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:	Shalom
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	16 June 2025
Centre ID:	OSV-0008959
Fieldwork ID:	MON-0046195

About the designated centre

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

Shalom is a purpose built one storey building situated near a large town in County Louth. The centre supports four adults both male and female over the age of 18 years. The centre comprises of four single bedrooms, all of which have en-suite bathrooms, a sitting room, kitchen/dining room area, utility room, office and toilet. There is a garden to the back of the property with a patio area where residents can sit out. Staff support is provided on a 24/7 basis and the staff team consists of nurses, and health care assistants. Transport is provided in the centre and the centre is also located near to public transport links.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 16 June 2025	11:00hrs to 17:50hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, this centre was well-resourced and the residents here were provided with person-centred care based on their assessed needs. Some minor improvements were required in three regulations which included records, fire safety and the premises.

This centre provides residential care to four adults. The centre was registered in January 2025 following an inspection of the centre in December 2024. This inspection was announced and was conducted to ensure ongoing compliance with the regulations.

The centre was clean, decorated to a high standard and had been purpose built to support four residents most of whom had mobility needs. At the time of the inspection in December 2024, the registered provider had indicated that overhead hoists would be installed in the centre. This had not been completed at the time of this inspection. The inspector was informed that the funding had been granted for these hoists in recent days. Notwithstanding this had not been completed in a timely manner and needed to be addressed.

Each resident had their own bedroom and all of them had en-suite bathrooms. They were spacious and decorated in line with the residents' personal preferences and interests. One of the residents for example, loved sports and another liked racing cars and their bedrooms were decorated with photographs, posters and pictures of memorabilia and/or sporting events they had attended. One resident was waiting for a new bed to arrive, which the person in charge said was ordered.

The kitchen/ dining/living space was very spacious, comfortable and decorated to a high standard. The kitchen was well equipped and there was an adjoining utility room for additional storage. There was a large sitting room with a large recliner sofa and chairs where residents could watch television.

At the back of the property there was adequate space for residents to sit out, and the person in charge informed the inspector that in the coming weeks a swing was due to be installed which one of the residents would really enjoy. There was also a large shed for additional storage purposes and where the washing machine and dryer was located.

As stated earlier, since January 2025, four residents moved into the centre. The inspector found that these admissions had been completed on a phased basis to support the residents during this time. The staff for example; had went to meet residents in their family home. The residents were also supported with short visits first, such as visiting for lunch, followed eventually by an overnight, and these overnights then increased over time. One of the residents was still living at home some nights. The inspector spoke to two family members over the phone who said they were very happy with the support they received when residents were moving

to the centre.

Prior to the inspection, family members had completed surveys on behalf of the residents about the quality of services provided. Overall, the feedback was very positive. Two surveys had some comments that suggested that improvements could be made in some areas. The inspector telephoned the families concerned to talk to them about those improvements and to talk about their experiences of the services provided. The family members concerned said that the improvements noted in the surveys had happened in the early stages of their family member moving to the centre and since then things had been positive. One family representative gave an example of how they had raised an issue and staff had dealt with it in a timely manner. Both family representatives spoke very positively about the service and said there was an open door policy and they could visit the centre anytime they wished. Both stated that they were kept informed and included in any decisions about the residents' care and support needs. They also confirmed that if they were not happy with aspects of the care provided that they would raise it with staff.

The residents communicated using different methods, including gestures and facial expressions. Recently most staff had received additional training to support one resident with their communication needs. Another resident used an electronic tablet device which staff were aware of. All residents had also been referred to a speech and language therapist to seek advice and support around the resident's individual communication needs. The inspector observed staff responding to the residents different communication styles. For example; a resident was in their wheelchair ready to go for a walk after dinner and soon after the resident stood up from the chair indicating that they did not want to go for a walk and the inspector observed that the staff members respected this choice. During dinner, the inspector also observed staff watching for facial expressions and gestures from a resident about food choices they were being offered.

