improvement and this related to the submission of notifications. This is discussed further under regulation 31. There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. Regular team meetings were occurring. The inspector reviewed the minutes of the 16 Jan 2025 and 23 April 2025. A set the agenda was in

place for these meetings which included restrictive practices in use, accident and incidents, outcomes of audits and medication management. Minutes were available of these meetings to ensure staff who were not present could update themselves on the discussion. As the person in charge generally worked on weekday's, each Sunday evening the staff who is the lead of the shift completed a report from the weekend which was available to the person in charge when she returned on the Monday. A six monthly unannounced inspection had been completed by an area manager independent of the service. No report was available of this at the time of inspection. As this centre is only open six months, no annual reviews had been completed as yet.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The centre was in compliance with this regulation as in the two contracts reviewed by the inspector they were up to date, included fees to be paid, and services to be delivered. This meant that residents and their families were aware of what service was to be delivered to them and the costs relating to this.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had failed to submit a notification of an injury to a resident.

The inspector noted that staff had sought medical advice from a general practitioner with regard to an injury to a resident. The general practitioner had prescribed antibiotics and had referred the resident the resident to a local hospital for investigation. This incident had occurred on the 8/06/2025 but had not been reported as required by the regulations. This notification has been submitted retrospectively.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There were arrangements in place which supported residents to raise their views and concerns.

A complaints policy which complied with the regulations was in place. There was one complaint in under investigation at the time of this inspection. This related to the care and welfare of a resident. In response to this complaint the person in charge had met with the complaints initiator, had reviewed the residents care plan, sent referrals to occupational therapy services, physiotherapy services and chiropody and podiatry and tissue viability services. Nursing staff also review the resident four times per week. The resident was also seen by their GP. A referral had been made to the safeguarding team and a safeguarding plan was in place. The two residents who spoke with the inspector told the inspector that they were very happy in their home and had no complaints. The resident stated that they could complain to any member of staff if they were unhappy, and were confident that staff would address their concerns. An easy-to-read complaints policy was also in place. The residents had access to advocacy services as required.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the resident who lived in the designated centre.

The inspector found that this this centre provided a safe quality service to residents. There were good personal assessments and corresponding care plans in place. There was also good access to health and social care personnel to help address any health issues the residents had. Staff were trained in medication management which assisted with safe management of medication thereby protecting residents safety. Residents were facilitated to pursue activities of their choice in their local community and in the centre. A transition plan had been developed and adapted with regard to the opening of this centre. This contributed to residents settling in well into the centre. Staff informed the inspector residents responsive behaviour had decreased and there was no requirement to have behaviour support plans in place for any of the residents at the time of this inspection. Residents' voices were sought and listened to and they were actively involved in their day to day choices in the centre. Residents meetings were held weekly. The inspector reviewed minutes from some of these meetings. these meetings included a discussion regarding menu choices, food shopping and activities.

Regulation 10: Communication

The provider had made arrangements to ensure that residents were supported to communicate their needs and views. The inspector reviewed the care records of two residents. A communication plan was in place for these two residents. These provided guidance to staff on how to support each resident to understand information and how to support the residents to make their views known. The speech and language therapist had been involved with staff in developing these plans. Staff told the inspector that the resident who had moved into the centre 5 weeks ago had been referred to the speech and language therapist for a communication assessment. Staff were observing this resident for any cue they could ascertain to enable this resident to make their needs known.

Judgment: Compliant

Regulation 17: Premises

The premises were laid out to meet the needs of the residents and provided a comfortable home to residents.

The building was a bespoke purpose built large bungalow. It was clean, bright tidy and well maintained and was decorated to a very high standard. There was amble space for residents in the centre and each resident had a private bedroom and there was a second sitting room. There were four bedrooms, one of which was an ensuite and three wet room style showers and a separate toilet and wash hand basin.This assisted to maintain the privacy and dignity of residents as they all had their own bathroom.

