



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

Issued by the Chief Inspector

Name of designated centre:	Suir Services Clonmel
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	20 November 2024
Centre ID:	OSV-0005363
Fieldwork ID:	MON-0037911

About the designated centre

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

Suir Services Clonmel is run by Brothers of Charity Services Ireland. The centre can provide residential care for up to nine residents, who are over the age of 18 years and who have an intellectual disability. The centre is located in a town in Co. Tipperary and comprises of two single storey dwellings with a self contained apartment co-located with one residence. All residents have their own bedroom, some en-suite facilities, shared bathrooms, sitting room, kitchens and garden area. Staff are on duty both day and night to support the residents who live here. Residents are supported by a social care leader, social care workers, staff nurse and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Wednesday 20 November 2024	08:30hrs to 16:15hrs	Tanya Brady	Lead
Thursday 21 November 2024	08:45hrs to 14:45hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform a decision regarding the renewal of registration. This inspection was completed as part of a group inspection whereby inspectors were present simultaneously in three centres operated by the provider over a two day period. In addition, on the first day of inspection core documents were reviewed by additional members of the inspectorate team in an office space. One inspector completed the inspection in this centre over two days.

Overall, findings of this inspection were that care and support provided to residents was completed in a person-centred manner. Residents were supported by a staff team who were familiar with their care and support needs. They were happy and felt safe in their home and were engaging in activities they enjoyed both at home and in their local community.

Suir Services Clonmel consists of two premises, one a house in a residential area that is home to two residents and another larger house currently home to five residents, with an adjacent self contained apartment which is currently vacant. The two locations contain kitchen-dining areas, living rooms and each resident has their own bedroom some of which are en-suite. The apartment is not occupied and the provider is waiting for planning permission prior to renovating and enlarging this area of the centre. Both locations have private gardens to the rear and ample parking to the front. Both premises are within easy access to the town centre and community activities. Residents have access to vehicles to support them in accessing activities of their choice, visits to friends and family or medical appointments. In one home where the changing needs of residents have meant that a specific type of vehicle is required this is not as readily available and the person in charge and provider were reviewing this to ensure residents could spontaneously access their community.

The inspector had the opportunity to meet six of the seven residents that were present in the centre over the course of the two days. In addition residents had completed a questionnaire "Tell us what it is like to live in your home" in advance of the inspection. The inspector received seven completed questionnaires. Residents were supported by either family or centre staff in completing these where required. In all of the questionnaires residents indicated they were happy with their home, what they do every day, the staff that support them, and their opportunities to have their say. Examples of a comment one family put in their loved one's questionnaire was, "the staff team are amazing, they provide care with untold kindness, respect and love." Residents stated "I help with the shopping sometimes", "I go on lots of trips and walks and went to a concert", "aids being installed in my home are really important for my confidence in moving" and "staff are great everything is always as it should be".

The inspector spent the first day of inspection in the larger house and the second

day of inspection was spent in the second house that comprises this centre. When the inspector arrived on the first morning residents were preparing for their day and some had already left the centre for their day service. The inspector greeted one resident and observed them getting ready to go out supported by staff. Later in the day all residents returned and relaxed in their home prior to their evening meal. One resident greeted the inspector when they came into the living room and indicated that they were watching television in their favourite chair. Another resident was supported to engage in a preferred activity of throwing and collecting foam shapes. Staff had created a warm and safe space for them close to their peers but with sufficient space to explore and move as they wished. The inspector observed a resident who preferred to relax on a large beanbag, they observed staff and peers but also engaged with objects they preferred in their hands. Another resident liked to move through their home and were supported by a staff member. They showed the inspector where they liked to sit in the kitchen and engaged with staff.

The residents were seen to be familiar with their home and for example when prompted by staff moved to preferred locations or to gather favourite items from around the house. Residents were observed to bring important items to staff to request support with care for instance gloves were brought to staff to demonstrate that the resident required help with personal care. Staff were supportive and consistent in how they approached support for the residents to engage in everyday activities that promoted their independence.

