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:	Ennis Adult Residential
Name of provider:	The Rehab Group
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	21 October 2024
Centre ID:	OSV-0002644
Fieldwork ID:	MON-0036834

About the designated centre

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

In this designated centre, a residential service for four adults with a diagnosis of an intellectual disability and-or autism is provided. The centre comprises of one house located in a residential neighbourhood of a large town. Transport for residents to access their local community and their day service is provided. Three residents live in the main house and each resident has their own bedroom. Residents share the communal space and two residents share the main bathroom. One bedroom has a full ensuite facility. The house has an annexed apartment where a semi-independent living arrangement is facilitated for one of the four residents. The apartment provides all of the facilities needed by the resident. Three residents attend off-site day services Monday to Friday and an integrated type service is provided for the fourth resident. The model of care is social and, given the assessed needs of the residents a minimum of two staff are on duty at all times. A waking staff member and, a sleepover staff member are on duty at night.

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 21 October 2024	09:45hrs to 16:15hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection was undertaken on behalf of the Chief Inspector of Social Services to monitor the provider's compliance with the regulations. The provider had submitted an application seeking renewal of the registration of this centre. Overall, the inspector found a well-managed centre, support and care that was responsive to the needs and preferences of the residents and, a good level of compliance with the regulations. However, the provider had not commenced the fire safety upgrading works needed in the centre. These works were needed to improve fire containment measures in the main house and in the apartment.

Four residents of a younger age profile live in this designated centre. One resident lives in an apartment annex while the three remaining residents live together in the main house. Each resident is provided with their own bedroom: two of these bedrooms had full ensuite sanitary facilities. The residents living in the main house share communal areas such as the kitchen, dining and sitting rooms and have access to a rear garden. The resident living in the apartment does not use the facilities of the main house other than the laundry facilities and also has their own rear garden space.

Three of the four residents attend an off-site day service operated by the provider Monday to Friday. The fourth resident remains at home and is supported by staff members to decide on and complete their daily planner of activities. On the day of this inspection the inspector had the opportunity to meet and speak with this resident. A second resident was also at home as they were unwell. It was evident that the resident was poorly and had limited tolerance at times of staff monitoring and intervention. Therefore, while the inspector discussed the resident's health with the staff on duty and saw that the resident's needs were attended to, the inspector did not intrude on the resident's evident need for rest and privacy. A third resident went directly from the day service to home for their weekly visit to home. The inspector met briefly with the fourth resident when they returned in the evening from the day service.

The resident spoken with had a general discussion about their pets at home and the inspector's pets. The resident said that they liked their apartment and there was nothing in particular that they wanted or needed. The resident was looking forward to a visit from a family friend and had plans to spend the afternoon out and about with their friend. The resident spoke of a trip they had enjoyed to a religious shrine. The inspector noted the gentle and supportive engagement between this resident and the team leader as they discussed the resident's plans for the day including what the resident would like to eat later that evening. The resident confirmed that they continued to enjoy regular visits to home and spoke of their plans to buy cards for upcoming events such as family birthdays.

All four residents had regular access to home and family. Families were invited to and did attend personal planning meetings and were also invited by the provider to

provide feedback on the service. One family had provided positive feedback during the most recent annual service review and another family completed a Health Information and Quality Authority (HIQA) questionnaire. The questionnaire was very positive about the service provided and the staff team.

Families were also supported to use the provider's complaints procedure. The inspector noted that a family had since the last HIQA inspection raised dissatisfaction again in relation to the management of a resident's personal clothing. The person in charge described the additional corrective actions put in place. However, based on the information available to the inspector better care and attention would have prevented the matters complained of and the repeat nature of the complaints.

Overall, the inspector found the person in charge had good knowledge of the daily management and oversight of the service such as the review of and response to these complaints, to incidents and accidents that occurred, the management of risk and, each resident's plan of support.

Appropriate staffing levels and suitable transport was in place to ensure that residents had access to the local and wider community in the evenings and at the weekend. Many staff members had worked in the centre for sometime. There was a busy but easy atmosphere in the house in the evening as a staff member prepared the evening meal watched by a resident who smiled when he saw the home-cooked chips that were being prepared.

While there were a number of environmental restrictions in place around the house for the safety of the residents there was no evidence that these impacted on residents or their quality of life. For example, while some unsafe foods were securely locked away a range of safe snacks were also available. Residents had ready access to the secure rear garden with a swing, seating and raised planting beds.

