



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

## Issued by the Chief Inspector

Name of designated centre:	No. 6 Fuchsia Drive
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	13 August 2024
Centre ID:	OSV-0008707
Fieldwork ID:	MON-0042712

## About the designated centre

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

No. 6 Fuchsia Drive is a detached bungalow located on the outskirts of a town that provides full-time residential support for a maximum of five residents, of both genders, over the age of 18 with intellectual disabilities (including those with autism). The centre is divided up into an apartment area for one resident and a larger area for four residents. Each resident has their own bedroom and other facilities in the centre include bathrooms, a kitchen-dining-living room, a kitchenette-living room, a utility room and a staff room. Support to residents is provided by the person in charge, a social care leader, a social care worker, care assistants and a staff nurse.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 13 August 2024	09:10hrs to 17:30hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

The five residents living in this centre were met during this inspection where a calm and relaxed atmosphere was encountered. All five residents left the centre during the day with the support of staff. Staff members on duty interacted with residents in a warm manner.

This designated centre was divided up into an apartment area for one resident and a larger area for four residents. On arrival at the centre, the inspector was advised by staff and management that he should not access the apartment area while the resident living there was present and so would not be able to avail of the staff office there due to this resident's needs. The inspector adhered to this direction and as he was, for the most part unable to access the staff office during the inspection, he mainly used a utility room to review documentation and speak with staff. He also used the area outside of the centre to speak with staff.

Five residents were living in this centre all of whom were present on the day of inspection and met by the inspector. Two of the residents did not interact verbally with the inspector although one of these residents raised a hand to the inspector when he greeted them. Another resident shook the inspector's hand on meeting him and said that they had met the inspector before. This resident also brought the inspector a copy of a 'Nice to meet you' document that had been provided to the centre in advance of this inspection. This was intended to explain to the resident who the inspector was and why he was in the resident's home. The resident seemed to be returning it to the inspector who told the resident that they could keep this document.

This resident appeared happy during the inspection. When the inspector asked this resident what they were doing during the day, the resident responded by saying "work". A staff member told the inspector that the resident had a job in a restaurant. At one point this staff member got some paper for this resident to shred. The staff member also played cards and a board game with other residents before taking four residents out for a drive. These residents were gone for a portion of the inspection day. When they returned the inspector was informed that the residents had gone for a walk and to fast food restaurant.

Before these residents left for their drive, the inspector spoke with one of these residents. This resident was quite chatty and talked about various topics such as their relatives, different locations (in Ireland and in other countries) and the Olympics. This resident also said that they would normally be in day service which was very good. When asked what they did in day services, the resident talked about using the Internet to watch mass. The resident also mentioned that they liked going to day services as otherwise they could get bored in this designated centre.

While four residents were away on their drive, the inspector reviewed the premises provided for them in the larger part of the centre. Overall, this part of the centre

was seen to be clean and homelike although there was only one communal room in this part of the centre which served as a kitchen-dining-living room. The utility room was in this part of the centre also and it was felt by the inspector that this room was very hot during the early stages of the inspection. This was contributed to by the dryer machine being in use at the time.

As staff office was located in the apartment area of the centre, PRN medicines (medicines only taken as the need arises) for the four residents in the larger part of the centre were stored in the utility room at night. This was done so staff could access such medicines at night if needed rather than going into the apartment area of the centre. While a lockable press was present in the utility room to allow for such medicines to be stored securely, the inspector did query if the heat of the utility room could pose an issues around the storage of the PRN medicines at an appropriate temperature. The inspector was informed that it did not as the dryer was not used at night.

Four individual resident bedrooms were also present in the larger area of the centre. Such bedrooms were seen to be nicely furnished and presented with facilities provided for storage of personal belongings. It was noted though that one bedroom was noticeably smaller compared to the other three bedrooms. In addition, the inspector also observed that the key to each of the four bedrooms was hanging up on a hook outside each bedroom door. When queried as to why this was, the inspector as informed that this was done so residents would know where their keys were. It was also indicated that one resident locked their bedroom when they went home but would leave the key hanging on the outside of their door.

The resident living in the apartment area also had their own bedroom with the inspector viewing this apartment while the resident had left the centre at one point. The resident's bedroom was seen and was observed to have some large drawings and writing present on the walls. Overall, this apartment area was somewhat bare in its appearance with some locked Perspex screens in use and some furniture fastened to the floor or wall. This was done in response to the particular needs of the resident. There was very limited food and drink present in the apartment area which was kept in the larger area of the centre. The resident's clothes were also stored in the larger area of the centre. Again this was related to the particular needs of the resident.