The inspector visited the smaller of the premises on the second day of inspection and met with both residents who live here. One resident was getting ready for their day and spoke briefly to the inspector while they had breakfast. The staff team offered choices and supports to ensure that the resident could eat what they wished and engaged with them in a clear and kind manner. The resident went out with staff on an outing and was observed to move confidently throughout their home. The second resident stated they were happy with their house and liked to relax when they were home. The day of the inspection the resident was not scheduled to attend their day service and they had chosen to stay home and relax on the sofa. They spoke briefly with the inspector on a couple of occasions throughout the day and stated they were happy for the inspector to be in their home and to look around the house.

Throughout the inspection the residents appeared very comfortable and content in their home. They choose to sit with staff and enjoyed 'chats' or to spend time alone in different part of their home. Warm, kind, and caring interactions were observed between them and the staff teams in both locations. Staff were very familiar with their communication preferences and took every opportunity to speak with the inspector about each resident's goals and talents. Staff spoke of knowing the individuals they supported and being proud of the small achievements that were made such as for one resident going to the supermarket and pushing the trolley around or for another in building up a routine that supported them in taking a shower with least amount of distress. Staff spoke of how they enjoyed supporting residents in making plans which enhanced their lives and supported the residents' family and friend relationships.

In summary, the residents were busy and had things to look forward to. The staff team were motivated to ensure they were happy and safe and taking part in activities they found meaningful. The provider was completing audits and reviews and identifying areas of good practice and areas where improvements may be required.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This announced inspection was completed to inform a decision on the registration renewal of this designated centre. Overall, the findings of this inspection were that the residents were supported and encouraged to take part in the day-to-day running of their home and in activities they find meaningful. The service provided was being designed to meet their needs.

The provider was identifying areas of good practice and areas where improvements were required in their own audits and reviews. There was a clear focus on quality improvement initiatives in this centre. The inspector had an opportunity to speak with six of the residents, the person in charge, service manager and six staff members during the inspection.

The staff and members of the management team who spoke with the inspector were motivated to ensure the residents were happy, safe and engaging in activities they enjoyed. Some of the supports in place to ensure that the staff team were carrying out their roles and responsibilities to the best of their abilities included supervision with their managers, training and opportunities to discuss issues and share learning at team meetings.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required information with the application to renew the registration of this designated centre. The inspector reviewed all the relevant information and found it was in line with the requirements of the Regulation.

Judgment: Compliant

Regulation 15: Staffing

The provider had a recruitment policy which detailed the systems they employed to ensure that staff had the required skills and experience to fulfill the job specifications for each role. The provider had ensured that a core staff team was in place in the centre that was in line with residents' assessed needs.

One of the premises was fully staffed with a number of staff who had recently started in their role. The other premises had a core staff team who were rostered during the day and one vacancy due to long term leave was being consistently filled by a permanent relief staff member. Vacancies in the staff team impacted mainly on the night roster and where gaps were apparent however, the provider used familiar agency staff to support the core team to manage these gaps.

The inspector reviewed planned and actual rosters from November 2024 and for the preceding six weeks and found that they were well maintained. The rosters showed the shifts that were covered by the regular agency members of staff.

A member of the inspectorate team reviewed a sample of staff files for this centre and found that they contained the information as required by the Regulation.

Judgment: Compliant

Regulation 16: Training and staff development

A member of the inspectorate team reviewed the staff training matrix and the inspector reviewed a sample of staff training in the centre. A sample of formal supervision and support records for five staff members was also completed. The provider's policy identified training listed as mandatory, and these included including, fire safety, safeguarding, manual handling, safe administration of medicines and food safety training. The provider had placed an emphasis on completion of staff training in recent months and the inspector found that a number of areas of training had been completed. Some refresher training was required for a small number of staff in areas such as fire safety and first aid. These gaps were identified on the provider's training matrix.

The inspector also reviewed five staff supervision records. The agenda was resident focused and varied. From the sample reviewed, discussions were held in relation to areas such as staff's roles and responsibilities, training, policies procedures and guidelines, keyworking, team meetings, and staff's strengths and areas for development. For one staff member where their supervision records were not accessible on the day of inspection the person in charge provided evidence of the

dates immediately following the inspection.

