Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Wood View Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	15 October 2024
Centre ID:	OSV-0001789
Fieldwork ID:	MON-0044639

About the designated centre

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

Wood View provides a residential service to four residents who have a mild to moderate intellectual disability. The service can also accommodate residents who have autism and who attend the services of a mental health team. The centre is a two storey building which is located on the outskirts of a medium sized town where public transport links such as trains, buses and taxis are available. The residents also have transport available which is used to access their day service and local community. Each resident has their own bedroom and there is also sufficient kitchen and dining facilities in place. A social model of care is delivered in the centre and residents are supported at all times by a combination of social care workers and social care assistants. There is also a sleep in arrangement to support residents during night-time hours.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 15 October 2024	11:00hrs to 17:30hrs	Mary McCann	Lead
Wednesday 16 October 2024	10:00hrs to 14:15hrs	Mary McCann	Lead

What residents told us and what inspectors observed

Wood view designated centre is a four bedded two storey house situated on the outskirts of a scenic rural town and is registered to provide care to four adults. The registered provider is Western Care Association. Overall, residents reported that they enjoyed living in the centre and staff were kind and caring and looked after them well, however the shortcomings in the premises had a negative impact on the quality of life of residents and exacerbated the incompatibility of two residents.This is discussed further throughout the report.

This centre was part of a targeted safeguarding inspection completed in March 2023 which focused on regulation 7 (Positive behaviour support), regulation 8 (Protection), regulation 23 (Governance and management) and regulation 26 (risk management procedures). These regulations were reviewed as part of this together with other relevant regulations and while some areas require further work improvements were found in most areas from the targeted programme. This announced inspection was carried out as part of the Chief Inspector's regulatory monitoring of the centre and to inform the decision on the renewal of registration of this centre which the provider had applied for.

Prior to the inspection the inspector contacted the centre to discuss with the person in charge arrangements to enable the inspector to meet as many residents as possible to illicit their views and experiences of living in the centre. The inspector engaged with all four residents. All residents could make their needs known by different ways of communicating. Some residents could verbalise their views and needs while others communicated through words, signs, vocalisations, facial expressions and body language. Residents stated or indicated that they enjoyed living in the centre and they were enabled to engage in activities that were meaningful to them by attending the local HUB daily on a full or part time basis. One resident availed of a 1:1 programme while in the HUB centre and told the inspector she was happy with this. Two residents attended the HUB three days were week and attended an alternative day service in a neighbouring town two days per week.While sitting in the sitting room the inspector observed returning from the day service staff member was massaging a residents feet in the sitting room while another resident was looking at a magazine.

The inspector noted that when one resident came into the sitting room another resident left it. One resident did not come to the sitting room and spent their time at the dining room table on return from the day service. The inspector also met with two staff members and the person in charge, all of whom displayed a very good knowledge of the residents and spoke in a kind and caring way about residents. Staff also relayed issues with regard to incompatibility of two residents and the impact the premises had on this. Staff were observed to chat happily with residents as they cooked a home cooked meal for residents. The fridge was well stocked with healthy food and nutritious snacks. The location of the centre enables residents to visit the shops, cafes and other leisure amenities in the local area. Transport, which

could be used for outings or any activities that residents chose was available to the centre to support residents attend health appointments. Staffing levels in the centre ensured that each resident was supported by staff to do activities of their preference. The house has a small paved garden to the front and an enclosed back garden to the rear of the premises which provided privacy to residents to relax outdoors weather permitting.

A person-centred rights-based approach was evident in the centre and staff were observed to be respectful of residents' choices and wishes as they assisted them; for example, checking would they like a foot massage, or do some chair exercises, chatting with them about the food that was being cooked. Residents meetings were held and staff discussed menu choices with residents and local activities.

