



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

Issued by the Chief Inspector

Name of designated centre:	Mullaghmeen Centre 1
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	02 November 2023
Centre ID:	OSV-0005476
Fieldwork ID:	MON-0037630

About the designated centre

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

The designated centre is in a community house in close proximity to the local town which provides full time residential service for up to three residents. There are sufficient private and communal living areas, and spacious gardens. The provider describes the service as offering a high level of support to individuals with an intellectual disability, and additional specific support needs in relation to behaviours of concern, autism and mental health needs. Services are provided to both male and female adults with 24 hour staff support. The staff team comprises social care workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Thursday 2 November 2023	10:30hrs to 15:45hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was an unannounced inspection conducted in order to monitor on-going compliance with regulations and standards.

On arrival at the designated centre the inspector found that, residents appeared to be content in their home, they were in the company of two staff members who were familiar to them, and were responsive to their needs.

Whilst the designated centre was registered to accommodate three residents, there were only two residents living there on the day of the inspection, the inspector found that this had been the situation for a prolonged period of time, and suited the preferences of the residents.

One of the residents greeted the inspector with a hug, and took the inspector by the hand into the main living area. The other resident was relaxing on the sofa, and was enjoying the morning in their own way. This resident greeted the inspector with a hand hold, and appeared to be accepting of the stranger in their home following the introduction by the staff member who was clearly a support to them.

Neither resident had verbal communication, so the inspector observed their interactions with staff and each other, and found that staff were able to interpret their non-verbal communication and to respond appropriately.

The two residents appeared to be comfortable in each other's presence, and whilst there had been several incidents reported to the office of the Chief Inspector (as required by regulations) in relation to one resident entering the personal room of the other, and of other behaviours of concern, there was no evidence that these behaviours had any adverse effect on either resident. These two residents had lived together for several years, and this living arrangement appeared to be appropriate to meet their needs and preferences.

There was a consistent staff team, some of whom had been supporting these residents for many years, and there was a pleasant and settled atmosphere in the house. It was clear that there was a familiar relationship between the staff and residents, and between the two current residents.

The inspector conducted a 'walk around' of the designated centre, and staff checked with both residents that it would be acceptable to them that the inspector would have a look around their home. The premises were appropriate to meet the needs of the residents. There was a main living area which was comprised of, the kitchen, dining area, a sitting area, and an additional living room which was nicely furnished. Each had their own personal room which had been furnished with their own personal items, including presses and dressing tables.

However, various areas of the house were in a state of significant disrepair, to the

extent that there were safety risks to residents, and the home they lived in was not kept in a good state of repair. For example, water coming in through the bay window into the main living area when there was rain. Some of the issues in relation to premises had been identified on two previous inspections, and had not been addressed by the provider. This is further discussed under regulations 17 and 23 in this report.

Residents were occupied in accordance with their assessed needs and preferences, and were always in the company of staff members, which was important to them, and they were engaged in activities that they were comfortable with. One of the residents had a particular television program they enjoyed, and re-runs of this particular program were made available to them. The inspector saw that when the theme music to this show was audible, the resident immediately indicated that they wished to view the show.

Table top activities were enjoyed by one of the residents, and the inspector saw an activity being presented to them, the resident immediately responded by reaching out to the activity with enthusiasm. The other resident did not have any interest in this type of activity, and it was clear that all attempts had been made to introduce them to new experiences. This resident enjoyed sensory activities, and some specific items had been sourced to ensure the engagement of the resident, for example, a soft framed mirror that the resident enjoyed. Significant steps had been taken to ensure that the sensory needs of this resident were met, the inspector observed that they had noise cancelling earphones to ensure their comfort, this item was requested by the resident each morning, and utilised throughout the day.

Staff had been in receipt of training in relation to human rights, and spoke to the inspector about examples of positive risk taking which had been supported. For example, staff facilitated an outing for a resident where it was unclear if the resident would like it or not and the outcome was that the resident had enjoyed the outing with the support of familiar staff. In addition, there were plans to increase the travel opportunities for this resident, and there was a clear plan in place which would mitigate the risk in the event that the resident was not comfortable with the plan.

Overall the inspector found that residents had a good quality of life, and were supported by a familiar and caring staff team who were very knowledgeable about their care and support needs, and were enthusiastic about ensuring a meaningful day for each of them. However, the significant and repeated failings of the provider to ensure a well maintained home had not been addressed.