During the afternoon of the inspection when this resident had returned to the centre, the person in charge asked the resident if they wanted to meet the inspector with the resident indicating that they did. The inspector then met the resident in the presence of the person in charge and a staff member. When the inspector greeted the resident they became upset. The person in charge immediately reassured the resident and sat by them. The person in charge asked the resident if the inspector could ask them some question. The resident said yes to this question. The inspector then asked if the resident if they liked living in the centre.

The resident indicated that they did not. The resident remained upset at this time. As such the inspector suggested to the resident that he could return at a later time to speak with the resident. The resident responded by saying that they wanted the

inspector to ask them questions then. However, as the resident continued to be upset after this, despite continuing reassurance by the person in charge, the inspector felt it would not be appropriate to ask any further questions of the resident at this time. As such shortly after the inspector left the apartment area. The resident was not met again for the remainder of the inspection.

Given the advice that had been given to the inspector at the start of the inspection, the inspector spent the majority of this time in the larger part of the centre. The atmosphere in this area was calm, relaxed and sociable. At one point the inspector heard some intermittent singing coming from the resident in the apartment area also. Residents appeared comfortable with staff who interacted with residents in warm and respectful manner. This included staff asked residents if they wanted to go for drive and telling residents what was for dinner that day. Towards the end of the inspection residents in the large part of the centre had shepherd's pie for dinner. This was cooked in the centre and resulted in there being a nice smell in the centre while it was being cooked.

In summary, the centre was generally well-presented on the day of inspection with the apartment area laid out to support the needs of the resident living there. One resident met appeared happy while another chatted to the inspector. Staff interacted appropriately with residents with such staff also helping all residents to leave the centre during the inspection day.

The next two sections of the 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.

## Capacity and capability

The provider was seeking to ensure that residents were provided with appropriate staff support. Not all restrictive practices in use in the centre were being appropriately recorded or notified.

This was a new designated centre that the provider had first applied to register in November 2023. The initial use of this centre was to provide a group of residents with a temporary home to facilitate premises works in their usual home (this was another designated centre operated by the same provider). The decision to register the current centre was informed by a site visit that was conducted in December 2023. At the time of that visit it was noted that the layout of the centre, along with the proposed capacity for the centre of five residents, did not allow four residents to have a private space to receive visitors if they wished. This was because these residents only had one communal room provided within the centre. In response to this the provider indicated that once the initial use of this centre had completed and residents returned to their usual home, the provider would seek to convert one resident bedroom into a living room and reduce the overall capacity of the centre to

four. On the basis of this commitment from the provider, the Chief Inspector of Social Services granted the registration of this centre in January 2024 for a capacity of five residents.

Following registration, residents first moved into this centre in March 2024. After this communication was received from the provider that premises works had commenced in the other centre and a date of November 2025 was indicated for when residents could return to their usual home. However, to assess the supports that were being provided to residents in their temporary home, the decision was made to conduct the present inspection. This inspection had initially been short notice announced to take place in July 2024 but the day after it had been announced, an outbreak of an infectious disease was reported so the inspection was postponed until August 2024. When this inspection did take place, it was found that residents had been provided with a continuity of staff support, with staff who had supported them in their usual home also supporting them in this centre. The provider was also striving to ensure that the staffing levels provided were in keeping with the needs of residents. It was apparent though that one resident had higher needs than the other four residents and needed additional supports as a result. Outside of this matter, this inspection did identify some improvement was needed relating to the recording and notification of restrictive practices.

## Regulation 15: Staffing

At the time of this inspection, it was indicated that there was a good continuity of staff support for residents. The general staffing arrangements when all residents were present in the centre was three staff by day and two staff by night (one waking staff and one sleepover). Staff spoken with indicated that such staffing levels were generally in place and did not pose in any issues in supporting residents. However, it was noted that there could be occasions when one resident in the centre would require the support of two staff. This would leave the other four residents in the centre with one staff which could limit these residents in leaving the centre. Records reviewed indicated that three residents had complained about such matters during July 2024.

It was acknowledged though that the provision of three staff by day was over the amount of staff indicated by the centre's statement of purpose which indicated that there would be only two staff on. The inspector was informed that the provision of this third staff was in response to the needs one resident in the centre. It was also indicated to the inspector on the current inspection that there had been recent internal approval for a fourth staff by day and at weekends in the centre. The provision of this fourth staff, while not in place at the time of the inspection, was to meet the needs of residents. The third and fourth staff by staff were not part of the assigned staffing whole-time equivalent (WTE) for the centre but the inspector was informed that a potential business case was under consideration by the provider related to this.