Two staff who spoke with the inspector stated they were well supported and aware of who to raise any concerns they may have in relation to the day-to-day management of centre or the resident's care and support in the centre. They spoke about the provider's on-call system and the availability of the person in charge by phone out-of-hours.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had ensured that the management structure of the centre identified lines of authority and accountability. These were clearly described by the staff team, within the statement of purpose and in management and staff team minutes reviewed by the inspector.

The provider's last two six-monthly reviews and the latest annual review were reviewed by the inspector. The six-monthly reports are completed per house while the annual report was written for the centre overall. These reports were detailed in nature and capturing the lived experience of the residents living in the centre. They were focused on the quality and safety of care and support provided for the residents, areas of good practice and areas where improvements may be required. The action plans for these reports showed that required actions were being completed however, some were not completed in line with the identified time frames. These delays are reflected in judgements under Regulation 8 in particular.

Centre audits were also completed on a regular basis and some of these were completed by staff with delegated duty responsibilities and overseen by the person in charge. The inspector reviewed a sample of these centre specific audits relating to the residents and to their houses. There were weekly and monthly checklists to ensure oversight of areas such as, the residents' finances, risk management, the resident's personal plans, fire safety, medicines management, food safety, first aid, vehicle checks, health and safety checks, complaints, cleaning and staff training. The inspector reviewed the actions from these audits and found that they were leading to improvements in relation to the residents' care and support and their home.

Staff meetings were being held regularly. The minutes of these meetings for August to October 2024 were reviewed by the inspector. They were resident focused and well attended by staff. Agenda items varied and included areas such as, accidents and incidents, actions from audits, the residents' personal plan and goals, safeguarding, complaints, restrictive practices, record keeping and documentation, infection prevention and control (IPC), and fire safety.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the accident, incident and near miss overview and analysis records for quarters 1, 2, and 3 of 2024 and found that the person in charge had ensured that the Chief Inspector of Social Services was notified of the required incidents in the centre. However, not all of these notifications were made in line with the time frames as required by the regulation.

Judgment: Not compliant

Quality and safety

Overall, the inspector found that residents had opportunities to take part in activities and be part of their local community. For one resident as stated earlier, due to a more limited access to a suitable vehicle their engagement in the community was more scheduled than for the other residents. Residents were making decisions about how they wished to spend their time. They were supported to develop and maintain friendships and to spend time with their families. For the most part they lived in a warm, clean and comfortable home which reflected their preferences and choices in the decoration style and presence of personal items. One of the premises required some improvement however, which the provider had highlighted and is further outlined under Regulation 17.

Staff were working to promote and develop the residents' relationships and to ensure they continued to develop their roles in the community. They were connected within their neighbourhood, taking part in art and craft activities, and attending events that were of interest to them. Their daily routine was led by them. Overall a good quality service was provided for all residents and throughout the inspection, the inspector observed them indicating their choices to staff around what they wanted to do, and when they required their support. The inspector observed residents' right to privacy being upheld by staff ensuring that they were given time and space to be alone, if they wished to. The staff team were starting to engage in training in a human-rights based approach to health and social care.

Regulation 17: Premises

The inspector completed a walk around of both premises with the person in charge during the inspection. All residents indicated that they knew the inspector was going to be present in their home and they were happy for this to happen.

The provider had ensured that one of the premises, the larger single storey house, home to five individuals, was designed and laid out to specifically meet the needs of the residents. Substantial works had been completed around the outside of this premises including new pathways, drainage repair and improvement to hard surfaces. The self-contained apartment co-located with this premises was not currently suitable for residents to live in however, this was clearly documented by the provider. Plans were in progress to develop and extend this apartment and planning permission was being sought. Notices for this planning application were observed by the inspector. The provider stated that the apartment was not going to occupied until all works were completed and reviewed.

The second premises required maintenance and while actions were identified by the provider the works were outstanding on the day of inspection. The premises was not as accessible to residents with a very small area set aside as a utility room for instance. The staff office was in the kitchen where space was already tight. Works required included cracked and broken tiles in the bathroom, significant condensation on windows and evidence of water staining where leaks in a lat roof were evident. The provider also reports a risk of flooding from the drive through the front door and risks of the drains in the bathroom blocking or backing up. A new heating system had been installed in this premises during 2024 and the boiler was located in the living room with areas of painting and decoration around this still outstanding.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Risk assessments pertaining to the centre and individual residents were for the most part reviewed as stated to ensure that they were reflective of the current risks in the centre to ensure that appropriate control measures were in place. For example, the risk of property damage was reviewed alongside a review of incidents and the risk rating increased or reduced on the register as indicated.

