

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

Issued by the Chief Inspector

Name of designated centre:	Railway View
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	23 May 2024 and 24 May 2024
Centre ID:	OSV-0005488
Fieldwork ID:	MON-0043013

About the designated centre

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

Railway View provides 24 hour full-time residential support to three female residents some of whom have complex support requirements. The centre comprises one detached bungalow which is located on a small campus-based setting. There is a centralised kitchen on the campus from which meals are provided to the residents. There is also a 'hub' where residents can attend external to the campus. The campus is within walking distance to a large town in Co. Donegal. Transport is provided to accommodate residents' access to community-based facilities. Each resident has their own bedroom. The bungalow has considerable collective space and spacious gardens. The centre is staffed on a 24/7 basis with a full-time person in charge (who is a clinical nurse manager II), a team of staff nurses and a team of health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

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 23 May 2024	14:35hrs to 18:35hrs	Angela McCormack	Lead
Friday 24 May 2024	09:40hrs to 13:40hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection carried out to monitor compliance with the regulations and to follow up on actions from the last inspection by the Health Information and Quality Authority (HIQA). As part of the inspection, the inspector met with residents, local managers and staff. Overall, residents were found to be provided with a safe and good quality service.

Railway View was one of seven designated centres located on a small campus setting in Co. Donegal. There were three residents living in Railway View at the time of inspection, with one vacancy. There were no plans for anyone to move in to the centre. An application to vary the conditions of the centre had recently been submitted. This was to change two vacant bedrooms to an office and a 'relaxation room'. Plans were at the early stages to design and equip the new 'relaxation room'.

The inspection was carried out over two half days; during early evening one day and the following morning. The inspector gave the staff a document called 'Nice to meet You' which inspectors use to support residents to understand the purpose of the visit to their home. The inspector got the opportunity to meet with all residents and staff supporting them throughout the days of inspection. In addition, members of the local management team, including the person in charge, were met with and available throughout the inspection days.

On arrival the first afternoon, residents were observed relaxing together in the sitting-room, while waiting for an apple pie to bake in the kitchen. Residents acknowledged and communicated with the inspector in their own way. All residents required supports with communication, and staff were observed to be knowledgeable about these supports.

Residents were observed coming and going to various outings throughout the two days. There were buses available to facilitate residents to go on outings. Residents attended a hair salon, attended a reflexology session and went out on a day trip where they planned to meet peers from another centre. In addition, residents could access a nearby 'hub' to avail of activities during the week. One resident attended a retirement group once per week where they met with peers of similar age group. A referral had been made for one resident to attend a day service full-time and this was in progress.

Through observations, documentation review and discussions with staff, it was clear that residents were well cared for and their health needs supported. Residents appeared comfortable in their home and with staff and each other. At times, safeguarding incidents arose, whereby behaviours displayed by some residents could impact on others. This was well managed through staffing ratios, the use of the environment and individual activities. Staff spoken with were knowledgeable about how to support residents with anxiety behaviours and to minimise any impact on others. The measures in place were found to be effective in protecting all

residents and there had been no protection concerns of that nature since October 2023.

Through discussions, observations and a review of documentation, the inspector found that residents were supported to engage in activities that were meaningful to them and that were appropriate to their stage of life. Residents had access to televisions, music players and telephones. Some residents enjoyed reading magazines and a resident was observed looking through a magazine, and listening to their favourite local radio station. Residents were supported to identify and achieve personal goals. These included; going on holidays, going on day trips and gardening projects. Photographs in place demonstrated residents' enjoyment of their chosen activities.

There were four staff on duty each day to support residents to take part in individual activities and interests. Residents were observed freely moving around their home and were supported by staff where required. Staff spoken with appeared knowledgeable about the individual needs of residents. Staff talked about residents' interests and about what was important to them. Staff undertook 'human rights training' which was noted to be part of the centre's site specific training plan. Staff spoke about how residents were supported to make choices. The centre had a range of easy-to-read notices on display such as: fire evacuation procedures, staff photographic roster and pictures to support meal choices. In addition, there were easy-to-read documents available to residents in topics such as making complaints, advocacy services, human rights and staying safe online.