Based on what the inspector observed, discussed and read there was good and effective day-to day management and oversight of this service by the person in charge and the team leader. Deficits and failings occurred but these were appropriately responded to and managed so that the safety and wellbeing of residents was at all times prioritised. The provider had quality assurance systems that maintained oversight of the effectiveness of the local systems of management and the quality and safety of the service.

However, the provider itself continued to find that it was failing to fully implement its own actions including the fire safety works it had said it would complete in response to previous actions issued by HIQA. This meant that while there was much good practice and a good level of compliance with the regulations, the provider was judged to be not compliant with two regulations. The regional manager advised the inspector that the provider was committed to and would complete the works.

The next two sections of this report will discuss the governance and management arrangements in place and how these impacted on the quality and safety of the

service.

Capacity and capability

As stated in the opening section of this report this was a well-managed service. The management structure was clear, there was clarity on individual roles and responsibilities and, the centre presented as adequately resourced. However, the provider had not progressed its fire safety improvement plan.

The day-to-day management and oversight of the centre was the responsibility of the person in charge supported by a team leader. There was an identified shift leader when they were not on duty. The person in charge could clearly describe to the inspector how they managed and maintained oversight of the service. For example, the person in charge was present in and worked from the centre two to three days each week, held monthly staff team meetings and reviewed and follow-up on incidents that occurred. The inspector reviewed the minutes of these staff meetings and saw that there was good staff attendance at the meetings and comprehensive discussion of each resident's wellbeing and plans. Other matters such as safeguarding and feedback from complaints and incidents were also discussed.

The team leader had delegated responsibilities such as the maintenance of the staff duty rota and oversight of staff training. The inspector saw that the staff duty rota was well maintained and there were no gaps in staff attendance at training. The team leader confirmed that they had access to and support as needed from the person in charge. The person in charge confirmed that they had access to and support as needed from their line manger the regional manager.

The provider had quality assurance systems that included weekly audits completed by the team leader, monthly audits completed by the person in charge and, the six-monthly and annual quality and safety reviews required by the regulations. These reviews were, based on the reports seen by the inspector, completed on schedule and generally good practice and a good level of compliance was found. However, the provider was failing to complete all improvement measures and a repeat and outstanding action was the completion of the fire safety improvement works.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete and valid application seeking renewal of the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time and had the experience, skills and experience needed for the role. The person in charge could clearly describe to the inspector how they planned, managed and maintained oversight of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector saw a planned and actual staff duty rota showing each member of staff on duty by day and by night and the hours that they worked. The staff duty rota reflected the staffing levels and arrangements described to and observed by the inspector. Based on what the inspector observed, read and discussed there were adequate staff on duty each day and night to provide the care and support residents needed. For example, there was a minimum of three staff members on duty in the evening when residents returned to the house from their off-site day service. The person in charge reported minimal turnover of staff which meant that residents received continuity of support.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a programme of education and training and good oversight was maintained of staff attendance at training. The inspector reviewed individual staff training records. There was a training record in place for each staff member listed on the staff duty rota. There were no training gaps for example in safeguarding, fire safety and, responding to behaviour that challenged training. The date refresher training was due was highlighted so that it was booked on time. The staff team had competed a human rights training programme delivered by the positive behaviour support team.

The provider operated a system of formal supervision for all grades of staff. The person in charge confirmed that all staff supervisions were completed on schedule. This was also evident from the supervision schedule. The person in charge held monthly staff team meetings. The inspector saw from the record of these meetings that there was good staff attendance at the meetings and good discussion of topics such as each resident's care and support plans, the providers safeguarding procedures, risk management and the role of restrictions and, feedback from

accidents and incidents that had occurred and a complaint that had been received.

Judgment: Compliant

Regulation 21: Records

The provider had in place the records required by the regulations and the associated schedules. For example, a record of the food and meals provided, a record of incidents that occurred and, a record of all nursing and medical care provided to the residents.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted with it's application seeking renewal of the registration of this centre evidence that it had in place appropriate insurance such as against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider recognised that fire safety improvement works were required. The provider had in March 2022 given written reassurances to the Chief Inspector of Social Services that the works would be completed. HIQA had also facilitated a fire safety information sharing meeting with the provider in July 2023. However, the provider had failed to act on the commitment it had given to the Chief Inspector of Social Services to commence and complete the fire safety improvement works needed in the designated centre. The inspector saw that the failure to complete these works continued to be referenced by the provider itself in its own reviews of the quality and safety of the service and in its own quality improvement plans including the most recent that issued in October 2024.