Comfortable chairs were available in each sitting area and one resident had a bespoke comfortable chair. They chose to have naps in the afternoon in this chair rather than going back to bed. One resident enjoyed art and they had a desk in the corner of the sitting room and were observed to be colouring during the inspection. The resident told the inspector they enjoyed doing this. An electric fire was available in the sitting room to give a nice ambiance in the winter time. The sitting, dining and kitchen area was open plan which gave adequate space for turning wheelchairs. There was adequate space in the sitting and dining areas for staff and residents to sit together.

Residents had access to a rear garden which was accessible from double doors off the sitting cum dining, kitchen area. . The centre was future proofed to assist the changing needs of residents. Some bedrooms had a tracking hoist and other bedrooms were large enough to have this inserted as required. The house was accessible with level entry front and back doors. Shower and bath rooms were accessible and the corridors were sufficiently wide to accommodate mobility assistive devices.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Two residents had moved into this centre approximately six months ago from a congregated setting and confirmed that they were well prepared for moving into Clew bay and knew the staff that were working in Clew bay from the centre they had moved from.

Both residents clearly communicated with the inspector that they enjoyed living in their new home and settled in well. . Residents confirmed that they had visited the house prior to moving and were involved in choosing their bedrooms. The third resident had moved into the centre 5 weeks ago from home.a They were attending a local day centre they had attended from home. The inspector met with this resident when they arrived back from the day centre. They were unable to verbally express their view but were seated at the table with the other two residents and staff. They smiled when spoke to and staff told the inspector that their family member attended the centre regularly. They have been refereed to speech and language therapy services for a communication assessment.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had good systems in place in relation to risk management. This meant that risks to residents were identified and measures put in place to reduce the risks.

The centre had a risk management policy and a risk register which contained actions and measures to control specified risks. This included site specific risks such as risks associated with individual residents for example safe moving and handling, falls prevention and safe nutritional care and centre specific risks, for example: risk associated with fire safety and infection prevention and control.

Judgment: Compliant

Regulation 28: Fire precautions

The fire safety arrangements ensured residents could evacuate safely in the event of a fire. The inspector reviewed fire safety procedures in the centre. The provider had fire safety management systems in place including arrangements to detect, contain and extinguish fires and to alert residents and staff if a fire occurred. the Exits were

clearly identified. Fire extinguishers were serviced annually. All staff had training in fire safety. A personal emergency evacuation plans (PEEPS) was available for all three residents. There were good wide corridors and all residents were accommodated on the ground floor. There was three staff on duty during the day and two waking night staff. Staff spoken with confirmed that they were confident they would be able to safely evacuate at any time if required.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Individual assessments and personal plans were in place for residents.

The inspector reviewed two residents' personal plans. There was good background information as to the life of the resident to date. This meant that staff could chat with residents about their past lives and engage positively with them . Details of what the resident enjoys, what upsets the resident and how to manage this were detailed in personal plans. There was also a section on things you need to know for staff. This detailed how the resident communicates which meant that staff could swiftly support residents in a person centred way if a resident became upset and engage and understand residents views and and this was done in a consistent way

Goals were identified and there was evidence that these were achieved but more information was required on the progression of the goals in case a key worker was not available so other staff would know what had been done to date. Goals were identified annually and provided a good assessment of resident's needs, however more discussion regarding the choosing of the goals and ensuring it was a goal of the residents' choice was required. Annual reviews were occurring. Completion of goals enhanced resident's enjoyment in life and gave them a sense of achievement. Family members were involved in annual reviews.

Judgment: Compliant

Regulation 6: Health care

The inspector reviewed the medical records relating to two residents and found that the health needs of residents were well managed.

The There was good access to a range of health and social care specialist staff. Good person centred health assessments were completed for example nutritional

care. Records of attendance at the general practitioner was recorded and the rationale for same was documented. Regular blood analysis was completed by the general practitioner. Each resident had a comprehensive annual medical completed by their general practitioner. Residents were facilitated and supported to avail of health screening programmes appropriate to their age, for example bowel screening.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were no behaviour support plans in place. The person in charge explained that residents who moved in from the congregated setting had behaviour support plans in place but any behaviours of concern they had displayed on admission had ceased and on re-assessment it was deemed they did not require behaviour support plans. This was also supported by a review of the accident and incident records from December 2024 to the day of inspection and from observation throughout the inspection. This contributed to a calm pleasant atmosphere in the centre where residents felt safe.