The house was spacious for the needs and numbers of residents. Residents' bedrooms were nicely decorated and were personalised with feature walls with colourful wallpaper, photographs, individual personal items and soft furnishings. The house was well ventilated, clean and spacious. There was a small kitchenette which contained kitchen appliances. The cupboards and fridges were stocked with a variety of food items for residents to have snacks and prepare meals. There was a garden that could be accessed from double doors leading off the sitting-rooms and dining room. The garden contained garden furniture for residents to sit outside and relax if they wished.

Overall, Railway View was found to provide high quality, person-centred and individualised care and support to residents. Observations throughout the inspection were that residents were treated in a caring and respectful manner by staff.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affects the quality and safety of the service provided.

Capacity and capability

This inspection found that Railway View had a good management structure with

systems in place for the ongoing monitoring of the quality and safety of care. In general, audits and assessments were found to identify areas for quality improvement; however there were some gaps found in documentation that required review to ensure that the most up-to-date information was in place.

The governance structure ensured clear lines of accountability for the management team. The local management team consisted of a person in charge and a clinical nurse manager 1(CNM1). Both had responsibility for one other designated centre located on the campus. The CNM1 supported the person in charge in the operational management of the centre. This included tasks such as completing regular audits.

The centre was staffed with a skill-mix of nurses and healthcare assistant. There were enough staff on duty to meet the assessed needs of residents. All staff spoken with confirmed that this was the case. Staff were provided with a range of training to equip them with the competence and knowledge to support residents with their needs. Some training was due to be completed and the management team were aware of this with some dates set.

There was a schedule in place for a suite of audits to occur at set intervals during the year to monitor the quality and safety of care in the centre. The management team also completed monthly reviews of incidents that occurred. A review of incidents found that all the notifications that were required to be submitted to the Chief Inspector of Social Services had been completed.

The provider ensured oversight by completing six-monthly unannounced visits as required in the regulations, and of which detailed reports were generated and available in the centre. Actions identified were included on a service quality improvement plan (QIP). The progress of actions were reviewed regularly by the person in charge and assistant director of nursing (ADON). In addition, the ADON completed a 'walkaround visit' to the centre in March, of which a number of actions to improve the service were identified and completed.

Overall, the arrangements in place ensured good oversight and monitoring of the centre. In general, audits were found to be effective in identifying areas for improvement. However, some improvements in documentation were required to ensure that the most up-to-date information was in place.

Registration Regulation 8 (1)

The provider submitted an application to vary a condition of the centre, which reflected the changes in functions of two vacant bedrooms to an office and a 'relaxation room'.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the skills, experience and qualifications to manage the centre. They worked full-time and they had responsibility for two designated centres based on the campus. The arrangements in place, to include a CNM1, supported them to effectively manage the centre.

Judgment: Compliant

Regulation 15: Staffing

There was a planned and actual roster in place, which was well maintained and reflected who was working each day of the inspection. The centre was resourced to meet the assessed needs of residents, with four staff working each day and two staff providing waking night cover each night. The skill mix consisted of nurses and healthcare assistants.

A sample of staff files was reviewed and found to contain all the information as required under Schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

The local management team maintained a training matrix, which recorded all mandatory and site specific training undertaken by staff and highlighted the dates due for refreshers. There were some outstanding training as follows:

- behaviour management training for one staff
- minimal handling for one staff
- Cardiopulmonary resuscitation (CPR) for three staff
- Clamping training for seven staff

The local management team were aware of these gaps and dates were set for most of these training needs, with further dates awaited.

Staff received support and supervision through annual personal development meetings with their line manager. In addition, the person in charge met bi-monthly with their line manager. A sample of records reviewed demonstrated that this was occurring. Staff spoken with said that they felt well supported in their role.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were good arrangements in place for the management of the centre. There were systems in place for reviewing and monitoring the centre and for ensuring that actions to improve the service were identified and kept under review for completion.

The provider ensured that an annual review of the quality and safety of care provided in the service occurred which included consultation with residents and their representatives, as relevant. In addition, unannounced visits were completed as required in the regulations.