<p>The staffing that was provided in the centre at the time of inspection was outlined in the staffing rotas being maintained. Under this regulation, planned rotas must be maintained showing the staffing that was intended to work in the centre, while rotas must also be maintained that reflect any changes and show the staff who actually worked in the centre on a given day. Such planned and actual rotas were being maintained with the inspector viewing such rotas for March, April, May, June and July 2024. While these rotas were well maintained in some places, it was noted that the the rosters referred to a different house than the one that residents were currently residing in.</p>
<p>Judgment: Substantially compliant</p>
<p><b>Regulation 16: Training and staff development</b></p>
<p>Staff training records provided during this inspection indicated that the vast majority of staff had completed in-date training in keys areas to support residents. It was noted though that five staff were overdue refresher training in fire safety, two were overdue refresher training in safeguarding and two were overdue refresher training in de-escalation and intervention.</p>
<p>Judgment: Substantially compliant</p>
<p><b>Regulation 19: Directory of residents</b></p>
<p>A directory of residents was being maintained for this centre which was made available for the inspector to review. It was seen that this directory contained all of the required information for all five residents including their dates of admission to this centre and the residents' general practitioner details.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 21: Records</b></p>
<p>Under this regulation records must be kept of any occasion when a restrictive practice is used in respect of a resident and how long it is used for. Within the centre there were times when a door connecting an apartment area in the centre and the larger part of the centre was locked. This amounted to an environmental restrictive practice. Although this was recognised by the provider as being a restrictive practice, records were not being kept of when this door was locked and</p>

how often it was being locked for.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was evidence of management systems in operation to ensure that there was monitoring of the centre. These included conducting audits in areas of such medicines and the environment. Since residents had move to this centre, a representative of the provider had completed an unannounced visit to the centre in April 2024. This visit considered matters related to the quality and safety of care and support provided in the centre and was reflected in a written report which was provided to the inspector. It was seen that the report of this unannounced visit also included an action plan for responding to any issues identified. This action plan assigned time frames and responsibilities for addressing these issues. Some actions in this action plan had been updated to indicate progress or completion but the inspector did note that other actions, which had time frames of May and June 2024, had not been updated to reflect progress. In addition, despite monitoring that was ongoing for this centre, this inspection did find regulatory actions across most regulations reviewed. This indicated that the monitoring systems needed some improvement to ensure all matters were promptly identified and addressed.

Under this regulation, the provider is also required to ensure that its management systems ensure that the centre is safe and appropriate to residents' needs. As discussed elsewhere in this report, it was notable that one resident in this centre had higher needs which could impact the other residents in the centre. This was something which was known to the provider and it was acknowledged that a lot of effort was being put into supporting the needs of all residents. This included the provision of additional staff over the assigned staffing WTE for the centre. The providers wider premises plan for residents' usual home in another centre could also help support the needs of all residents.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Any restrictive practice in use in a centre must be notified to the Chief Inspector on a quarterly basis. Since residents had moved into this centre, notifications of restrictive practices in use had been submitted. Prior to this inspection though it had been noted that there was variance in the amount of environmental restrictions notified from one quarter to another while the notification of some instances of chemical restraint for the second quarter of 2024, had been notified a day late.

During the inspection when reviewing the report of the provider unannounced visit from April 2024, it was read that locked Perspex screens on a television and a noticeboard were regarded as restrictive practices. A restrictive practice referral form from May 2024 also referenced a television being in a locked press. While it was acknowledged that they were in place due to the needs of one resident and for health and safety reasons, such matters amounted to environmental restrictions and had not been notified to Chief Inspector for the second quarter of 2024.

In addition, this inspection also identified that a sound monitor was in use for one resident for some months. This had been identified as a mechanical restraint within the centre and was listed on the centre's restrictions log. Despite this, at the time of the inspection it had not been notified to the Chief Inspector. The day following this inspection, the use of the sound monitor was notified retrospectively. Overall, the findings of this inspection indicated that all restrictive practice in use were being not notified or were not being notified in a timely manner.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The complaints procedure was on display in the centre while a complaints log was also being maintained. The inspector reviewed this and noted that five complaints from residents were recorded in this since residents had moved into the centre. This log included details of each of the complaints, how it was acted upon and if complainants were satisfied with the outcome or not. This was in keeping with the requirements of this regulation and it was noted that all five complaints were marked as being solved to the satisfaction of complainants. It was noted though that four of the complaints, which related to similar matters, had been entered retrospectively in the complaints log. This evident from the complaints being recorded as being received on 20 July 2024 but being indicated as being resolved on earlier dates. These four complaints related to four different residents being impacted by a fifth resident which will be discussed further in this report.