All residents had received a questionnaire from HIQA which had been sent to the centre in advance of the inspection. The inspector received four completed questionnaires. All four residents had received support from staff to complete these questionnaires on 'What it is like to live in your home'. Responses indicated that residents were generally happy living the centre and had access to meaningful activities of their choosing. Although in response to the question 'Do you feel safe' one stated 'could be better – other peers', another commented 'sometimes there is issues between two friends', 'Staff are kind, caring, and I am happy with the people I live with". In summary, from what residents told the inspector and from what the inspector observed residents had access to person-centred activities and were well cared for by staff.

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 care and support provided to the residents.

Capacity and capability

While there were governance and management structures in place, the registered provider needed to further improve the overall governance and monitoring in this centre to ensure the service provided was a safe quality service for residents and residents' rights were upheld.

While there was a monthly review of accident and incidents and there was good input from specialist behaviour support services, mental health services and the safeguarding team, the frequency of incidents posed a risk to residents' quality of life. For example in 2024 there were 15 incidents recorded in July, 10 in August and 8 in September. These mainly related to incompatibility of residents. Staff spoke of the work they had done to date to try and mitigate the risks posed to residents, for example, accessing mental health and behaviour support services, engaging residents frequently in actives in the house they enjoyed, for example massage, having frequent baths and going for walks and increasing staffing levels in the

centre post day services. The provider had ensured the provision of adequate resources which included staff who were experienced and knowledgeable regarding residents' needs and preferences, thereby enhancing consistent person centred care and building up trust between staff and residents and allaying residents' anxiety.

Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed the information submitted to apply for the registration renewal of this centre and found all of the required documentation to support the application to renew the registration of the designated centre has been submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had been appointed as person in charge in 2019. They were appropriately qualified and experienced to fulfil the duties of this role. They kept themselves up to date with regard to mandatory training and had recently attended neuro-diversity training and incident management training. They worked full time and were responsible for the day to day management of two designated centres.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed the 24 hour actual and planned rota over a three week period and found that the staffing levels on the day of inspection were the usual staffing levels. From the inspectors observations throughout the inspection the inspector found that the staffing levels were adequate to meet the needs of residents. On the day of inspection there were two staff on duty until residents went to day services and the person in charge and two in the evening. There was one sleepover staff on night duty. There was a management person on-call out of hours. Staff were aware of this and there was a designated phone number to contact this person.

Judgment: Compliant

Regulation 16: Training and staff development

There was good oversight of staff training in the centre. A training programme was in place for staff and the organisation had recently developed a digital system for staff training and development where staff could self-nominate themselves for training and the person in charge had oversight of this system and was aware of what training staff had completed. This meant that staff had the opportunity to attend mandatory training and were supported to develop the skills and competencies to protect the care and welfare of residents which is an important factor in the responsiveness of how staff assess identify and manage individual residents' needs.

The inspector reviewed the training matrix for all staff and noted that mandatory training for staff was up-to-date. With the exception of one new staff member who had not undertaken fire safety training. |however the person in charge had mitigated the risk posed by this by ensuring that this staff member never worked alone and had completed a simulated fire drill with them. They were booked to attend the next fire safety training, which was scheduled for the 20 November 2024.

Additional training undertaken by staff included minimal handling, health and safety, infection prevention and control and safe nutritional care. Where refresher training was required, this had been identified by the person in charge and staff had been scheduled to attend this training. Staff meetings were held on a regular basis and minutes were available. This ensured that staff who were unable to attend were aware of issues discussed.

When staff commenced working in the centre an induction training programme was in place and new staff had greater support and supervision than experienced staff. This helped to ensure that staff had relevant knowledge about the service and the residents. Staff received support in the form of regular supervision and staff confirmed that the person in charge was regularly available and was supportive.

Judgment: Compliant

Regulation 22: Insurance

The inspector reviewed the provider's insurance details which were submitted as part of their application to renew the registration of this centre. The insurance was in date.