Staff were supported through ongoing training and annual meetings with their line manager. In addition, staff had opportunities to raise any concerns that they have about the quality and safety of care and support in the service through regular team meetings. Where staff could not attend the meetings, sign off sheets were in place for staff to sign off that they read the minutes.

However, the oversight and monitoring required some improvements as follows;

- to ensure that all residents' care plans/risk assessments have the most up-to-date information to reflect changes in need and circumstances
- to ensure that care plans have the most up-to-date information with regard to offers, and outcomes, of residents' national screening programmes
- to ensure that there are no gaps in the documentation of the management of complaints
- to ensure that the fire drill records include the duration of the fire drill
- to ensure that the schedule for staff fire drills include agency staff that regularly worked in the centre
- to ensure that team meetings are read and signed as read by all staff

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of incidents that occurred in the centre found that the person in charge had submitted all the required notifications to the Chief Inspector as required under the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy and procedure in place that outlined the process for making complaints, including who the person handling the complaint was. This also included information about how to appeal the outcome of complaints.

The centre had developed a local complaints protocol and there was an easy-to-read version of complaint procedures for residents to aid with understanding. Both of these documents required updating and this was completed on the day by the person in charge.

Audits were completed quarterly on complaints received in the centre. It was noted that there was a complaint received on behalf of one resident in 2022; however there were some gaps in the documentation in place which made it difficult to establish if the complaint was resolved to the satisfaction of the complainant and if the timelines for complaints management had been followed. These gaps in documentation, and the oversight of this, is included under Regulation 23: governance and management.

Judgment: Compliant

Quality and safety

This inspection found that Railway View service provided good quality care and support to residents. Residents' health and wellbeing were promoted and access to appropriate supports were sought. Some improvements were required with regard to communication support, access to day service for one resident and access to OT services. The management team were aware of this and actions were in progress to try to address these identified unmet needs.

Residents' health and wellbeing were promoted in the centre. Residents were supported to attend appointments and consultations with various healthcare professionals as required. In general, residents had access to multidisciplinary team (MDT) members. However, two residents had been referred for community occupational therapy (OT) services and were awaiting an assessment.

Residents were consulted about the running of the centre through regular residents' meetings. Residents' choices about meals, shopping items and activities were agreed and found to be respected. These meetings also provided for an opportunity to review fire procedures and other topics, such as human rights and protection, of which there were easy-to-read guidance available.

Residents who required supports with stress management and behaviours of concern had support plans in place that were kept under review by the MDT. At

times, safeguarding concerns arose whereby residents' behaviours could impact negatively on others. There had been no safeguarding concerns in the centre since the previous October. Staff spoken with talked about the range of measures in place to minimise any potential safeguarding risks between residents. This included; appropriate staffing numbers and the use of the environment which allowed residents to enjoy individual time with staff doing their preferred activities.

Staff spoken with reported that some residents' health needs were changing. There were good systems in place to monitor this. Care plans were in place to guide staff in the supports required. Staff spoken with were knowledgeable about how to best support residents with their needs. However, one resident's care plans required updating to reflect the most up-to-date information. This gap in documentation did not appear to impact the resident's care at that time; however this documentation gap posed a risk that this could occur if unfamiliar staff were working.

In summary, this inspection found that Railway View provided residents with a safe, person-centred service where residents' needs were kept under review and actions taken to progress and advocate for unmet needs.

Regulation 10: Communication

There was a policy and procedure in place for communication. Residents had access to magazines, televisions, music players and telephones in line with their preferences and individual wishes.

All residents living in Railway View required supports with communication. Residents' communication needs were assessed and kept under ongoing review. This included regular multidisciplinary team (MDT) meetings where the speech and language therapist was in attendance. There was evidence that various forms of augmented communication were under review with residents to establish residents' preferences in this regard.