Capacity and capability

There was a clearly defined management structure which all staff were aware of. Local oversight of the care and support of residents in this designated centre was well managed by the person in charge who was supported by a knowledgeable team

leader.

However, the on-going issues relating to the upkeep and maintenance of the premises first identified as a non compliance with regulations and standards in April 202 had not been addressed. This is despite the provider having submitted a compliance plan in which they had committed to rectifying these issues and there had been further deterioration in the maintenance of the premises since then. This issue was negatively impacting on the quality and safety of the living accommodation for residents.

There was a knowledgeable, caring and consistent staff team who demonstrated their commitment to supporting the rights of residents, and a suitably qualified person in charge who had clear oversight of the centre. Staff training was up-to-date, and all required documentation in relation staff was maintained.

Any records or documents that were required to be available in the centre were in place.

Regulation 14: Persons in charge

The person in charge had the appropriate experience and qualifications required for the role, and was found to be fit for the role to be a competent manager within the sphere of her responsibilities. All actions that fell within her remit had been completed, and there was clear evidence of the escalation of the issues identified in this inspection to senior management.

The person in charge had clear oversight of the care and support offered to residents in the designated centre, and indicated a confident and in depth knowledge of each resident's support needs. It was clear that she was advocating on behalf of the residents, and had made all efforts to have the maintenance issues addressed.

Judgment: Compliant

Regulation 15: Staffing

There was a consistent and competent staff team, and staff engaged by the inspector were knowledgeable in relation the care and support needs of each resident. Both staff on duty on the day of this unannounced inspection were caring and enthusiast, and were known to the residents for several years. They answered all of the questions put to them by the inspector confidently in all aspects of care and support of residents.

A planned an actual roster was maintained as required by the regulations, and the

numbers and skill mix of the staff team were appropriate to meet the needs of residents.

The number of staff on duty was appropriate to meet the needs of residents, and there was a system in place to ensure, as far as possible, that only staff familiar to the residents would support them.

Staff files were found to contain all of the information required under Schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

All staff training was up-to-date, and staff spoke about their learning from some of their training.

Staff were appropriately supervised on a daily basis, and regular formal supervision conversation were held and documented.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained which included all the information required by the regulations.

Judgment: Compliant

Regulation 21: Records

All required records required by the regulations under Schedule 2 in relation to staff were all in place, including garda vetting, references and employment history.

All required records required by the regulations under Schedule 3 in relation to information in respect of each resident was in place including personal information, including the required care and support of residents, the information in relation to healthcare, and a record of any furniture belonging to the residents.

All required records required by the regulations under Schedule 4 were in place including a Statement of Purpose and Function, a Residents' Guide, and copies of

previous inspection reports were maintained in the centre.

Any records or documents that were required to be available in the centre were in place.

Judgment: Compliant

Regulation 23: Governance and management

The provider had failed to comply with the agreed compliance plans from the inspections of 20 April 2021 and 02 February 2022. The compliance plan submitted by the provider following the inspection of April 2021 had a completion date for maintenance works of 30 September 2021, and again following the subsequent inspection of February 2022, the agreed completion date for all outstanding maintenance issues was 30 May 2022. The provider had failed to fully comply with these agreed actions.

However, locally within the designated centre there were effective management and oversight processes in place. A monthly suite of audits had been undertaken, and these audits were found to be thorough and detailed. A sample of these audits was reviewed by the inspector, and were found to include comments, both in terms of good practice, and in relation to any actions required, so that it was clear that this was not a 'tick box' exercise, and there was a detailed review of the care and support offered to residents.

Any accidents or incidents were reported and recorded appropriately, and where learning outcomes were identified these were monitored and signed off to indicate that all staff members were aware of any required actions.

The person in charge had clear oversight of the centre, and was supported by a team leader, who was knowledgeable and effective in her role.

The inspector found that those areas of oversight that fell within the remit of the person in charge and the local team were well managed, and that there was effective oversight at this level of management. The person in charge presented several email threads that indicated she had consistently highlighted the issues previously mentioned in this report. There were various dates for completion mentioned but not actioned.

It was clear that it was those issues that fell within the remit of the provider which had not been addressed, and that there was effective supervision of staff and oversight of practice at a local level.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

There were contracts of care in place which clearly outlined the care and support offered to residents, and any charges incurred. These had been signed by representatives on behalf each resident, and an easy read version had been made available to each resident.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose included all the required information and adequately described the service.

Judgment: Compliant

Quality and safety

Despite the continued failure of the provider to ensure that the premises were well maintained to a safe standard, residents were supported to have a comfortable life, and to have their needs met. There was a detailed system of personal planning which included all aspects of care and support for residents.