The staff members were observed interacting with residents in a kind, patient and friendly manner, and responding to the needs of the residents in a timely manner. All of the residents attended a day service Monday to Friday, which were located a distance away from the designated centre, this meant that the residents had to leave early in order to be there on time. The inspector was informed by staff that the provider was currently exploring options for day services nearer the designated centre which would ensure that residents did not have to spend so much time travelling to and from their day service.

The residents were involved in other activities when they were not attending day services and were getting to know the local area. Some of the residents had went on a ferry trip, started swimming or were visiting local restaurants and coffee shops.They were becoming involved in their community and knew some of their neighbours, some of whom had attended a house warming party that residents had hosted when they moved into the centre.

Overall, the inspector found that residents received a good quality service in this centre at the time of this inspection. The residents were still becoming familiar with the centre and the surrounding areas. The staff team knew the residents very well

and demonstrated a person centred approach to the care provided. Three minor improvements were required.

The next two section of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements impacted the quality of care and support being provided to residents.

Capacity and capability

Overall, the management structure in place in this centre was assuring a safe, quality service to the residents at the time of this inspection. The person in charge and staff team demonstrated that they were promoting person centred care. Some improvements were required to increase positive outcomes for residents under records and the premises.

A review of the rosters indicated that there were sufficient numbers of staff and an appropriate skill mix on duty to meet the needs of the residents.

A review of the training matrix, found that staff were provided with training to ensure they had the knowledge to respond to the needs of the residents and provide safe care.There was also a system to ensure that staff received refresher training in some training modules as required by the provider.

The admissions procedures in the centre, took into account that residents may find this stressful and so transitions were planned on a phased basis.

The records stored in the centre were for the most part detailed and accurate, however some improvements were required.

Regulation 14: Persons in charge

The person in charge was employed on a full time basis in the organisation. They were a qualified nurse with significant experience working in and managing disability services. At the time of the inspection the person in charge was also responsible for another designated centre under this provider. Both centres were located close by and in this designated centre a team member was assigned as the shift lead each day to assure oversight of the care being provided. The inspector was satisfied that this arrangement did not impact on the quality of care provided in this centre.

The person in charge was aware of their legal remit under the regulations and supported their staff team through supervision meetings and team meetings. The staff members spoken with also reported that the person in charge was very supportive to them, and while they had no concerns about the quality and safety of care, they would feel comfortable raising concerns if they had any.

Overall, the person in charge was suitably qualified, very organised, was responsive to the inspection process, and in meeting the requirements of the regulations. They demonstrated a commitment to providing person-centred care to the residents living here and had a good knowledge of the residents' needs.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the centre had sufficient staff in place to meet the needs of the residents. There were six nurses, six healthcare assistants and one social care worker employed to support the residents. There were no staff vacancies at the time of this inspection. The staff rota each day included three staff on duty during the day and two staff working at night. A sample of rotas viewed for one week in January 2025, March 2025 and May 2025 showed that the correct amount of staff worked each day and night to support the residents.

A shift lead (nurse) was assigned each day to assure that one staff was accountable for the care provided each day. Senior Managers were also on call 24/7 to provide guidance and support to staff.

The inspector reviewed a sample of records that are required to be in place under Schedule 2 of the regulations in three staff personnel files and found that the records were in place and no concerns were noted. The sample of records viewed for each of those staff included:

- Vetting Disclosure
- Photo identification
- Two Written References
- Contracts of Employment
- Relevant registration status with professional bodies in respect of nursing staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with a suite of training to ensure that they had the knowledge to support the residents' needs in the centre and provide safe care. The person in charge had a spread sheet of all staff training records. Certificates of these training records were either stored in the centre or in the human resource department. The inspector reviewed the training records and a sample of certificates for staff that were available in the centre. The inspector also received confirmation after the inspection in relation to a sample of training certificates that were not available in the centre on the day of the inspection. All of the staff had completed training as outlined in the Statement of Purpose for the centre and some staff had dates to complete refresher training. The training provided included:

- Safeguarding of Vulnerable Persons
- Fire Safety
- Basic Life Support
- Dysphagia
- Manual Handling
- Antimicrobial Resistance & Infection Control (AMRIC) - Basics of Infection & Prevention Control.
- AMRIC - Hand Hygiene
- AMRIC Personal Protective Equipment
- Epilepsy and the administration of rescue medicine
- Human Rights
- Positive Behaviour Support

Staff were also provided with formal supervision twice a year and informal supervision when the person in charge is on duty. This enabled staff to discuss their personal development and raise concerns about the quality of care if they had any. A sample of records reviewed by the inspector found that staff had not raised any concerns about the quality of care. The person in charge confirmed this also for all staff.