There was a repeat theme to the complaints that had been received. This was a quality issue and within reason was preventable. Better care and attention, staff accountability and responsibility was needed to ensure this matter was resolved.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The personal plan reviewed by the inspector contained a contract for the provision of services. The contract set out the details of the services to be provided to the resident and any charges that the resident was liable to pay. The contract was signed by the residents representative as provided for in the regulation.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector read the statement of purpose and saw that it was an accurate reflection of how the service was operated. The statement of purpose contained all of the required information such as the number of residents that were accommodated and details of the governance and management structure.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed records of accidents and incidents that had occurred. It was evident that action was taken as needed to improve the safety of the service and to protect residents from harm and injury. However, the inspector was not assured reporting arrangements were sufficiently robust to ensure the Chief Inspector was notified of all events that had occurred. Notification of two incidents where staff intervention including first aid was needed had not been notified. While that intervention by staff prevented serious injury from occurring, the person in charge agreed with the inspector that both incidents should have been returned at the end of the relevant calendar quarter. The person in charge committed to submit the incidents retrospectively.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had policy and procedures for the receipt and management of complaints. Reviews such as the annual service review monitored the receipt and management of complaints. There were no open complaints at the time of this

inspection and the person in charge reported that all complaints that had been received were satisfactorily resolved. In the context of the assessed needs of the residents there were limitations as to how accessible the complaint procedure was to some residents. However, staff regularly used social stories as they sought to support resident understanding of how to complain. It was evident that corrective actions were taken by the person in charge and, feedback and the improvement needed was discussed with the staff team. However, the inspector again noted that there was a repeat theme to the complaints that had been received. Better care and attention could have been taken to avoid these additional complaints. This is addressed in Regulation 23: Governance and management.

Judgment: Compliant

Quality and safety

The routines of the centre and the care and support provided were individualised to the assessed needs and preferences of each resident. Residents received the care that they needed to stay well and healthy and to have a good quality of life. Residents remained connected to home and family and had opportunity to do things that they liked and enjoyed. Some improvement was needed in medicines management policy and procedures. The primary failing arising was the failure of the provider to complete the required fire safety improvement works.

The support and care provided was guided by a personal plan. Each resident participated in the process of personal planning. The inspector discussed the care and support needs of all four residents with the person in charge and the team leader and reviewed one personal plan. The plan was based on the assessed needs and preferences of the resident and included the goals and objectives it was hoped could be achieved with the resident.

Each resident had a healthcare file. From the file the inspector saw that the staff team monitored the residents health and wellbeing and ensured the resident had access to the clinicians and services that they needed. Good oversight was maintained of appointments, reviews and recommendations.

Medicines, their impact and effectiveness were considered during clinical reviews. The inspector noted in records seen that clinicians liaised with each other in relation to the medicines that were prescribed. In general, there was evidence of medicines management practice that was safe but a policy and better procedures were needed for the supply of medicines to families for home visits.

There were times when residents could exhibit behaviours that impacted on themselves, their choices and routines and, at times on staff. The person in charge confirmed that there was good and consistent access and support from the positive behaviour support team. Possible triggers and antecedents to behaviour of concern were identified in the positive behaviour support plan seen by the inspector as were

support and management strategies to be followed by staff.

In the context of managing risks to resident safety and wellbeing restrictions were in place. These were largely environmental such as secured external doors and restricted access to certain food items. There had been some increase in the level of restrictions in use since the last inspection. The person in charge could rationalise why this was necessary in the context of new high risk behaviours and incidents that had occurred.

The person in charge could readily discuss these incidents, why they had occurred, how they were managed and the controls put in place to reduce the risk of a reoccurrence. This management of risk was also evident in the purposeful sample of risk assessments reviewed by the inspector such as the risk for choking and the risk of a resident leaving the centre without the knowledge of staff.

The inspector saw that the centre was equipped with fire safety measures including a fire detection and alarm system and emergency lighting. There was documentary evidence in place that these measures were inspected and tested at the required intervals. Evacuation drills regularly tested the evacuation procedure. However, the provider had not completed the works needed to improve the centres fire containment measures.