Residents were supported to have a meaningful life, and were supported by a knowledgeable, consistent and caring staff team. There was a detailed and regularly reviewed process of person centred planning, and clear evidence of residents being supported to have a meaningful day.

Fire safety processes and procedures were appropriate, and local risks that fell within the remit of the local management team and the staff team were well managed. The risks posed to residents due to the advanced state of disrepair of the premises remained unmitigated.

The rights of residents were supported for the most part, and various examples of the ways in which the rights residents were upheld were evident, however the rights of residents to have their own bank accounts and to have control over their financial affairs had not been supported.

Regulation 12: Personal possessions

Residents had a range of personal possessions, including their own furniture in their rooms and multiple items of their choice. There was a clear record of their personal items maintained and reviewed regularly, including on the occasion of any significant purchases made by residents.

Personal spending money held by each resident in the designated centre was well managed and monitored, and there were consistent checks in place. Two staff members checked the amount of money held by each resident twice a day, and any purchases were accurately recorded. There was an entry for each purchase that was signed by two staff members, and a receipt was available. A reducing balance was maintained following each purchase, and balances checked by the inspector were correct.

However, neither resident had a bank account. Their income was paid into a communal organisational account held and maintained by the provider, and was not in the name of the residents, and there was no evidence of consent having been sought by the residents for this practice. Staff attended the office of the provider every fortnight to obtain spending money for each resident, which was an established 'allowance', meaning that residents did not have ready access to their funds. This did not support the requirement of the regulations that each resident has access to and retains control of personal property and possessions, or the requirement that the registered provider shall not pay money belonging to any resident into an account held in a financial institution unless consent had been obtained, or that the account is in the name of the resident to which the money belongs.

Residents therefore did not have a bank card for their personal use to make purchases, and one resident in particular was identified as enjoying the arrival of parcels at their home, and would evidently enjoy making online purchases with their personal money.

Judgment: Substantially compliant

Regulation 17: Premises

There were areas of the designated centre in a state of advanced disrepair. Multiple issues relating to the maintenance and upkeep of the premises had been identified on two previous inspections, as outlined under Regulation 23 in this report. The issues had further deteriorated due to lack of attention, and additional issues had arisen meanwhile.

Maintenance issues that required attention are outlined in the following paragraphs.

There was badly damaged flooring throughout the designated centre, including the hallway, one of the bedrooms, the kitchen/living and dining area and the utility room. In the hallways the worn out flooring did not meet the skirting boards in places, posing an infection prevention and control issue, given that there was no way to determine the cleanliness of the areas, even after cleaning. In the utility the flooring had deteriorated now to the extent that the concrete under the flooring was clearly visible in patches. The staff and person in charge also identified that the worn state of the kitchen flooring might pose a risk to residents of slipping and falling.

There were scuffed and damaged skirting boards and door frames throughout.

There was a bay window to the front of the house that leaked copious amounts of water during rain, so that the window sill was badly water damaged, and if rain occurred before staff were aware of it, for example during the night, rain water came in and onto the floor of the room in puddles. Staff described the way that they would put a bowl under the leak to prevent the water coming onto the floor if they were aware of the weather, but as staff shifts included sleepovers, if rain occurred during the night it was too late to prevent this by the morning. The intruder alarm on this windows had been deactivated due to rain damage.

The small window in the main bathroom was damaged, and there was no handle to either open the window, or to secure it.

The kitchen press doors were in a state of disrepair, and the counter tops had missing trims and damage to the surfaces.

The exterior of the house needed painting and upkeep, it had an unclean and unkempt appearance. In addition and there was a significant amount of moss on the sloping roof to the front of the house, and clumps of moss had fallen onto the driveway immediately outside the front door.

Some of the minor issues previously identified had been addressed, and both of the residents' private bedrooms had been painted, however, the more significant maintenance and upkeep issues remained outstanding.

Judgment: Not compliant

Regulation 20: Information for residents

There was a residents' guide in place which described the service offered in the designated centre, and was available in an easy read format.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk register in place which identified any risks in the designated centre, and there were associated risk management plans which provided guidance to staff in those areas which fell within their remit.

There was a protocol in place to mitigate the risk of staff lone working, by way of a 'buddy system' with another designated centre operated by the provider, and an on-call system should any emergency arise, and a risk assessment and management plan was in place to mitigate the risk posed to residents in relation to unfamiliar staff.