The inspector spoke to two staff (one of whom was on a work placement) and they said they felt supported by the person in charge. They both informed the inspector that they had no concerns about the quality and safety of care. Both staff had a very good knowledge of the residents' needs and spoke about risk management plans and health care plans that were in place to support the residents.

Overall, the inspector found that staff had been provided with training to meet the needs of the residents. The interactions observed on the day of the inspection showed that staff were providing care to the residents in a person-centred manner.

Judgment: Compliant

Regulation 21: Records

The inspector observed that some improvements were required in some of the records stored in residents' personal plans to ensure that they were accurate and detailed enough to reflect the supports the residents needed. These included an intimate care plan for one resident, and a feeding, eating and drinking plan for another resident.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a defined management structure in place led by a person in charge, who reported to a director of care. The person in charge and the registered provider had systems in place to ensure that the services provided were reviewed and audited on a regular basis and as required by the regulations.

The person in charge and the director of care met to discuss the care and support being provided and to assure that actions from audits were being addressed. As an example at these meetings, they discussed risks in the centre, adverse incidents that had occurred and devised action plans to address improvements where required.

The registered provider had also conducted a six monthly unannounced quality and safety review. This had been completed on 29 May 2025. Some minor improvements had been required following this review and actions had been devised to address these improvements. As an example, the review showed that improvements were required in fire safety equipment in the shed as it contained the washer and dryer and this had been addressed.

Other audits had been conducted on residents' personal possessions and medicine management practices. The audit on personal possessions showed that each resident should have a document called a financial passport in place. The inspector found that this was being addressed at the time of this inspection.

Regular staff meetings were also happening to discuss the residents care and support.

Overall, the management structures in the centre were assuring that the care and support provided was being reviewed and that any improvements required were addressed.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

As stated earlier, since January 2025, four residents moved into the centre. The inspector found that these admissions had been completed on a phased basis to support the residents during what can be a very stressful time. The staff for example; had went to meet residents and their family in their family home. The residents were also supported with short visits first, such as visiting for lunch, followed eventually by an overnight, and these overnights then increased over time. One of the residents was still transitioning, to full time residential care.

The registered provider had also had contracts of care for each resident which outlined the care and support that would be provided in the centre and any costs incurred by the resident for some of these services. Both of the contracts of care had been signed by the resident's family representative.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations. It detailed the aims and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations.

Judgment: Compliant

Quality and safety

Overall, the residents enjoyed a safe quality service in this centre. All of the residents looked well cared for and staff knew the residents well. The premises were well presented and had been purpose built to meet the residents' needs. However, at the time of the inspection overhead hoists had not been installed in the centre. One improvement was also required under fire safety.

Each resident had a personal plan which included an up to date assessment of need outlining the residents' health and social care needs. Residents also had ongoing support from a number of allied health professionals such as a physiotherapist and clinic nurse specialists.

There were systems in place to manage and mitigate risk and keep residents safe in the centre, including a risk register for overall risks in the centre and individual risk assessments for each resident.

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. The registered provider had systems in place to safeguard residents' finances and personal possessions in the centre.

Fire safety systems showed that staff had been provided with training in fire safety and staff were knowledgeable about how to support residents evacuating the centre. Fire fighting equipment was also available and had been serviced recently. However, a risk assessment had not been conducted on the fire assembly point for the centre.