Staff spoken with described about using pictures and objects of reference to communicate with some residents and described about how residents showed preferences and made choices. To aid with with residents' communication preferences and staff member's understanding of augmented communication, training was in progress for all staff. A number of staff had undertaken this training with some staff attending the training on the day of inspection also. However, the following remained to be completed;

- three staff required 'Communication' training

Judgment: Substantially compliant

Regulation 11: Visits

There was a policy and procedure in place for visitors. The centre had a welcoming atmosphere. Residents received visitors to the house regularly. There were ample communal rooms and space for residents to meet with their visitors in private if they so wished, and which also reduced any impact on other residents.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part, and get involved, in a range of leisure and recreational interests in line with their interests. These included activities such as gardening, attending a local hub for various activities, baking and activities in the wider community such as going shopping, swimming, going out for coffee, day trips and hotel breaks.

Links with family members and friends were promoted and encouraged. One resident had recently gone on a hotel break with family members and supported by staff. There were plans for two residents to go on an overnight break away during the Summer. However, the following was found and required further follow-up:

- it was noted in one resident's behaviour management plan that they may benefit from a more structured day placement with peers. A referral had recently been made for day service admission and this required follow-up to address this unmet need.

Judgment: Substantially compliant

Regulation 17: Premises

The premises was designed and laid out to meet the needs of residents. The house was clean, homely, spacious and well maintained. There were suitable facilities for completing laundry. While main meals were provided from a centralised kitchen on the campus, residents could choose to prepare meals in the house if they so wished and there were kitchen appliances available in the kitchenette area for preparing meals.

Residents had their own bedrooms which were personalised and which had space for the storage of personal possessions. There were ample communal rooms for residents to relax in individually and to receive visitors. In addition, the back garden space was accessible and nicely maintained and offered a relaxing space outdoors

for residents if they so wished to spend time there.

Judgment: Compliant

Regulation 28: Fire precautions

There were arrangements in place for fire safety and for the ongoing monitoring of fire safety arrangements in the centre. These included; fire containment measures, fire fighting equipment, fire alert system, fire safety checklists and evacuation plans. Fire safety measures in the centre were kept under review through daily, weekly and monthly checks. Each resident had a personal emergency evacuation plan (PEEP) in place which provided guidance to staff on the arrangements to ensure a safe evacuation from the centre.

Fire drills took place regularly and demonstrated that residents could be evacuated to safe locations in the event of a fire. However, while fire drill records stated that there were no issues, there was a gap in some records whereby the duration of the drill was omitted. This oversight gap is addressed under Regulation 23: governance and management.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that a comprehensive assessment of need was completed for each resident. Where the need was identified, care and support plans were developed. In general, these were kept under ongoing review and updated as required. However, one personal file did not include the most up-to-date information or demonstrate that reviews were completed on the identified risks, as required by the provider's time lines. This did not pose a moderate to high risk to the resident as staff were aware of the care and support requirements. This gap in documentation and the oversight of this is covered under Regulation 23: governance and management.

In addition, residents were supported to identify and set goals for the future. These goals were found to be kept under ongoing review and each resident had an accessible person-centred plan which included photographs of activities and goals achieved. Annual review meetings were held to review residents' care and support and they included the maximum participation of residents and their family representatives, as relevant.

Judgment: Compliant

Regulation 6: Health care

Residents' health and wellbeing were promoted and their wishes respected in this regard. In general, residents had access to healthcare professionals and MDT supports as required. However, the following was found;

- some residents were awaiting occupational therapy (OT) services. While referrals had been made on residents' behalf to community OT services, this need for OT support remained.

The local management team also spoke about a risk with regard to access to psychiatry support for some residents, of which they had escalated this risk to the senior managers for review.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There were policies and procedures in place for behaviour support and for restrictive practices. Staff received training in behaviour management. Staff spoken were found to be knowledgeable about the specific supports that residents required with behaviour management and stress reduction.

Behaviour support plans were developed as required with input from MDT. These were found to be kept under ongoing review and it was evident that every effort was made to establish the causes of behaviours.

Restrictive practices in place in the centre were found to be assessed and kept under ongoing review and monitoring to make sure that they were the least restrictive option for the shortest duration.

Judgment: Compliant

Regulation 8: Protection

There was an up-to-date policy and procedure in place for safeguarding. Staff completed training in safeguarding vulnerable adults and audits were completed to assess staff knowledge in safeguarding.