In addition there was a risk management plan relating to the need for one of the residents to have a certain item with them at all times, including in the eventuality that an evacuation would be required in the event of an emergency.

However, the risks associated with the failure of the provider to ensure the upkeep and maintenance of the designated centre remained unmitigated. Unmitigated risks identified by the inspector were the risk of falls due to the disrepair of the flooring, and the risk posed by the state of disrepair of a front bay window which let in water. Therefore there were on-going risks issues due to the inability of staff to ensure the cleanliness of the designated centre, in particular in the kitchen and utility areas, and the leaking of rain water into the residents' living environment. There was also the risk posed to residents given that the intruder alarm on one of the main bay windows had been removed because of water damage.

Judgment: Not compliant

Regulation 27: Protection against infection

The designated centre was visibly clean, although the inspector could not determine that infection prevention and control (IPC) issues were well managed due to the issues with the upkeep and maintenance of the premises. Scuffed and damaged flooring and kitchen counter tops meant that there were no assurances that IPC risks were mitigated. However, it was clear that the person in charge made all efforts to minimise the risk, by thorough cleaning and by ensuring residents did not come into contact with rain water entering the home.

There were regular cleaning schedules in place, and staff were clearly making all efforts to ensure the cleanliness of the designated centre. There were checklists in place which had been completed so that there was oversight of this.

Regular audits of IPC had been undertaken, and each of them outlined the on-going issues with the premises. However, those issues that fell within the remit of the

person in charge and the staff team were actioned and monitored.

There was a detailed and appropriate contingency in place which provided guidance to the staff team should there be an outbreak of an infectious disease, and system of stock control for both personal protective equipment (PPE) and cleaning products.

The temperature of the fridge and freezer was only taken weekly, whereas previously this had been daily monitoring. The inspector enquired as to what would happen if the temperature of these appliances dropped on the day following a weekly check which would pose a risk in relation to food safety, and as to the reasoning behind this practice. No rationale was available, so the risk in relation to this issue had not been mitigated.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre. All equipment had been maintained, as required. Regular fire drills had been undertaken, including drills under night-time circumstances. Records of fire drills included information as to how each resident responded to the drill. There was effective oversight in place to ensure that each staff member had been involved in a fire drill.

There was an up-to-date personal evacuation plan in place for each resident, giving clear guidance as to how they would respond in the event of an emergency and how staff should respond to ensure their safety. The personal evacuation plan for one of the residents indicated the importance of a particular item to ensure that they were comfortable enough to engage in the process.

Staff were all in receipt of fire safety training, and staff could describe the actions they would take in the event of an emergency.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were personal plans in place for each resident based on a detailed assessment of needs. A sample of these care plans was reviewed by the inspector, and found to be detailed and appropriate, and to outline the actions required to support residents. In particular the intimate care plans for residents were detailed and took cognisance of the preferences of each resident.

Goals had been set with residents in relation to maximising their potential, and

focused on increasing opportunities for residents. These goals were kept under constant review, and included reference to the behaviour of residents which might make some activities in the community challenging. The goals for one of the residents had been constantly reviewed over the months prior to the inspection with regards to a change in medication which, whilst a positive change for the resident, had changed their presentation in the short term. It was clear that there were positive outcomes for this resident as a result of the changes, and the continual support from staff.

Judgment: Compliant

Regulation 6: Health care

Health care was well managed and monitored, so that both long term and changing needs were met by the staff team. Any changes in the presentation of residents was responded to in a timely manner. A recent change for one of the residents was supported in various ways, including appointments at a well-woman clinic.

Both residents had regular reviews by their neurologist in relation to monitoring their epilepsy. Various members of the multi-disciplinary team (MDT) were involved in the care of residents, and where residents had a reluctance to attend appointments due to anxiety, various strategies were put in place to support them to have the best healthcare outcomes, whilst respecting the right of the resident to refuse interventions.

Overall, the supports put in place for residents in relation to their healthcare resulted in positive outcomes.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents were identified as needing support in relation to positive behaviour support, there were detailed support plans in place, and all staff were familiar with the guidance outlined in these plans. The plans referenced the requirement to ensure that the will and preferences of residents was acknowledged. Consideration of the requirement to support positive risk taking was included in these plans.

Positive behaviour support plans were based on a detailed and clearly documented assessments of needs, and included both proactive and reactive strategies. Oversight of these plans included monthly review meetings and the regular presence of the positive behaviour support specialist in the designated centre.