Regulation 17: Premises

The premises was finished to a very high standard, clean and well maintained. Residents had personalised their rooms, which were spacious and all of them had en-suite bathrooms. One resident was waiting for a new bed to arrive, which the person in charge said was ordered and awaiting delivery.

The person in charge and the registered provider had systems in place to ensure that equipment stored in the centre was serviced and maintained in good working order. As an example, the step and the lift on the bus provided had been serviced recently.

However, at the time of the inspection in December 2024, the registered provider had indicated that overhead hoists would be installed in the centre. This had not been completed at the time of this inspection. The inspector was informed that the funding had been granted for these hoists in recent days. Notwithstanding, this had not been completed in a timely manner and needed to be addressed.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared in writing a guide in respect of the designated centre. This guide was available to the residents and included a summary of the services to be provided, how residents should be included in the running of the centre, and where residents could access inspection reports carried out in this centre by the Health Information and Quality Authority (HIQA).

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a policy in place to manage risks in the centre. This included a health and safety statement outlining the roles and responsibilities of staff and key personnel in the organisation to manage and review risks. A risk register was maintained by the person in charge. At the time of this inspection, there were no risk assessments rated orange or red. This meant that there were no significant risks in the centre that required the attention by senior managers at the time of this inspection.

The person in charge had good systems in place to review risks, and any adverse incidents in the centre were reviewed and responded to in a timely manner. As an example; one resident had a number of minor falls in the centre. The inspector found that a number of actions had been taken to address this which included a review by a physiotherapist, a general practitioner and a clinic nurse specialist. From this, measures had been taken to rule out causes, as a result new footwear had been purchased for the resident and investigations had taken place to rule out medical reasons.

A vehicle was provided in the centre, which had been adapted to suit wheelchairs users. The inspector reviewed records pertaining to this vehicle and found that it was in a roadworthy condition and was insured. Some staff were due to complete training to clamp wheelchairs on the bus and this was planned for 26 June 2025.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had a policy in place to manage fire safety in the centre. This outlined control measures that were in place to mitigate the risk of fires and assure a safe evacuation of the centre. As an example, all staff should complete fire training and refresher training every two years. The inspector found from a review

of training records that this was completed. However, at the time of this inspection there was no risk assessment conducted on the decision to not include fire assembly signage to assure, that alternative measures chosen were safe and appropriate.

Fire equipment such as emergency lighting, a fire alarm, fire extinguishers and fire doors were also installed and being serviced. For example: the fire alarm and emergency lighting had been serviced in April 2025. There was also a fire blanket in the kitchen to extinguish fires if needed.

Staff also conducted daily/ weekly and monthly checks to ensure that effective fire safety systems were maintained. For example; the means of escape (exits) and the fire alarm were checked on a daily basis. On a weekly basis emergency lighting and fire extinguishers were checked, and on monthly basis fire doors were checked. A review of records for the last three months showed that where issues had been identified, they were addressed. On one record for example, it was noted that a fire door was not closing properly and this was reported and fixed.

At the inspection in December 2024 the provider was to install thumb locks on exit doors and this had been completed. As well as this signage in relation to the fire assembly had not been implemented. The inspector found that the person in charge and the person participating in the management of the centre had reviewed this and had not installed signage in relation to this. Instead they had included a picture of the fire assembly area to the front of the property on the fire evacuation plan, this plan was at the entrance to the designated centre. All staff were aware of the location of the fire assembly point. However, as stated there was no risk assessment conducted on this to assure that these measures were safe and appropriate at the time of the inspection by a competent fire person at the time of the inspection.

Fire safety training for staff included education on the use of specific fire evacuation aid (ski sheets) for residents. One staff member went through the evacuation procedures for residents and demonstrated how to use the ski sheets which some residents needed. The staff was very aware of the procedures and safety precautions to be followed when using these aids.