Similarly, individual risk ratings reflected for the most part the current risks for residents. For example, one resident had a risk of behaviours of concern related to personal care and this was rated and reviewed in line with health reviews, positive behaviour support plans and personal care plans. This demonstrated robust systems of ensuring that all information available to guide staff was connected and up -to -date.

Some risk assessments required review however, both to consider if the risk was still present in the centre or to ensure that an action was completed as part of a stated control measure. While the inspector acknowledges a positive and comprehensive

approach to managing risk in the centre a more timely review of some risk assessments was required. For example where use of a specific vehicle for one resident was required, the health and safety audits of the centre from March 2024 and again in September 2024 stated that brackets were required to secure oxygen cylinders to ensure that the risk when travelling was minimised. This had not been completed. Another risk assessment related to the use of the hob in a kitchen and the possible use of a restrictive practice, that of locking the kitchen door was no longer in place however, the risk assessment remained open and active. This was a documentary error however, did not ensure up-to-date guidance for staff was in place.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Overall the inspector found that the provider and person in charge had measures in place to ensure that the centre was clean and the residents were protected from the risk of infection. Some improvements were required however, in the maintenance and layout of the premises to ensure cleaning was effective. Also improvement was required in the provision of detail to guide in the management of specific healthcare tasks and in the completion of cleaning schedules.

Across the premises some maintenance was required to ensure that cleaning could be effectively carried out. Cracked and broken tiles were present in a bathroom, areas of counter tops in a utility room were chipped or broken with exposed rough edges and some baskets or containers in use were cracked or chipped. Utility rooms in both houses were small and not laid out in a manner that ensured staff could maintain infection prevention and control practices. For instance in one utility room items were stacked on a cluttered counter that were clean and dirty and such as used and dirty clothing protectors on top of a jug identified for first aid use.

Where catheter care was carried out, guidance for staff was detailed however, no guidance on cleaning and storage of a jug and basin used to measure output was given. This led to these items being present on the end of the bath in a shared bathroom during the inspection, next to a basin used by another resident for water exploration.

The person in charge had ensured that detailed cleaning schedules were available for staff however, these were not consistently completed with gaps present that did not provide an assurance that all cleaning tasks were carried out as required. The inspector acknowledges that all occupied premises were clean.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector reviewed the systems in place in relation to fire precautions. There was a fire book in place which logged daily, weekly and monthly checks of fire safety requirements. This included checks of the fire alarm, fire doors, fire equipment and fire exits. The provider audits included review of these recording systems and records were up-to-date. Where the provider had self-identified that some of the fire doors had larger than specification gaps between the door and frame or door and the floor they had ensured an external specialist had reviewed the doors and maintenance had completed identified actions.

Fire drills were occurring at regular intervals. The fire drills were reflective of different scenarios and while one was required with the least amount of staff present in one of the houses, the person in charge confirmed this was scheduled before year end. All fire drills evidenced that residents could be evacuated in a safe manner. There was a centre specific evacuation plan and personal specific evacuation plans that detailed how to support residents in the event of fire. All these documents had recently been updated to ensure the information was up to date.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found through the review of a sample of four residents' information that there was a consistent use of appropriate systems for assessing their health and social care needs. For the four residents reviewed it was apparent that a multi-disciplinary approach had been adopted and implemented. A number of professionals, in conjunction with the person in charge, staff team and the resident had been involved in the completion of detailed assessments of need. Arising from these assessments personal plans had been developed and were in place.

While in some instances the goals reviewed required an improvement in documenting progression of them, the inspector found that this did not take from the staff teams' knowledge about the goals they were working towards with residents. The staff stated and reinforced their evidence of the progression towards goals in conversations with the inspector. The goals in place when reviewed were considered and personal to individuals and incorporated into daily routines and care plans.

