



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

Issued by the Chief Inspector

Name of designated centre:	Ard Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	18 November 2024
Centre ID:	OSV-0005888
Fieldwork ID:	MON-0036781

About the designated centre

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

Ard services can provide residential care for up to three residents with a severe intellectual disability and complex needs, including mental health, behaviours that challenge and communication difficulties. The service can accommodate male or female residents from age 18 years to end-of life. The centre consists of two bungalow dwellings which are located in the same residential area on the outskirts of a city. The houses have a kitchen, sitting room, dining area, separate bathrooms and individual bedrooms, one of which has an en-suite bathroom. There is an enclosed garden to the rear of each house which have a paved patio area. There is a team of social care staff and support workers employed to support residents, and the centre provides both waking and sleepover night staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Monday 18 November 2024	10:00hrs to 17:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an announced inspection, carried out following receipt of an application to the Chief Inspector of Social Services to renew registration of the centre and, to monitor compliance with the regulations. A recent application by the provider to vary the conditions of registration for this centre had been progressed, it included varying the footprint of the centre to include a second house and to increase the number of residents to be accommodated to three. Both houses in the centre were visited as part of this inspection.

The inspection was facilitated by the person in charge and team leader. The inspector also met with the area manager who attended the feedback meeting. On the day of inspection, there were three residents being accommodated in the centre, the inspector met with two of the residents. Due to the communication needs of these residents, they were unable to tell the inspector their views about the care and support they received; however, they appeared happy, content and relaxed in their environment and with staff supporting them. The inspector observed how they communicated effectively with staff who clearly understood and correctly interpreted their gestures and cues. The inspector also met and spoke with a family member who indicated high satisfaction with the service provided. They mentioned how their relative was very happy living in the centre, how they had no concerns regarding the quality and safety of the service and were content in knowing that their relative was being well supported by staff who knew them well.

The centre consists of two single storey houses located in the same residential neighbourhood on the outskirts of the city. The centre was close to a wide range of amenities. There were two residents accommodated in one of the houses and one resident lived on their own in the other house. Both houses were found to be designed to meet the needs of residents. They were comfortable, warm, decorated to a high standard, well maintained and visibly clean. Residents had their own bedrooms which were decorated, personalised and laid out in line with individual preferences. Bedrooms were provided with lots of personal storage space. There were framed photographs of residents, their friends and families as well as resident artwork displayed throughout both houses. Residents had access to a kitchen, dining room and sitting room in each house. One of the bedrooms had its own en suite shower room and two residents shared a large fully assisted shower room in the other house. There were separate bathroom facilities provided for staff in each house as well as a separate staff bedroom in one of the houses. Residents in both houses had access to an enclosed private garden area to the rear. Some residents enjoyed spending time outside, the inspector was shown the new outdoor gazebo which had been delivered and was scheduled to be put in place. Laundry facilities were provided in the utility room in the first house visited. However, improvements were required to the facilities provided for laundry which were located in an external shed in the second house visited and will be discussed further in the report.

The inspector met with one of the residents on the morning of the inspection. They

had returned to the centre after spending the weekend at home with family. They appeared to be in great form, smiling and content to have returned to the centre. They were observed to relax with a cup of tea on an armchair in their bedroom as they interacted with their relative and staff. Later in the morning the resident went for a drive with a staff member who advised that they planned to eat out for lunch and attend a scheduled dental appointment in the afternoon. Staff spoken with and documentation reviewed indicated that the resident lived an active life and regularly enjoyed going swimming, going to the cinema, dining out, attending GAA matches, attending monthly discos, attending music concerts and going on day trips especially by train. The resident had also enjoyed a few nights away with another service user. There were many photographs of the resident clearly enjoying a wide range of activities and outings. The resident also enjoyed spending time in the house, relaxing, listening to their preferred music on their cassette player.