Judgment: Compliant

### Quality and safety

Residents' personal plans outlined their needs with one resident having higher needs compared to other residents in the centre. Within the centre itself, some issues were noted regarding storage and fire doors.

From discussions with staff, observations on the day of the inspection and records

reviewed, such as incident reports, one resident living in this centre had higher needs compared to their peers. Given the resident's needs and their presentation, there were indications that they could adversely impact other residents in the centre. While this resident was subject to regular multidisciplinary input, there was a query as to whether the resident's current environment was suited to their needs. The needs of residents were set out in their personal plans which had been updated to reflect residents' move to this centre. The centre was seen to be clean and generally well-presented on the day inspection although there were indications that storage could be improved upon. Fire safety systems had been provided for within the centre also. While these were generally seen to be in order, it was highlighted during the inspection that some of the fire doors in the centre were not operating as intended. This had the potential to limit containment in the event of a fire occurring.

### Regulation 11: Visits

Given the layout of part of the centre where four residents lived, there was no private space available there where residents could receive visitors in private aside from their bedrooms. This was not in keeping with this regulation. However, it was acknowledged that residents could access another building elsewhere if they wanted to receive visitors in private, something which the inspector was informed that residents had not requested since moving into this centre. It was also noted that the provider had previously committed to converting one resident bedroom into a living room and reduce the capacity of the centre. Where this to happen, it could provide for a space to receive in private aside from bedrooms in the larger part of this centre.

Judgment: Substantially compliant

### Regulation 17: Premises

Overall, the premises provided was seen to be clean, well-furnished and well-maintained with one part of the centre furnished to suit the particular needs of one resident. It was observed though that some paper towels were stored in a shower area while duvets for one resident were stored in a communal area used by other residents. This indicated that the provision of storage in the centre could be improved upon.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The designated centre had fire safety systems in place that included a fire alarm, emergency lighting, fire extinguishers and a fire blanket. It was seen by the inspector that there was no fire extinguishers in the apartment area of the centre. The inspector was informed that this was due to the needs of the resident living there but there was no risk assessment in place about this when initially queried. By the end of the inspection, a risk assessment on this had been completed and was shown to the inspector.

There were multiple unobstructed exits from the centre if needed. Fire doors were also present in the centre which are important in preventing the spread of smoke and fire while also providing for a protected evacuation route if required. During the inspection the inspector did observe that one fire door did not closed fully into its doorframe which could reduce the effectiveness of this door's intended purpose. The inspector was also informed that there was a similar issue with another fire door in the centre. While it was acknowledged that efforts were made to address such matters during the inspection day, similar issues had been highlighted during the December 2023 site visit also.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Personal plans were in place for the residents of this centre. Such plans had been updated to reflect residents' move to this centre. When reviewing a sample of such plans it was seen that they contained recently reviewed guidance on supporting the needs of residents while there was also comprehensive assessments of needs and multidisciplinary input provided. When reviewing one resident's personal plan it was notable that there was particular protocols in place on how to support the resident in specific situations. Aside from matters related to personal planning documentation, this regulation also requires that arrangements are in place to meets the needs of residents and that the designated centre is suitable to meet such needs.

As already referenced in this report, one resident had higher needs than the other residents living in this centre. This resident was in receipt of regular multidisciplinary input and a high number of multidisciplinary recommendations had made previously regarding this resident. The move to centre was indicated as addressing some of these recommendations as would completion of premises works in the resident's usual home. Despite this, the inspector was informed that it was hoped that the resident's move to the current centre would improve their quality of life but that this had not been the case. Such was the resident's needs, there was some indications that they could adverse impact the other residents in this centre. This is discussed further in the context of Regulation 8: Protection.