Regulation 10: Communication

The assessed needs of the residents included communication differences. Verbal communication was not how three of the four residents communicated. The personal plan reviewed by the inspector included details as to how the resident communicated and the communication supports needed to promote and ensure effective communication. Communication practice and plans were informed by input from speech and language therapy. The team leader described the range of communication tools used such as visuals, photographs and social stories. Residents had access to and were supported to use a range of media and devices. For example, the inspector saw a resident enjoying their personal tablet and, records seen confirmed that residents were supported to have telephone contact with family members.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to have ongoing regular contact with home and family as appropriate to their individual circumstances. Staff maintained a record of family contact and family visits.

Judgment: Compliant

Regulation 13: General welfare and development

Three of the four residents attended an off-site day service operated by the provider Monday to Friday. The person in charge described to the inspector how they and the team leader regularly met with the day service staff to discuss each resident, their general welfare, what plans were working well and those that did not work so well. In the day service and in the designated centre residents were supported to access and enjoy a range of activities and opportunities. The staff team worked with each resident and their families to identify and progress each resident's personal goals and objectives. These included trips and overnight stays, attending concerts, accessing local amenities and services. The person in charge said there was good compatibility between three of the residents and residents could and did enjoy shared trips and activities. One resident lived more independently. However, there were plans in place and support was available from staff so as to ensure this resident had the support that they needed such as in relation to accessing the community, going shopping and completing tasks such as their laundry.

Judgment: Compliant

Regulation 20: Information for residents

The provider had in place a guide for residents that contained all of the required information. The inspector read the guide and it advised residents for example, as to how they would be consulted with, how to make a complaint and, the centres visiting arrangements.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge could describe to the inspector how they maintained consistent oversight of risk and how it was managed. This was also evident from the risk register that contained a range of centre and work related risk assessments and from the resident specific risk management plans. It was evident from these discussions and records that additional controls to keep residents safe from harm and injury were put in place as needed. The team leader describer how any changes in plans and controls were communicated to the staff team. These controls included safe eating and drinking plans, staff supervision and environmental restrictions. The

inspector saw that risks and how they were controlled was consistently referenced in records seen such as the personal plan.

Judgment: Compliant

Regulation 28: Fire precautions

Previous inspections of this centre had identified the need for fire safety improvement works and a scope of works had been agreed in consultation with HIQA. No progress had been made in the completion of these works which meant that there were deficits in the measures designed to contain fire and its products such as smoke. These measures are designed to protect residents and staff and their escape routes in the event of fire. For example, the inspector again noted the gap at the bottom of two fire resistant doors in the main house and a hole in one of these doors where a lock had been removed. These deficits impinged on the ability of the doors to contain fire and smoke. On visual inspection it was not evidenced that the door between the utility (that housed appliances such as the washing machine and tumble dryer) and the apartment was a fire resistant door. The floor to ceiling opening between the apartment bedroom and the living room had not been addressed.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were supplied by a community based pharmacy. The inspector saw that medicines were securely stored. The record of the medicines administered by staff was consistent with the instructions of the prescription. There were procedures in place for ensuring medicines were administered as prescribed. For example, stock balance checks were completed. There were procedures for monitoring and reviewing any medicines related incidents that did occur. The inspector reviewed the providers medicines management policy. The policy made provision for the development of local medicines management procedures. However, there was no local policy and procedure on how medicines should be supplied for residents when visiting home and the practice in place was not good or safe practice. Staff were decanting a medicine from the supply dispensed by the pharmacy into containers with labels attached that were handwritten by staff.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

An assessment of the health, personal and social care needs of residents was completed and individualised personal plans were developed based on the assessed needs of each resident. Each resident had two key-workers and the person in charge and team leader monitored the implementation and maintenance of the personal plans. The inspector reviewed one resident's personal plan. The plan was person-centred and reflected the care and support needs that had been discussed with the inspector. Family were invited to participate and input into the development of the plan. The person in charge described how families worked with staff to promote the consistency of support between home and the residential service. Staff sought to maximise the participation of each resident in their plan and records were in place of regular discussions that took place between residents and their key-workers. There was documentary evidence of regular MDT input and plans were reviewed and updated as needed. The resident's personal goals had been agreed at the most recent annual planning meeting and staff maintained a record of how the achievement of the goals was progressing.