The inspector met with another resident later in the afternoon when they returned to the centre having attended day services. They were greeted by staff in a familiar way. They appeared content and relaxed in their environment as they sat in the dining area, interacting with staff who supported them to have a cup of tea. Staff told the inspector how this resident loved cups of tea and liked to spend time relaxing in the kitchen and dining area. Both residents in the second house visited, attended day services Monday to Friday during the day time. Both residents enjoyed a range of activities and outings. Residents regularly enjoyed attending GAA matches, discos and dining out, one resident had been to the Aran Islands by airplane, attended the Galway races and had attended a number of Connaught Rugby games and music concerts over the summer months. Another resident had attended the All Ireland camogie final in Croke Park, a theatre show and music concert in recent months.

Residents rights were promoted and a range of easy-to-read documents, posters and information was supplied in a suitable format. For example, easy-to-read versions and social stories on important information such as the human rights charter, photos of staff on duty, pictorial food and menu options were displayed. Staff had established residents preferences through the personal planning process, regular house meetings, and ongoing communication with their representatives. The inspector observed that the privacy and dignity of each resident was well respected by staff throughout the inspection. The inspector observed staff engaging with residents in a kind, respectful and personal manner, and they appeared to know each other well. There was a warm, friendly and happy atmosphere in both houses.

Residents were actively supported to maintain connections with family members. Visiting to the centre was being facilitated in line with national guidance, there were no restrictions in place. Some family members visited weekly and spent time in the centre.

From conversations with staff and family members, observations made by the inspector, and information reviewed during the inspection, it appeared that residents had good quality lives in accordance with their capacities, and were regularly involved in activities that they enjoyed, in the community and also in the centre. While the provider had implemented a computerised documentation system, some

improvements were required to ensuring that the person in charge had completed appropriate training to enable effective oversight of records, and audits completed on the system. Other improvements were required to some audit systems, to records relating to some aspects of assessment and personal planning and to the provision of suitable laundry arrangements in one of the houses.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

This announced inspection was carried out as part of ongoing regulatory monitoring of the centre, and to help inform a decision following the provider's application to renew the registration of the centre.

The findings from this inspection indicated good compliance with many of the regulations reviewed and there was evidence of good practice in many areas. However, improvements and further oversight was required in relation to some systems and processes used to oversee the quality and safety of the service as well as ensuring that the person in charge had the required training to maintain effective oversight of computerised records and audit systems.

The person in charge worked full-time and was also responsible for one other designated centre as well as having other managerial responsibilities in the organisation. The person in charge had only recently taken on the role and was still getting to know residents, their families and the service. They were supported in their role by the team leader, staff team and area manager. There were on-call management arrangements in place for out-of-hours.

The inspector found that the staffing levels on the day of inspection met the support needs of residents. Some staff members had worked in the centre over a sustained time period, staff members who also worked in the day services and a number of regular locum support staff were also employed. The person in charge advised that recruitment was ongoing for a vacant post. The staffing rosters reviewed for 17 to 30 November 2024 indicated that a team of consistent staff was in place. The roster was well maintained, it clearly set out the staff on duty, their roles as well as the person in charge of each shift.

Training records reviewed by the inspector and conversations with staff provided assurances that the staff were provided with ongoing training. Records reviewed indicated that all staff including locum staff had completed mandatory training. Additional training had been provided to staff to support them in meeting the

specific needs of some residents.

The provider had systems in place for reviewing the quality and safety of the service including six-monthly unannounced provider-led audits and an annual review. The most recent review was completed in June 2024. Actions identified as a result of the review were being progressed to ensure that personal outcome goals for residents were more inspirational and ensured more community involvement.

The provider had put in place computerised audit systems to regularly review areas such as health and safety, infection prevention and control and medication management. The audit systems also included a quarterly review of incidents and accidents, medication errors, fire safety, risk management, staff training, personal profiles, residents finances, complaints. infection, prevention and control and restrictive practices. The inspector reviewed a sample of completed audits. While the results of audits generally indicated good compliance, improvements were required to ensure that audits completed on the computerised systems were informative and clearly identified areas for improvement in order to bring about improvements to the quality and safety of the service.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services as required.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge was also responsible for one other designated centre as well as having other managerial responsibilities in the organisation. The person in charge was suitably qualified and experienced for the role. They were in daily contact with staff and had a weekly presence in the centre. As they had been recently appointed to the role, they were still getting to know residents, their families and the service.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix was

appropriate to the number and assessed needs of the residents in the centre. The staffing levels at the time of inspection met the support needs of service users. The person in charge advised that recruitment was on-going for one vacant post. However, regular locum relief staff were used to fill vacant shifts, which ensured that residents received continuity of care and support.