It was acknowledged that a great deal of effort was being put into supporting this

<p>resident with a view to enabling the resident to live in their home locality. It was also noted that following some recent incidents, additional mental health supports had been sourced to support the resident. Despite these, the inspector was informed that the resident was discussed at the provider's admissions, discharge and transfer (ADT) committee. Clear reference was also made to the resident being on an "incompatibility forum". The inspector was informed during the feedback meeting for this inspection that there was no such forum but that the resident was discussed at the provider's planning and development forum. Regardless, the involvement of the ADT committee did raise a query as to whether the resident's current environment was best suited to their needs.</p> <p>No such concerns were highlighted regarding the other four residents living in this centre. However, one resident, when speaking with the inspector, and as also documented in a complaint record, did reference them being "bored". This appeared to relate to the resident not being able to leave the centre to do activities elsewhere or remaining in the centre which could adversely impact the social needs of the resident. The proposed addition of a fourth staff by day to support residents at certain times could help reduce the potential for the resident to be bored. Staff spoken with on the day of inspection raised no issues around residents getting out and indicated that the residents did activities like arts, reflexology and eating out.</p>
Judgment: Substantially compliant
Regulation 6: Health care
<p>Guidance on supporting residents with their assessed health needs was contained within their personal plans. Records reviewed during this inspection indicated that residents were supported to attend or avail of appointments or reviews with various health and social care professionals such as psychologists and psychiatrists.</p>
Judgment: Compliant
Regulation 7: Positive behavioural support
<p>Staff spoken with demonstrated a good awareness on available guidance on supporting residents to engage in positive behaviour. Records provided indicated that most staff had completed in-date training relating to de-escalation and intervention but two staff were overdue refresher training in this area. This is addressed under Regulation 16: Training and staff development.</p>
Judgment: Compliant

## Regulation 8: Protection

Since residents had been moved into this centre, the Chief Inspector had been notified of some alleged safeguarding matters of a particular type. Correspondence received about these allegations received before this inspection and documentation reviewed during the inspection highlighted that such allegations had been appropriately screened with no grounds for concern ultimately found. Aside from such allegations, in July 2024 safeguarding notifications were submitted to the Chief Inspector relating to four residents being impacted by the presentation of a fifth resident which included vocalisations from the fifth resident over one weekend. While the resident was not heard vocalising during the inspection, the inspector did read recent records that referenced the resident as shouting or screaming loudly.

Given that this resident was heard as they sang from one part of the centre while the inspector was in the other part of centre with residents there having the television on at the time, the inspector queried if the recent shouting or screaming incidents impacted other residents. The inspector was informed that they did not. It was also indicated that some residents would be able to tell staff if they were impacted and that staff would be familiar with the residents who could not. Despite this, it was notable that the July 2024 safeguarding notifications had not initially been considered as safeguarding concerns when they occurred. Complaints had been made related to these notifications but, as referenced under Regulation 34: Complaints procedure, these complaints were entered retrospectively into the centre's complaints log. These complaints records highlighted clear negative impacts on residents due to the presentation of their peer.

While it acknowledged that the resident who vocalised had particular needs, care would be needed to ensure that any negative impacts on other residents were promptly recognised. Due to the recent July 2024 safeguarding notifications, safeguarding plans were active for each of the four residents impacted. These provided for reassurance to be given to residents, residents being afforded time to discuss any concerns and residents being reminded that they could go to their bedrooms at any time. Another measure in the safeguarding plans was for safeguarding to remain on the agenda for staff team meetings. However, the inspector was informed that there had been no staff meeting in the centre since April 2024. In addition, when the inspector expressly asked a staff member if there were any active safeguarding plans in the centre, the inspector was informed that there was not.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant



# Compliance Plan for No. 6 Fuchsia Drive OSV-0008707

Inspection ID: MON-0042712

Date of inspection: 13/08/2024

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing:  The Provider will ensure that there are suitably qualified, competent and experienced staff rostered as set out in the Statement of Purpose. All efforts are made to maintain the staff numbers and skill mix at a level appropriate to the number of residents and their assessed needs and in line with the Statement of Purpose and in particular:-  -the needs of the persons supported residing in this residence are continually being reviewed and these reviewing systems includes a review of the appropriate staffing complement required in the house. - The Provider has increased the staffing in the Centre above that in the Statement of Purpose to support the current residents who have relocated to the Centre whilst their home is being renovated. The Provider is currently reviewing the roster and compatibilities to identify the likely ongoing needs of the residents and a business case will be submitted to the HSE for any shortfall in resources based on this review. [30.11.2024] -The PIC will ensure that residents are supported to participate in a social activity of their choice. If an activity needs to be cancelled due to staffing issues residents will be offered a rearrangement of the social activity. If there are difficulties for residents in this regard they will be supported to raise this matter to the team leader either informally or formally through the complaints process. Ongoing  The Person in Charge has ensured that rosters are clearly labelled with the name of the correct residence 15.08.2024	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development:	