Residents were busy and active both in their home and in the community and their goals related to activities such as bowling or attendance at the local 'mens shed', going to concerts or the cinema as well as being related to ensuring relationships with friends and family were supported. Residents had clear routines in their home and in their day-to-day lives that were followed by staff and residents demonstrated

happiness in the familiar and predictable aspect of these which were stated to enhance resident participation.

Judgment: Compliant

Regulation 6: Health care

Overall, residents were well supported in relation to their health needs. They had access to the support of relevant health and social care professionals in addition to specialist medical professionals in line with their needs.

On review of four residents' files it was found that they had attended among others, General Practitioners (GPs), dental, speech and language therapy, neurology, chiropody and dietitian appointments in the last 12 months. Staff were knowledgeable in relation to their care and support needs and in one house residents had access to nursing staff who were on the roster to support their specific assessed needs.

Documentation was reflective of their current health needs and guided staff in providing support to them. For example, residents who required support in relation to their breathing had respiratory, oxygen and suction care plans in place. Despite a number of residents presenting with complex medical needs, the overarching focus on access to health care in conjunction with the staff team providing a good quality of care and support ensured that all residents were linked to the appropriate health resources.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had access to professionals including psychology, psychiatry or behaviour support specialists to support them in maintaining their best possible mental health. Residents had positive behaviour support plans in place which were reviewed and updated regularly, one plan was currently waiting review however, a health and social care professional report was required prior to completing this. The connection between professionals to ensure that plans were holistic and bespoke for residents, ensured they were positively supported in line with their current assessed needs. The inspector reviewed a sample of the residents' plans and found they were clear and concise and set out communication styles and approaches that best supported the residents. The inspector found that staff who spoke with them were knowledgeable in relation to the proactive and reactive strategies detailed in the

residents' positive behaviour support plans.

There were a small number of physical, environmental and chemical restrictive practices in use. These were recorded and audited by members of the management team. The inspector found that the provider and person in charge had reduced or removed a number of restrictive practices that had previously been in place in lieu of staffing levels. As the centre staffing supports had improved the provider had been in a position to remove these restrictions such as a locked kitchen door.

The inspector reviewed a sample of rights assessments, risk assessments and the restrictive practice assessments associated with these. There were easy-to-read documents available for residents on human rights and the use of restrictive practices. The restrictive practices in place on the day of the inspection were in line with those notified to the Chief Inspector on a quarterly basis.

Through discussions with staff and a review of documentation it was clear that alternatives were considered before restrictive practices were used, and that the least restrictive procedure was used for the shortest duration. Restrictive practice reduction plans were developed and implemented, where possible.

Judgment: Compliant

Regulation 8: Protection

On the day of inspection the residents where possible expressed they liked where they lived and who they lived with, in advance of the inspection residents had expressed this in their questionnaires. The inspector spoke with the person in charge and staff members and they were each aware of their roles and responsibilities should there be an allegation or suspicion of abuse. The provider had a safeguarding policy which was available and reviewed in advance of the inspection.

The residents had an intimate and personal care plan in their personal plan folder. Where formal safeguarding plans had been required these had been implemented, monitored and reviewed in line with time frames as set by the provider policy and national guidance. The provider was using their system of reporting and monitoring incidents that occurred in the centre to inform supports that may be required for residents. For instance where residents expressed that they were upset when a peer vocalised loudly near to them the staff were aware of strategies to implement to manage this. All incidents and safeguarding plans were discussed in detail at team meetings. The staff team all had up to date training in the area of safeguarding and human rights.

Improvements were required however, in the implementation of the systems in place for safeguarding residents against financial abuse and in the timeliness of the

provider's response when concerns were identified. The inspector acknowledges that the providers' systems were identifying for the most part when residents were due reimbursement with for example residents needing to be reimbursed for the purchase of items they should have been provided. On the day of inspection these reimbursements had not been completed despite having been identified in September 2024. In addition where a resident had purchased an expensive piece of furniture the decision making regarding this purchase was not clearly documented and the tax (VAT) that the resident was to be reimbursed had not been applied for despite the application identified as required on staff meeting minutes in September 2024.