There were some restrictive practices in place, and all were found to be in

accordance with best practice, and only in place to ensure the safety of residents. One of these restrictions related to a Perspex screen in the vehicle which was in place to ensure road safety in the event that the behaviour of one of the residents might have an impact on the driver. The resident could still communicate with the staff, and there were no identified negative impacts in relation to this restriction.

Another restriction which prevented one of the residents from interfering with the personal property of another was also found to be appropriate, and again had no negative impact on them because they had otherwise full access to all areas of their home.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents to enjoy a comfortable and well maintained home had not been met, as previously outlined in this report. However, most of those aspects of care and support that fell within the remit of the person in charge and the staff team were found to be prioritised, and to have positive outcomes for residents.

As discussed under Regulation 12 of this report, residents' income was paid into a central account held by the provider, and they did not have an account in their own names.

Staff had been in receipt of training in relation to the human rights, and discussed with the inspector the various ways in which they supported the rights of each person. They described the introduction of residents to new activities whereby they were uncertain as to how the residents would respond, together with the measures taken to ensure their safety. They also discussed with the inspector that following their training they were much more aware about the preferences of residents, rather than assumptions that they might previously have made.

There was a plan in place to introduce one of the residents to a new experience related to travel, and a clear contingency plan was in place in the event that the experience might be difficult to manage. They also outlined their plans to make resident's personal plans for each resident more accessible to them, and gave examples of sections of the plans having been made accessible and their plans to expand this good practice to other sections. The discussions that had been on-going within the staff team included ways in which they would ascertain the understanding of each resident in relation to the personal plans.

Residents were consistently involved in activities of their preference, and new experiences were offered and the response of the resident assessed. There were two vehicles available to residents, so that various activities were supported, and residents had been involved in several community occasions including a local fleadh and drive in movies, and their involvement in further similar occasions was planned.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	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
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not 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 9: Residents' rights	Substantially compliant

Compliance Plan for Mullaghmeen Centre 1 OSV-0005476

Inspection ID: MON-0037630

Date of inspection: 02/11/2023

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Chief Executive Office and Regional Director have raised with senior management in the HSE at the monthly IMR meetings the delays with MHA authority. It has been agreed that funding can be sought through the IMR.</p> <p>Approval was sought and approved by the HSE for the necessary works to be completed in November’s IMR meeting.</p> <p>All works were escalated to senior HSE management and are scheduled by the HSE for Completion on the by 30th April 2024 or sooner weather Permitting.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Both Individuals will be supported to set up their own bank accounts on 30th of January 2024 or sooner, which they will have their monies paid in and will have their own bank cards.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: 13th November 2023 Power washing/ Moss removal from Roof and surrounding boundary completed. 29th November 2023 New R10 Non-slip flooring fitted throughout the house. 30th January 2024 or sooner Bay window to be repaired and window sill replaced 30th April 2024 – Exterior painting to be completed or sooner weather Permitting approval has been granted for such to take place. 30th January 2024 Counter top to be replaced. 30th January Kitchen press doors to be painted. 30th January Skirting boards in kitchen and doors throughout house to be painted.</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Risk of Falls due to flooring has been mitigated due to R10 non-slip flooring been put down throughout the house. The risk of falls due to water on the floor from the Leaking bay window has been mitigated, Maintenance have addressed the issue to stop the water leaking in until the window is replaced in January 2024. Action 24 are installing a new Intruder Alarm in the Kitchen Area January 2024 to replace the one that was removed on the bay window.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: Non- Slip flooring has been replaced throughout house. Kitchen Counter top to be replaced by 30th January 2024 Temperature Checks are completed twice daily at AM and PM since 3rd November 2023.</p>	

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents to have their own Personal Bank Accounts on 30th January or sooner which they can access their finances freely.	

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 12(4)(a)	The registered provider shall ensure that he or she, or any staff member, shall not pay money belonging to any resident into an account held in a financial institution unless the consent of the person has been obtained.	Substantially Compliant	Yellow	30/01/2024
Regulation 12(4)(b)	The registered provider shall ensure that he or she, or any staff member, shall not pay money belonging to any resident into an account held in a financial institution unless the account is in the name of the resident to which the money belongs.	Substantially Compliant	Yellow	30/01/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the	Not Compliant	Orange	30/04/2023

	designated centre are of sound construction and kept in a good state of repair externally and internally.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	30/04/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	30/01/2024
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	Substantially Compliant	Yellow	30/01/2024

	associated infections published by the Authority.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	30/01/2024