The Provider recognises the importance of training and development for staff and its impact on the service provided to residents.	
The Person in Charge will ensure that staff who are outside of their refresher training date on safeguarding and fire safety and crisis prevention intervention, they will have completed the training on or before 30.11.2024	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records:	
The Provider has ensured that the Designated Centre has a system of record-keeping in the Centre including the recording of restrictive practices in the Centre. The Person in Charge will ensure that a recording is kept of when and for how long a door connecting in the apartment area in the centre is closed 14.08.2024	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	
The Provider has a system of internal compliance checks in place to ensure systems and processes in the Centre support informed and timely decision making to support the residents to achieve best possible outcomes. These systems include PIC audits, six monthly provider visits and provider annual review of the Centre.	
The Provider will ensure that:	
<ul style="list-style-type: none"> <li>• Current recruitment remains ongoing for a Person in Charge position for this designated centre which will aid and improve monitoring systems to ensure all matters are identified and addressed promptly</li> <li>• The system for monitoring and updating progress of all actions arising from internal audits is enhanced to provide more timely reports to management [30/11/2024]</li> <li>• The plan for the current residents in the Centre to return to their renovated house includes a review of long-term compatibilities of residents [30/11/2024]</li> </ul>	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents:	
The Person in Charge will ensure the completeness of all quarterly notification to the Authority including the inclusion of a sound monitor. 31 October 2024	
Following on from the inspection, the Person in Charge has considered the use of whether the perspex screens on a television is considered a restrictive practice under the relevant Provider policies. It has been established that if the Perspex screen interfered with the opportunity of the person supported to use the television in a functional normative manner or required them to obtain support or permission from staff to do so, then this would be considered a restrictive practice. In this Centre, although a Perspex screen is utilised, the resident has full access to all functions of the television and can access it in a normative manner using a TV remote control device, this is not considered	

a restrictive practices.	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <p>The Person in Charge will continue to review the need for private space to receive visitors for the residents in the main house area during their stay in the Centre whilst their home is being renovated. If this is a significant concern for the residents, the Provider will work to find a solution by 31.01.2025. The residents and their families continue to have use of a nearby building in the local town that is managed by this Provider.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Provider continues to monitor the appropriateness of the premises to meet the assessed needs of residents.</p> <p>The Person in Charge will examine the storage requirements at the Centre and make the necessary arrangements to address this issue including ensuring that a suitable garden shed is purchased and installed to provide additional storage capacity 31.12.2024</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Provider will ensure that all fire-doors are addressed through maintenance to ensure that they close fully into their doorframes. The Person in Charge is tasked with ensuring oversight of this action and that this forms part of the weekly checks in the Centre. 30.09.2024</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> <li>• The needs of all of the person supported are continually assessed by the Person in Charge and the multidisciplinary team. Furthermore they are also discussed at the formal annual multidisciplinary review of each persons personal plan. These processes are in place and ongoing. Should there be a question around compatability between residents, this will be raised through these forums for consideration. At time of this inspection, a separate apartment contained within the overall house addresses any current incompatibility.</li> <li>• The Provider will work with the PIC to ensure that the plan for the current residents in the Centre to return to their renovated house includes a review of compatibilities of residents [30/11/2024]</li> <li>• The Person in Charge and the Provider will review the future needs of residents However, the Person in Charge along with the MDT team will consider the findings of this report and continuously review any and all concerns regarding noise from the apartment to the main house.</li> </ul>	

• As stated under Regulation 15 if there are difficulties for residents in regard to access to social activities, they will be supported to raise this matter to the team leader either informally or formally through the complaints process.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

The Person in Charge will ensure that:

- that safeguarding is an agenda item at staff team meetings. Ongoing
- that safeguarding is an agenda item at resident forums. Ongoing
- that all staff read and sign all current safeguarding plans 30.09.2024
- that soundproofing options are explored to reduce noise 30.11.2024

## 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 11(3)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident; a suitable private area, which is not the resident's room, is available to a resident in which to receive a visitor if required.	Substantially Compliant	Yellow	31/01/2025
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	30/11/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training,	Substantially Compliant	Yellow	30/11/2024

	as part of a continuous professional development programme.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2024
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 inspection by the chief inspector.	Substantially Compliant	Yellow	15/08/2024
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	30/11/2024
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and	Substantially Compliant	Yellow	30/11/2024

	shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/09/2024
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	31/10/2024
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in	Substantially Compliant	Yellow	30/11/2024



	accordance with paragraph (1).			
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/11/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/11/2024