Judgment: Compliant

Regulation 6: Health care

There were arrangements in place for consistently assessing resident wellbeing and ensuring residents maintained and enjoyed good health. This was evident on the day on inspection as one resident was unwell. The team leader monitored and responded to the resident's needs and sought additional medical review for the resident. The person in charge described the clinicians and services that residents had access to and, records of referrals and reviews, hospital care and treatment were maintained. This included consultations and reviews by the general practitioner (GP), psychiatry, speech and language therapy, occupational therapy, dental care and chiropody. The inspector saw from records that clinical review was sought for example after incidents and, comprehensive plans such as safe eating and drinking plans were put in place to reduce the risk of further incidents occurring. The person in charge said that generally residents enjoyed good health and were agreeable to clinical interventions. The team leader described how a therapeutic programme was implemented with one resident in the hope that they would consent to having a blood sample taken.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents could be challenged at times by particular events and could exhibit behaviour in response. This behaviour could impact on the resident themselves, on

decisions that they made and, on staff. Practice was supported and advised by the positive behaviour support team. The inspector saw that the positive behaviour support plan was recently reviewed and described behaviour that could present, possible triggers for behaviour such as changes in plans, pain and environments that were too busy.

The person in charge could objectively rationalise on the basis of managing risk the need for the restrictions in place. The provider had arrangements for reviewing the ongoing need for these restrictions and for managing and reducing the possible impact on the resident themselves and on their peers. There was no evidence that these restrictions impacted on resident choice or quality of life. For example, the inspector noted that one resident had a fob for securing and opening their own bedroom door and residents had access to a range of safe foods and snacks.

Judgment: Compliant

Regulation 8: Protection

The provider had measures in place to safeguard residents from harm. These measures included safeguarding training for all staff and policy and procedures in recognising and reporting any alleged or suspected abuse. Staff used accessible material with residents as they sought to increase their awareness and understanding of safeguarding. However, limitations in this regard were recognised and the person in charge described the importance of supervision, monitoring incidents of behaviour of concern and, any changes in general resident presentation. The person in charge was satisfied there were no obstacles to the reporting of concerns. The provider implemented as required its safeguarding policy and procedures and took measures to protect residents from harm.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the designated centre was operated and, care and support was provided with due regard for the needs, abilities, preferences and circumstances of each resident. Records seen described how residents expressed their needs and choices and were supported to make those choices such as what clothes they choose to wear and what activities they choose to participate in. The inspector saw that if a resident choose to not accept support that was respected. For example, the team leader who was supporting a resident who was unwell on the day of this inspection, described to the inspector how the resident had communicated they wanted to be alone by taking the team leader by the hand and guiding them to the bedroom door. While there were limitations to the degree that

residents engaged, staff consistently spoke with residents in relation to their plans and routines. Residents were supported to maintain contact with family and home and to express their religious preferences where this was important to them. For example, the resident spoken with was looking forward to spending the evening in the company of family friends and spoke of a recent trip to a religious shrine that they had enjoyed.
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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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 Ennis Adult Residential OSV-0002644

Inspection ID: MON-0036834

Date of inspection: 21/10/2024

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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The provider anticipates that all of the required fire related works will be completed by March 31st 2025. The providers Senior Leadership Team and Board have been made aware of this non-compliance and will updated on progress of actions on a monthly basis until the actions are completed. • The complaints referenced in the report are repetitive and are a quality issue which is the responsibility of staff to take better care and attention when completing daily tasks such as laundry. This has been addressed at team meetings and through supervisions. Should a further complaint be received it will be addressed through the Disciplinary Procedure.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: • Two incidents that should have been reported via an NF39D have now been submitted retrospectively. This was completed on 22nd of October 2024. • All incidents requiring first aid intervention will be notified to HIQA through NF39D or NF03 going forward.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	

• The specification for the works on the apartment has now been agreed with the architect and quotes from the vendors are currently awaited. • The completion date for works is anticipated to be 31st March 2025, PIC and PPIM will provide the case holding Inspector with an update on the works on a monthly basis. • A Contractor has been identified to complete the work required on the fire doors. It is anticipated that this work will be complete 31st January 2025.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

• The PIC has consulted with the Provider's Practice Development Lead in Health and Medicines Management. Decision was taken to consult with the local pharmacy and request that they dispense the medication required for home visits separately or use blister packs. Pharmacy have advised that a separate prescription and medication will be dispensed for home visits. This will be implemented into practice as of December 2nd 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 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 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.	Not Compliant	Orange	31/03/2025
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and	Substantially Compliant	Yellow	20/11/2024

	performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.			
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/03/2025
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	02/12/2024
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at	Substantially Compliant	Yellow	22/10/2024

	the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).			