Judgment: Compliant

Regulation 23: Governance and management

While the provider had the provider had ensured that there were governance and oversight arrangements in place to protect the health and social care needs of resident's improvements were required to ensure the service provided was a safe quality service. Areas documented under regulation 7, 9, 11 17 and 26 required review.

There was a defined management structure in place with clear lines of authority and accountability. The provider had ensured that there was adequate staff on duty to meet the needs of residents. Staff reported to the person in charge and the person in charge reported to the area manager and met them weekly. The inspector reviewed the most recent annual review. This had been completed by the person in charge on the quality and safety of care and support in the designated centre. The inspector found that this was a comprehensive review and included the views of the residents and their families. Areas for improvement were identified and these were actioned or were in the process of completion.The provider's arrangements for monitoring the centre included six monthly unannounced visits which were completed by a senior staff member independent of the centre and completion of annual reviews of the service provided by the person in charge. The previous two six-monthly reports were reviewed by the inspector. A quality improvement plan had been completed after these reviews. Timelines for completion were in place and some actions had been completed by the person in charge.

Regular team meetings were occurring and there was very good attendance by staff at these meetings. Detailed minutes were available for staff who were unable to attend. The Person in Charge had regular meetings with their area manager and regional person in charge meetings were held which had a briefing, education and supportive component. The inspector reviewed the compliance plan from the inspection carried out on the 21 September 2021, two actions were detailed post this inspection, one related to a review of the statement of purpose and the other to review of the residents' guide both these actions had been completed at the time of this inspection. audits including infection prevention and control, medication management and finances were regularly completed.

An out of hour's management on call staff roster was in place. The person in charge confirmed that this had recently been reviewed and was agreed at local level but staff had not been sanctioned as yet at at organisational level. Staff spoken with confirmed they were are of this support to them out of hours.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The inspector reviewed the Statement of Purpose and found that it accurately reflected the service provided and was in compliance with the relevant regulation.

Judgment: Compliant

Regulation 30: Volunteers

The centre had a volunteer working in the centre in the past but there was no volunteer at the current time. The person in charge confirmed that if a volunteer was working in the centre she would ensure that their roles and responsibilities would be set out in writing and they would receive supervision and support. Garda vetting would be organised prior to them commencing in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the Chief Inspector was notified of the occurrence of incidents in line with the requirement of the regulations.

Judgment: Compliant

Quality and safety

In summary, overall the care provided to residents was good and residents were complimentary of the service provided to them by staff, however, areas that required review included review of the suitability of the premises for current residents, ensuring risks are identified, assessed and controls are put in place to mitigate these risks and regular monitoring of the effectiveness of these control measures occur. This is discussed further under Regulation 26, 'risk management procedures.

Aspects of resident's rights also required review and this is discussed under regulation 9. Residents were supported to attend community-based activities and to address their healthcare-related needs. A range of health and social care professionals was available as required. Hospital appointments were facilitated, and health promotion services such as bowel screening and breast check was available to residents. Residents were supported to experience positive mental health, and where required, had access to mental health services. Systems were in place to safeguard residents; these included a safeguarding policy, all staff had undertaken Garda Síochána vetting prior to appointment, staff had completed safeguarding

training and had access to the safeguarding team.

Positive behavioural support plans, where required, were in place. These were person-centred and guided staff on how to manage the behaviour displayed provide care to residents.

Regulation 11: Visits

An open door visiting policy was in place where visitors could attend at any time. However a suitable private area, which is not the resident's bedroom was not available to residents in which to receive a visitor if required.as communal space consisted of one sitting room and a kitchen cum dining room. Three of the bedrooms were located upstairs which some visitors may not be able to utilise as a private space to meet their loved one.