Safeguarding was a regular agenda item at staff meetings. Staff were knowledgeable on how to ensure residents' protection. The staffing levels, spacious

environment and having access to two vehicles helped to ensure that safeguarding risks between residents were reduced.

Safeguarding was regularly audited in the centre. In addition, the oversight and monitoring arrangements by the management team helped to ensure that potential safeguarding concerns were not missed. For example; a review of behavioural incidents resulted in the identification of some potential concerns which were then screened in line with the provider's policy to establish if there were grounds for concern or not.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was found to promote a rights based service. The provider had a Human Rights' Committee in place, minutes of which were available for review and demonstrated ongoing review of how the service could improve on the promotion of residents' rights.

Residents were consulted in the running of the centre through regular meetings, where day-to-day choices were discussed and consultation about the centre occurred. Residents were provided with information on rights and advocacy services in an easy-to-read format. Residents had been referred for independent advocacy services where this need was identified and arrangements were facilitated for advocates to visit and meet with residents.

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 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Railway View OSV-0005488

Inspection ID: MON-0043013

Date of inspection: 23/05/2024 and 24/05/2024

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"> • The outstanding training in relation to manual handling, Cardio Pulmonary Resuscitation CPR and Clamping has been completed as per the schedule. Date Completed: 26/06/24 • The Person in charge has scheduled refresher training for 1 staff who requires behaviour management training. Date for completion: 02/07/24 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The Named Nurses have commenced a review of all residents care plans to ensure they contain the up to date information in relation to Risk assessments and residents support needs and offers and outcomes of the national screening programme where appropriate. Date for completion: 31/07/24 • The Person in Charge discussed with Staff nurses at their Governance meeting on the 27/05/2024 the importance of updating care plans/ risk assessments to reflect the most up to date information in relation to the residents care, this will include information and outcomes of the national screening program. Date completed 27/05/24 	

- The Person in Charge has completed a full review on Centres complaints audit to ensure that all complaints have been dealt with as per Policy on Management of feedback (Comments Compliments and Complaints) and that there are no gaps in the documentation.
Date completed: 31/05/24
- The Person in Charge has reviewed all records of fire drills that have taken place within the Centre. Records have been updated to reflect duration time of all fire drills and this has been brought to the attention of all staff.
Date completed: 31/05/24
- The Person in Charge has reviewed the Centres schedule for fire drills to ensure regular agency staff are included in the drills.
Date completed: 31/05/24
- The Person in Charge will ensure that the Minutes of Centres governance meetings are circulated to all staff to be read and signed to ensure communication of actions from meetings have taken place.
Date completed: 31/05/24

Regulation 10: Communication	Substantially Compliant
------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 10: Communication:

- The Person in Charge in liaison with the Speech and Language Therapist have developed a schedule of training dates for the 3 staff that are outstanding for training on Communication.
Date for completion: 31/08/24
- The Person in Charge will ensure that all staff attend the scheduled communication training to support the needs of the residents in the Centre.
Date for completion: 31/08/24

Regulation 13: General welfare and development	Substantially Compliant
--	-------------------------

Outline how you are going to come into compliance with Regulation 13: General welfare and development:

- The Person in Charge will follow up with day services in relation to an external day service placement for one resident. Date for completion: 01/07/24
- The Person in Charge will ensure that an external day service placement is secured for one resident: Date for completion: 30/11/24

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • The Person in Charge has liaised with resident's General Practitioner requesting an update on the referral submitted for input from the Community Occupational Therapist. Date for completion: 01/07/24 • The Person in Charge has been advised that there is a temporary Psychiatrist assigned to the mental health team for Intellectual Disability services who has taken up position from 18/06/2024. The Person in Charge will ensure that all residents who require a review by the consultant Psychiatrist are referred and reviewed as a matter of priority. Date for completion: 01/07/24 	

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	31/08/2024
Regulation 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Substantially Compliant	Yellow	01/07/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including	Substantially Compliant	Yellow	02/07/2024

	refresher training, as part of a continuous professional development programme.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/07/2024
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	01/07/2024