Residents had personal emergency evacuation plans in place outlining the supports they required. Fire drills had been conducted to assess whether residents could be evacuated safely from the centre and the records viewed showed that these were taking place in a timely manner. As an example fire drills had been conducted during the day and during hours of darkness when the staff levels were reduced. The fire drill records indicated that a fire evacuation was completed on both occasions in a timely manner. It was also observed that where issues were identified that could improve the evacuation of a resident, that these were addressed. One drill for example, found that a resident may benefit from another aid to assist with a more timely evacuation and this had been ordered by the person in charge at the time of this inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which included an up to date assessment of need. The assessment of need identified where residents required support with their health and social care needs. The supports were outlined in individual plans for residents. At the time of the inspection staff had started developing these plans into easy to read formats for residents also.

A review of a sample of plans showed that they were detailed and included the supports in place to guide staff practice. However, as discussed under records one improvement was required in a feeding, eating and drinking plan in place for one resident.

The registered provider had a system in place to ensure that residents personal plans were reviewed at least annually. Each resident had a key worker assigned who was responsible for ensuring that plans were updated. Key workers were also responsible for supporting residents to develop and achieve goals or interests they had.

Judgment: Compliant

Regulation 6: Health care

The residents' healthcare needs were provided for and they had timely access to allied health professionals in line with their assessed needs through in service supports and community supports. The in service supports included:

- Psychiatry
- Physiotherapy
- Occupational Therapy
- Speech and Language Therapy
- Clinical Nurse Specialist (CNS) -Positive Behaviour Support
- CNS in Epilepsy through the Epilepsy Outreach Clinic from Beaumont Hospital
- CNS - Health Promotion and Intervention
- CNS in Dementia

The Community Supports included:

- Dietician
- Chiropodist

- Dentist
- General Practitioner

A review of healthcare plans showed that residents had ongoing support from allied health professionals as required. Staff who met with the inspector had a very good understanding of the residents' needs, as well as planned follow up appointments for residents regarding some of their health needs.

Judgment: Compliant

Regulation 8: Protection

All staff had completed training in safeguarding vulnerable adults. Staff were aware of what constituted abuse and the reporting procedures to follow in such an event. Where incidents had been reported to the Health Information and Quality, the provider, had reported it to the relevant authorities and taken steps to safeguard residents.

Residents were supported by their key workers on a weekly basis to discuss concerns they may have about services provided in the centre. Easy to read information was also provided to the residents where required in relation to their right to feel safe.

The registered provider had systems in place to safeguard residents' finances and their personal property. The inspector reviewed two residents' financial records and found that checks and balances were maintained each day by staff to assure that residents' finances were correct. For example; each day two staff checked the money stored against the money recorded in residents finance records. As well as this the person in charge checked these periodically to ensure they were accurate.

The inspector also found that at the time of the inspection there had been no complaints made in the centre and there were no open safeguarding concerns.

Staff were also very aware of the measures in place to minimise the occurrence of these concerns and support residents when they did occur.

Intimate Care Plans were in place to guide how residents liked to be supported with their personal care. This included their preferences and also ensured that their privacy and dignity was ensured. However, as referenced under records, some improvements were required to these plans to ensure that the plans were completed in line with policy of the organisation and included more detail about the residents' preferences.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the inspector found that residents were being provided with person centred care including supports to enable them to be included in decisions around their care. As an example, all residents had been referred to a speech and language therapist to seek advice and guidance around other communication devices and aids that may assist residents.

The inspector observed one example where a resident was reviewed by a behaviour support specialist around their communication needs and staff had been provided with additional training about this.

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 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Shalom OSV-0008959

Inspection ID: MON-0046195

Date of inspection: 16/06/2025

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: An intimate plan of care for one resident will be reviewed by the staff team in Shalom to include more details about the residents' preferences and the level of support required. A feeding, eating and drinking plan of care for one resident will be reviewed by the staff team and a more detailed plan will be devised to reflect the support needs of the resident.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A business case for the installation of overhead hoists was sent to the HSE on 23/07/2025.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A risk assessment will be completed by PIC, PPIM and Health & Safety Officer on the decision not to include fire assembly signage to assure, alternative measures chosen were safe and appropriate	

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(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	31/12/2025
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for	Substantially Compliant	Yellow	31/07/2025

	inspection by the chief inspector.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/07/2025