Judgment: Substantially compliant

Regulation 17: Premises

Wood view designated centre is a four bedded two storey house situated on the outskirts of a scenic rural town and is registered to provide care to four adults.. Each resident had their own personalised bedroom. The premises was warm, homely, and clean and personalised with photos and personal items of resident's choice. A good well sized garden was available to the back of the premises with a small area paved area to the front. Shortcomings in the premises and the impact this has on the quality of life of residents is documented under regulations 9 11, 26

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had ensured that a residents' guide was available to residents in the centre. The guide contained information on the services and facilities provided in the centre, and was available in an easy to read format.

Judgment: Compliant

Regulation 26: Risk management procedures

Areas of risk management required review. The risk management policy remained in draft format.

One resident was accommodated down stairs. The shower available to this resident had an entry of 15 inches on a diagonal slant to enter. The resident is awaiting surgery and no risk assessment was completed of the suitability of the use of this shower for the resident.

Three residents were accommodated upstairs. These residents had access to one bathroom which contained a bath with a shower over it and a toilet, consequently residents had to navigate entry to the bath to have a bath or shower. A grab rail was available to assist residents.The stairs from the ground floor to the first floor were steep. No risk assessment was available relating to residents accessing the bath/shower this on the first day of inspection or residents using the stairs but the person in charge had prepared one on the second day of the inspection..

An overarching comprehensive risk assessment of the suitability of the premises, taking into consideration the current assessed needs of residents and consideration to the equitable rights and choice of each resident had not been completed.

Staff, residents and a family member had raised concerns regarding the shortcomings of the premises and the impact this had on the incompatibility of two residents resulting in frequent incidents occurring. This had been raised as red risk on the centre risk register on the 17 July 2022, but had not been addressed.

While the person in charge had completed some risk assessments post discussion with the inspector during the inspection, comprehensive risk assessments for all risks identified in the centre which are evidence based to ensure validity and for comparative purposes were not in place.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place, including arrangements to detect, contain and extinguish fires and to evacuate the premises. The inspector found that regular fire drills were occurring during the day, and simulated night drills were also occurring regularly. Staff spoken with confirmed to the inspector that they felt if they were the lone worker on night duty they would be able to safely evacuate residents. These served as evidence that good fire safety procedures were in place at the time of this inspection. The fire alarm, emergency lighting, fire detectors and extinguishers were regularly serviced and checked by an external fire management company. Each resident had a personal emergency evacuation plan.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed care plans relating to two residents health and social care needs and found that care plans were based on the assessed needs of residents and provided a good level of detail to guide staff as to how to support residents. These were reviewed and monitored regularly and residents and families were included in the reviews. Personal plans were developed and goals were identified, however progression of personal plans required review. For example in one personal plan reviewed a goal with regard to obtaining alternative accommodation was cited. However it was clear from other documentation reviewed by the inspector that this was not going to be achievable this year. Dates had been set for a review of this goal and while these had elapsed there was no narrative to support that this goal would not be achieved this year and consideration was not given to identifying an alternative goal of the residents' choice. The inspector found that the monitoring of changes in residents' nutritional care was not kept under review post a specialist review by the speech and language therapist. While the nutritional care guidelines had not changed there was no indication on the care plan that it had been reviewed since 2020 and the care plan was generic in nature. The person in charge reviewed this immediately.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a range of health and social care professionals which included behaviour support, speech and language therapy and psychology. There was correspondence in some of the personal files reviewed which evidenced collaborative working with good recording of the reason for referral and the outcome for the resident. Residents had good access to medical practitioners Documentation supported that annual health checks were being completed by their medical practitioner and regular blood analysis was being undertaken, ensuring residents health was protected.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed two behaviour support plans. The inspector found that while incidents of behaviours of concern had decreased over the last three months there were still frequent incidents, which staff contributed to the shortcomings in the premises and the changes to the personal circumstances of residents. Comprehensive behaviour support plans were in place where required and staff had and were making efforts to mitigate the risk of incidents occurring by doing diversional activities with residents and staffing levels had been increased The provider was seeking alternative accommodation for residents. There was evidence of good support from specialist behaviour support services and mental health services. A policy on inter clinical team working was in draft format. A process was in place for regularly reviewing restrictions in place to ensure they were used for the shortest period of time. Restrictive practices in place had been reviewed by the human rights committee. The provider had committed to providing neurodiversity training to all staff as part of the targeting programme but this neurodiversity training as part of the targeted safeguarding inspection action plan but this had not occurred.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector found that the provider and person in charge had implemented systems to safeguard residents. These included staff training in in the prevention, detection, and response to safeguarding concerns, a policy on safeguarding residents and staff spoken with were aware of the contact details of designated officers which were displayed in the centre. The provider had also ensured that all staff had Garda Síochána vetting in place prior to commencement of employment. Despite these efforts safeguarding of residents was affected by the frequency of incidents in the centre.