The person in charge maintained a planned and actual staff rota. The inspector viewed the rotas for November 2024, and found that they clearly showed the names of the staff working in the centre during the day and night, and the hours they worked.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training.

All staff who worked in the centre had received mandatory training in areas such as fire safety, positive behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them in their role including various aspects of infection prevention and control, medicines management, diabetes, health and safety in health care, and understanding autism.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the provider had ensured that the centre was well resourced in line with the statement of purpose. For example, the staffing arrangements were appropriate to the residents' needs. There was also a clearly defined management structure in the centre. However, some systems in place to oversee the quality and safety of care in the centre required review. Improvements were required to ensure that audits completed on the computerised systems were informative and clearly identified areas for improvement. Some audits reviewed were not informative, non-compliance's were not always clear and there were no action plans generated where non compliance's had been identified. The inspector was not assured that the results of audits were used to inform improvements to the service, for example, the same non-compliance was noted in several successive medication management audits. Issues relating to infection prevention and control identified on the day of inspection relating to the unsuitability of the location of laundry facilities had not been identified by the systems in place.

The arrangements in place for the management oversight of completed audits also

required review. The person in charge had not yet completed training on the computerised system (FLEX) which impacted upon effective oversight of audits completed by staff and the team leader, as well as impacting upon the sharing of information and ensuring that improvements identified were addressed as a result.

Further oversight was also required to the computerised documentation system in relation to some aspects of residents assessment and personal planning. The person in charge had not yet completed training on the computerised system (OLIS) which impacted upon their ability to oversee and ensure that residents support needs were being met.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose submitted with the application to renew registration. The statement of purpose required updating to clearly reflect the staffing arrangements in the centre, and to reflect the percentage of time allocated to the person in charge to their management role in the centre.

Judgment: Substantially compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a high standard of care and support in the centre. A relative spoken with told the inspector how they visited the centre on a weekly basis and that they had no concerns regarding the quality and safety of the service. Residents were observed to be comfortable in their environment and with staff supporting them. The provider had adequate resources in place to ensure that residents got out and engaged in activities that they enjoyed on a regular basis and the staff team promoted and supported residents to exercise their rights and achieve their personal and individual goals. However, the inspector found that improvements were required to enhance infection, prevention and control and to assessment and personal planning documentation.

Staff spoken with were familiar with, and knowledgeable regarding residents' up to date healthcare and support needs. Residents had access to general practitioners (GPs), out of hours GP service, to nursing supports and a range of allied health services. The inspector reviewed a sample of two residents files which were now predominantly being maintained on a computerised information system, however, some records were still available on a paper based system. There were a range of

up-to-date assessments, as well as, care and support plans recorded. Support plans in place including those to guide the specific health care needs of residents such as those with diabetes and a specific skin condition were found to be comprehensive, informative, person centered and had been recently reviewed. However, some improvements were required to assessments and personal planning documentation as there were inconsistencies noted in the records reviewed. This is discussed further under Regulation 5: Individual assessment and personal plan. As discussed under regulation 23: Governance and management, the person in charge had not yet completed training on the computerised information system which negatively impacted upon their capability to oversee records relating to residents health, personal and social care needs and therefore, to ensure that those assessed needs were being met.

Personal plans had been developed in consultation with residents, family members and staff. Review meetings took place annually, at which residents' personal goals and support needs for the coming year were discussed and progress reviewed. This documentation was found to clearly identify meaningful goals for residents, with a clear plan of action to support these residents to achieve their goals. The inspector noted that some of the goals set out for 2024 had already been achieved while others were plans in progress.