Restrictive practices were in place in the centre. These related to a lap belt in place for a wheelchair when the resident was going on an outing. A physiotherapy plan was in place supporting this. This has also been reviewed by the human rights committee on the 13/3/25 who had made a A bed sensor was also in place for one of the residents to alert staff if the resident got out of bed during the night as they had there was one safeguarding incident in the centre been assessed as at risk of falls. A Restrictive practice Diary was in place and restrictive practices were reviewed monthly by the person in charge. All restrictive practices had been reported to the chief inspector by way of quarterly notifications.

Judgment: Compliant

Regulation 8: Protection

The provider had put measures in place to protect residents from abuse. There was one safeguarding plan in place at the time of this inspection and the inspector did not observe any safeguarding issues throughout the inspection. The systems in place to protect residents included staff training, ensuring all staff were aware of the contact details of the designated officer and the confidential recipient and ensuring adequate staff were on duty. Staff who spoke with the inspector stated that if they had a safeguarding concern they would report this to senior management and they

were clear it was their responsibility to do this. The inspector reviewed the safeguarding policy on safeguarding residents and found that it was comprehensive and provided staff with knowledge of safeguarding issues and how to report safeguarding issues should these occur. The person in charge was aware that safeguarding concerns must be reported to the local HSE safeguarding team and they had done this in relation to the safeguarding plan that was in place at the time of the inspection. The person in charge confirmed that the provider had ensured that all staff had Garda Síochána vetting in place prior to commencement of employment.

Judgment: Compliant

Regulation 9: Residents' rights

Resident's rights were protected in this centre.Staff had undertaken training in embedding a human rights based approach in the service provided.Staff told the inspector they were aware of the importance of residents having a good quality of life and ensuring that their voice was listened to. Residents told the inspector that they got to do the things they wanted to do and were asked by staff what they would like to do. One residents told the inspector he liked to have a nap in the chair in the afternoon and he did this daily.The inspector noted that the centre's complaints procedure was followed in relation to a recent complaint that was made. Residents liked to go to Knock and this was and this was facilitated. Advocacy services were available to the residents if they required same.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Clew Bay Service OSV-0008934

Inspection ID: MON-0045870

Date of inspection: 18/06/2025

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1) A working group that consists of PIC, Area Managers, CNM1 & 2, and members from the MDT team will be established to review audits within the service. Their goal is to review all audits and to ensure each audit clearly identify any issues, adapt action plan templates for all audits, document/identify who the action owner will be, the timeframe will be identified for completion of actions and the date completed noted, this will be based on local policies and procedures and national guidelines. This will ensure consistency across the whole service. PIC will ensure audits are completed monthly, as outlined in the developed audit schedule list and the area manager to complete random checks on audits and action plans. Audits will be on set agenda for the organisations Team Meeting agendas, to ensure all actions from audits are identify and followed up with the team 2) Regulation 23 inspection had been completed for Clewbay but the document was being typed and not available on day of inspection. A schedule for all regulation 23 inspections has been set out by the director of services ensuring that all services in Mayo Community Living are inspected as required under regulation 23 and in a timely manner. 3) Notifications to the regulator will be improved, see below.	
Regulation 31: Notification of incidents	Substantially Compliant

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

1) The PIC and PPIM will ensure that all notifications to the regulator will be made within the correct time frames. Triage meetings for all incidents have a standing item on triage notes to identify if a notification is required and identifies who will take responsibility for submitting the notification and within what timeframe. This will ensure that all notifications are completed and within the correct timeframe.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/08/2025
Regulation 31(1)(d)	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 serious injury to a resident which requires immediate medical or hospital treatment.	Substantially Compliant	Yellow	14/07/2025