Judgment: Substantially compliant

Regulation 9: Residents' rights

While aspects of resident's rights were upheld as staff were noted to protect the privacy and dignity of residents as they provided care and support to residents and weekly residents' meeting ensured that residents were consulted with regard to weekly activities and food choices. Staff were aware of respecting resident's rights and spoke about ensuring residents got to do things they liked, that they were listened to and what their views were we acted upon. For example access to activities that were meaningful to them, and respecting their choice not to engage in

activities, assessing alternative therapies of their choice and personalising their bedrooms,

Other aspects of residents rights required review as staff and family members had raised concerns on the incompatibility of two residents and how shortcomings in the premises exacerbated this. The person in charge stated that these incompatibility issues were ongoing since 2019 as the personal circumstances of the resident's had changed then. The residents were not able to spend time away from the centre particularly at weekends due to changes in family circumstances. Also staff spoke about how it is more difficult to do activities in the evening after residents return from day services due to the weather and darkness and residents choose to relax in the centre in the evenings more in the late autumn/winter months.

Staff spoken to by the inspector stated that these issues had an influence on the atmosphere in the centre and had a negative impact on all residents. There was also evidence available that a family member had raised concerns with senior management regarding this matter. These concerns had also been escalated to senior management through the person in charge meetings with the area manager who in turn reports these concerns to the senior management team. There was documentation available and the person in charge confirmed that that efforts that been made to try and access alternative accommodation, but this had been unsuccessful to date.

Additionally access to the downstairs shower required passing through the kitchen/dining room which may compromise the privacy and dignity of a resident.

Some aspects of resident's rights were not fully upheld. As detailed throughout this report incidents were occurring with regard to incompatibility of residents and the impact the premises had on this. This had been occurring for a considerable period of time. One resident had been referred to Advocacy services were available to one resident. Access to advocacy services to all residents due to the incompatibility issues and potentially moving accommodation had not been sought to ensure residents were consulted with, consent obtained to ensure the rights of all residents are protected and decisions made are equitable and take the assessed needs, choices and supports required of all residents into consideration are monitored and reviewed regularly with the voice of the resident being paramount.

Judgment: Not 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 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not 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	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Wood View Residential Service OSV-0001789

Inspection ID: MON-0044639

Date of inspection: 16/10/2024

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

An on-call system is in place locally to provide cover for out-of-hours emergencies; this will be expanded organisationally. (31/01/2025)

Compliance with Regulation 23, governance and Management will be achieved by compliance with Regulation 7, Regulation 9, Regulation 11, Regulation 17 and Regulation 26.