Both houses in the centre were well maintained, comfortable, spacious, furnished and decorated to a high standard in a homely style. While the centre was found to be visibly clean, some improvements were required to further enhance infection, prevention and control. The inspector noted that the washing machine, clothes dryer and deep freeze unit were located in an external boiler house shed at the rear of one of the houses. These arrangements had potential to negatively impact upon infection, prevention and control in the centre. This is discussed further under Regulation 27: Protection against infection.

The provider had systems in place for the regular review of risk in the centre including regular reviews of health and safety, infection prevention and control and medication management. However, as discussed in this report, improvements were required to ensure that audits completed were informative and identified areas for improvement. Identified risks were discussed with staff at team meetings. The management and staff team promoted a restraint free environment and had continued to regularly review all restrictive practices in use. There were some environmental restraints in use in response to the safety and behavioural support needs of some residents and these were subject to regular multi-disciplinary review. Staff were trialling a further reduction in some restrictions in use. All residents had been involved in completing fire drills and fire drill records reviewed indicated that there had been no issues in evacuating the building in a timely manner.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes. As residents did not communicate verbally, the staff were focused on ensuring that they communicated appropriately with residents. Throughout the inspection the inspector saw staff communicating with residents in line with their capacity using gestures, cues and verbal prompts. Each resident had a communication support plan which provided a range of information to guide staff, including information about the resident's likes, dislikes and preferences.

Judgment: Compliant

Regulation 11: Visits

Residents were actively supported and encouraged to maintain connections with their friends and families. There were no restrictions on visiting the centre. There was adequate space available for residents to meet with visitors in private if they wished. All residents regularly visited their friends and family members. Some residents went home to stay with family each weekend.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable support was provided to residents to achieve this in accordance with their individual interests and assessed needs. The centre was close to a range of amenities and facilities in the local area and nearby city. The centre also had its own dedicated vehicle, which could be used for residents' outings or activities. From conversations with staff and a relative as well as information and photographs reviewed during the inspection, it was evident that residents lived active and meaningful lives and spent time going places and attending events that they enjoyed.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met resident's individual needs. Both houses were found to well maintained, visibly clean, furnished and decorated in a homely style. There was a variety of shared

communal living spaces available and an adequate number of toilets and shower facilities. Residents that required assistive devices and equipment to enhance their mobility and quality of life had been assessed and appropriate equipment had been provided. A further recent referral had been sent to the occupational therapist for additional grab rails in the bathroom of one of the houses in order to better support the needs of a resident.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. The risk register had been recently reviewed. The centre had an emergency plan in place and all residents had a recently updated personal emergency evacuation plan in place. Fire drill records reviewed indicated that all residents could be evacuated safely in the event of fire

Judgment: Compliant

Regulation 27: Protection against infection

While the centre was found to be visibly clean, some improvements were required to further enhance infection, prevention and control. The inspector noted that the washing machine, clothes dryer and a deep freeze unit were located in an external boiler house shed at the rear of one of the houses. The wall and floor surfaces in the boiler house were of untreated raw concrete and therefore, not conducive to effective cleaning. Frozen food was being stored in a deep freeze unit adjacent to the area used for sorting and washing soiled laundry resulting in the potential for food contamination. It was necessary to carry soiled clothes and bed linen through the dining and kitchen area in order to reach the external boiler room contrary to good infection control practices. The providers own systems in place for the identification of risk and review of infection prevention and control practices in the centre had not identified these issues.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were fire safety management systems in place. Weekly fire safety checks continued to take place. There was a schedule in place for servicing of the fire alarm

system and fire fighting equipment. All staff had completed fire safety training. Regular fire drills of both day and night-time scenarios were taking place involving all staff and residents. Fire drill records reviewed by the inspector indicated that residents could be evacuated safely in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Some improvements were required to individual assessments and personal planning documentation. The inspector reviewed a sample of two residents files which were predominantly being maintained on a computerised information system. While there were a range of up-to-date assessments and care plans recorded, inconsistencies were noted in the records reviewed. For example, an intimate care plan in place for a resident who required support with personal care was not up-to-date and did not reflect their current support needs, there was no mobility or falls prevention support plan or risk assessment in place for a resident identified as being at high risk of falls and continence assessments had not been reviewed since 2017.