Judgment: Not compliant

Regulation 9: Residents' rights

There was evidence that residents were supported to make decisions in their day to day lives. The physical layout of the centre, for the most part ensured that residents privacy and dignity were promoted. In addition there was evidence that independence skills were promoted whenever possible.

Resident's consent was sought through the use of easy read and symbol supported forms. All those who lived in the centre met on a regular basis with key staff to discuss matters important to them and to decide on the organisation of their home. There was evidence that residents were provided with information regarding their rights as part of these meetings.

While some improvement was required in the documenting of financial decisions such as the purchase of an armchair this is reflected under Regulation 8. In addition improvement was required in the access to appropriate transport for one resident due to their changing needs and this is reflected under Regulation 26.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Suir Services Clonmel OSV-0005363

Inspection ID: MON-0037911

Date of inspection: 21/11/2024

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • All staff that were due refresher training have now completed training or are booked to complete. • A Learning Needs Analysis outlining training required for staff team in 2025 was completed and returned to training department at the end of November 2024. In turn, a training plan will be circulated on a monthly basis to management and team leads to allow for booking of staff on required courses. • The training matrix will continue to be reviewed and updated regularly by the PIC. • A monthly management report has been developed and will be rolled out in February 2025 which captures training requirements for each centre to offer adequate oversight of training needs across the service. • A copy of staff support sessions and supervision records are now held locally. 	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • All incidents are logged on OILS internal incident management system and reviewed regularly by PIC and Services Manager. PIC will further investigate incidents, where 	

required to ensure all incidents are reported in line with the regulatory timeframes.

- Review of accidents and incidents is a standing item at team meetings. All accidents, incidents and near misses will continue to be discussed at team meetings for shared learning.
- An accident and incident analysis is completed quarterly by PIC to identify trends.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- Quotes currently being obtained for works relating to replacement of broken tiles in one en-suite and works will be completed once a contractor has been identified.
- A plan is currently being developed to move staff office space to a sleepover room.
- The flat roof was repaired on several occasions in 2024. There has been no evidence of further leaks since most recent repairs were carried out on 30th October 2024. Outstanding cosmetic works such as painting of ceiling were carried out December 2024.
- A quarterly Health and Safety Audit was carried out to identify any areas which require improving and an action plan is in place for same.
- The PIC is in regular contact with property management company with regards to carrying out of works to improve premises while the provider continues to search for a building which is more in line with residents needs.

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- The PIC is currently linking with the Health & Safety Manager in order to provide training to staff team and keyworkers around risk assessment and review.
- All risk assessments in the centre will be reviewed in order to ensure they are accurate and up to date in order to provide clear guidance to the staff team.
- The PIC will ensure all risk assessments are reviewed in a timely manner in line with

policy going forward.

The oxygen brackets have been fitted in the bus.

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

- PIC is currently sourcing quotes for some minor works such as replacing of tiles in ensuite and counter tops that are chipped within Designated Centre and works will be completed once a contractor has been identified.
- Both utility rooms have been decluttered and reorganised to ensure best practice in relation to IPC.
- A protocol has now been implemented for cleaning and storage of catheter care equipment. This will be reviewed regularly in line with policy. All staff are familiar with same.
- The PIC will ensure adequate oversight of cleaning schedules to ensure no gaps are present. This will be a topic at team meetings going forward.
- Ongoing training is being provided for staff in relation to IPC.
- Quarterly Infection Prevention Control Audits being carried out to identify areas of improvement and action plan in place for same. Infection Prevention and Control a standing item at all team meetings.

Regulation 8: Protection

Not Compliant

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

- With regards to protection from financial abuse - All transaction made by persons supported are recorded on internal system and monitored by PIC in conjunction with finance department. Keyworkers are required to return a monthly report to PIC detailing spending in line with policy for supporting people with their finances.
- Any reimbursements due to persons supported at time of inspection have now been

completed.

Residents will be supported to make informed decisions for large items of expenditure and the process by these decisions are made will be documented

- An application to claim VAT back on furniture purchased has been submitted to Revenue

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/03/2025
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/04/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and	Substantially Compliant	Yellow	31/03/2025

	ongoing review of risk, including a system for responding to emergencies.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/04/2025
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	31/01/2025
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	16/01/2025