Regulation 7

All staff in the service are nominated to attend Neurodiversity training as part of the ongoing training calendar which runs throughout the year. New staff members will be supported to attend on an ongoing basis. (31/03/25)

All incidents are reviewed by the Person in Charge in conjunction with the Behaviour Support Specialist to ensure that all factors leading to a behaviour that necessitates intervention are identified. The Person in Charge will meet with the Behaviour Support Specialist and review recording methods to ensure antecedent to behaviours are sufficiently identified to support appropriate intervention. (11/11/24)

Accommodation that meets the needs of the residents providing adequate space for their sensory and social needs is being sought, this housing will have a positive effect on individuals' behavioural requirements. For changes that may occur to people's living environment, the Person in Charge will work with the Behaviour Support Specialist to ensure a comprehensive transition plan is in place where necessary, ensuring the most positive experience when moving to a new home. (01/06/25)

Regulation 9

The service will continue working with individuals to promote advocacy, be this self-advocacy or through the National Advocacy Services. Self-advocacy will be supported with a focus on this at monthly house committee meetings. Natural supports where involved will be encouraged to support their loved one in advocacy. Where necessary residents will be supported to access the independent Advocacy Services. To facilitate this an application will be made with the person or on their behalf, (30/11/24).

The provider will ensure that each person supported lives in an environment that promotes their dignity and wellbeing, and rights based on their assessed needs. To accomplish this a review of all residents Assessment of needs will be carried out by the Person in Charge. (31/12/2024)

The Person in charge will liaise with the Maintenance Team to review the downstairs shower facilities with a view to adding an additional en-suite in the downstairs bedroom. (31/12/24)

Accommodation that meets the needs of the residents providing adequate space for their sensory and social needs is being sought, this housing will have a positive effect on individuals' behavioural requirements. For changes that may occur to people's living environment, the Person in Charge will work with the Behaviour Support Specialist to ensure a comprehensive transition plan is in place where necessary, ensuring the most positive experience when moving to a new home. (01/06/25)

Regulation 11

The Person in Charge will arrange for a review of internal and external living space by the Maintenance personnel, who will oversee the creation of a Garden Room to add additional space for residents to relax, use as a sensory space area and also to receive visitors should they need arise. (01/04/2025)

Until such a time as additional space is created to receive visitors the Person in Charge will ensure there are adequate risk assessments undertaken to ensure residents can enjoy time with their friends and families should they visit the Designated Centre. (01/04/2024)

Regulation 17

See Regulation 17

Regulation 26

The Person in Charge will work with the Area Manager to review the current suite of Service Risk assessments to ensure that all the current risks in the service are captured and reflected in the service provision risk register and also in individual personal risk

management plans, this will include a review of environmental risks such as stairs. (31/1/25)

Where appropriate a wider multi-disciplinary team will be consulted to assess the suitability of living areas such as stairs and bathroom areas. To inform the risk assessment process the The Person in Charge will arrange for an Occupational Therapist to support with the environmental review. (31/01/25)

The revised Organisational Risk Management Policy will be finalized and circulated through the Organisation and implemented by the Person in Charge with. (31/1/25)

Currently, there is an escalated risk reflected within the risk register relating to the compatibility of residents and the physical premises of the Designated Centre. There has been significant work carried out to date; this has involved working with Behaviour Support Specialists, a regular meeting of the Housing and Safeguarding Forum which has been formed to keep oversight of the housing needs of those within the Designated Centre, working with The Designated Officer, an active work plan is in place to progress the housing needs of residents. The Area Manager has submitted business cases to the Health Service Executive to support progress to change provision of the current service to meet the current needs of those living in the Designated Centre.

Business cases have been submitted to the HSE for additional housing, these have been updated to reflect the peer-to-peer compatibility issues. There are currently two potential housing options available however finalisation of moves to these houses will be dependent on funding being finalised and work with the Local County Council. One alternative house will provide a setting for a person to receive a bespoke service (01/06/2025) and the additional identified property will provide single storey accessible accommodation to meet peoples changing physical needs as they age (01/11/2026).