Judgment: Substantially compliant

Regulation 6: Health care

The staff team continued to ensure that residents had access to the health care that they needed.

Residents had regular and timely access to general practitioners (GPs), consultants and health and social care professionals. A review of two residents' files indicated that residents had been reviewed by the GP, dermatologist, physiotherapist, occupational therapist, speech and language therapist, behaviour support therapist, optician and dentist. Records also showed that guidance from healthcare professionals was available to inform and guide staff in the designated centre. Staff had been provided with training for some specific health care needs, such as, safe administration of medication and diabetes care. Residents had also been supported to avail of vaccination and national screening programmes. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident, in the event of they requiring hospital admission.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents that required support with behaviours were being responded to appropriately, had access to specialists in behaviour management and written plans were in place. All staff had received training in order to support residents manage their behaviour. The local management team advised that residents were happy living in the centre and that there had been a notable reduction in incidents relating to behaviour that challenged.

Judgment: Compliant

Regulation 8: Protection

The provider had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. A photograph and the contact details of the designated safeguarding officer was displayed. The person in charge advised that there were no safeguarding concerns at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a caring and respectful manner. The residents had access to televisions, the Internet and information in a suitable accessible format. Residents were supported to communicate in accordance with their needs and to avail of advocacy services. Restrictive practices in use were reviewed regularly by the organisations human rights committee. Residents continued to be supported to partake in activities that they enjoyed in the centre and in the local community.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ard Services OSV-0005888

Inspection ID: MON-0036781

Date of inspection: 18/11/2024

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 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 Provider has arranged specific training for the Person in Charge on the 4th of February 2025, to ensure effective oversight of the systems in place. • In advance of this formal training, the Person in Charge has completed informal training to help familiarise themselves with the systems in place provided by the relevant systems administrators. • The Provider's training department, to facilitate a bespoke, practice workshop on the completion of computerised audits with the staff team on Friday 14th February. This will include a focus on the use of audits to inform service improvements and the need to generate actions plans to address any non-compliances identified. • The Provider will ensure that any non-compliances identified in future audits undertaken in the centre will be addressed and specific corrective actions implemented to enhance the quality and effectiveness of services provided. These audits will be reviewed on a monthly basis on the Provider's behalf by the Person in Charge. • The Provider has made available adequate funding to relocate the laundry facilities within House 2 of the designated centre to a more suitable location within the property, which will be complete by 28/02/25. 	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> • The Provider reviewed and amended the Statement of Purpose of the Designated Centre to accurately reflect both the staffing arrangements in the centre, and the percentage of time the Person in Charge spends in the Designated Centre. 	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • The Provider has made available adequate funding to relocate the laundry facilities within House 2 of the designated centre to a more suitable location within the property, which will be complete by 28/02/25. • This work requires the office of House 2 being relocated to a vacant bedroom within the house, ensuring there is little to no impact on the people supported by the service. • These changes have been clearly identified on the reviewed and re-submitted Statement of Purpose for the Designated Centre, along with the required floor plans in respect of House 2. 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • The Provider will ensure that all care plans are reviewed as individual need dictates or at least on an annual basis, should no change in supports be required by the resident. • The Provider will ensure that all residents admitted to the Designated Centre will have a personal plan including all relevant care plans as per the resident's needs, completed and in place no later than 28 days after admission, as required. • The care plans noted as requiring update and review on the day of the inspection, were reviewed on the 19th of November 2024 by the Person in Charge and Team Leader of the service. This brought the required care plans of all people supported by the Designated Centre into compliance within Organizational timeframes. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(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	28/02/2025
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	Substantially Compliant	Yellow	28/02/2025

	published by the Authority.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/01/2025
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	19/11/2024
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	19/11/2024