Regulation 11: Visits	Substantially Compliant

Outline how you are going to come into compliance with Regulation 11: Visits:

The Person in Charge will arrange for a review of internal and external living space by the Maintenance personnel, who will oversee the creation of a Garden Room to add additional space for residents to relax, use as a sensory space area and also to receive visitors should they need arise. (01/04/2025)

Until such a time as additional space is created to receive visitors the Person in Charge will ensure there are adequate risk assessments undertaken to ensure residents can enjoy time with their friends and families should they visit the Designated Centre in the. (01/04/2024)

Regulation 17: Premises	Substantially Compliant

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

Compliance with Regulation 17, will be achieved by further compliance in Regulations 9,11 and 26.

Regulation 9

The service will continue working with individuals to promote advocacy, be this self-advocacy or through the National Advocacy Services. Self-advocacy will be supported with a focus on this at monthly house committee meetings. Natural supports where involved will be encouraged to support their loved one in advocacy. Where necessary residents will be supported to access the independent Advocacy Services. To facilitate this an application will be made with the person or on their behalf, (30/11/24).

The provider will ensure that each person supported lives in an environment that promotes their dignity and wellbeing, and rights based on their assessed needs. To accomplish this a review of all residents Assessment of needs will be carried out by the Person in Charge. (31/12/2024)

The Person in charge will liaise with the Maintenance Team to review the downstairs shower facilities with a view to adding an additional en-suite in the downstairs bedroom. (31/12/24)

Accommodation that meets the needs of the residents providing adequate space for their sensory and social needs is being sought, this housing will have a positive effect on individuals' behavioural requirements. For changes that may occur to people's living environment, the Person in Charge will work with the Behaviour Support Specialist to ensure a comprehensive transition plan is in place where necessary, ensuring the most positive experience when moving to a new home. (03/03/25)

A business plan has been submitted to the HSE for additional housing, this is being updated to reflect the peer-to-peer compatibility concerns. There are currently two potential housing options available however finalisation of moves to these houses will be dependent on funding being finalised and work with the Local County Council. One alternative house will provide a setting for a person to receive a bespoke service (01.06.2025) and the additional identified property will provide single storey accessible accommodation to meet peoples changing physical needs as they age (01/11/2026)

Regulation 11

The Person in Charge will arrange for a review of internal and external living space by the Maintenance personnel, who will oversee the creation of a Garden Room to add additional space for residents to relax, use as a sensory space area and to receive visitors should they need arise. (01/04/2025)

Until such a time as additional space is created to receive visitors the Person in Charge will ensure there are adequate risk assessments undertaken to ensure residents can enjoy time with their friends and families should they visit the Designated Centre in the. (01/04/2024)

Regulation 26

The Person in Charge will work with the Area Manager to review the current suite of Service Risk assessments to ensure that all the current risks in the service are captured and reflected in the service provision risk register and also in individual personal risk management plans, this will include a review of environmental risks such as stairs. (31/01/25)

Where appropriate a wider multi-disciplinary team will be consulted to assess the suitability of living areas such as stairs and bathroom areas. To inform the risk assessment process The Person in Charge will arrange for an Occupational Therapist to support with the environmental review. (31/01/25)

The revised Organisational Risk Management Policy will be finalized and circulated through the Organisation and implemented by the Person in Charge. (31/01/25)

Currently, there is an escalated risk reflected within the risk register relating to the compatibility of residents and the physical premises of the Designated Centre. There has been significant work carried out to date; this has involved working with Behaviour Support Specialists, a regular meeting of the Housing and Safeguarding Forum which has been formed to keep oversight of the housing needs of those within the Designated Centre, working with The Designated Officer, an active work plan is in place to progress the housing needs of residents. The Area Manager has submitted business cases to the Health Service Executive to support progress to change provision of the current service to meet the current needs of those living in the Designated Centre.

Business cases have been submitted to the HSE for additional housing, these have been updated to reflect the peer-to-peer compatibility issues. There are currently two potential housing options available however finalisation of moves to these houses will be dependent on funding being finalised and work with the Local County Council. One alternative house will provide a setting for a person to receive a bespoke service (01/06/2025) and the additional identified property will provide single storey accessible accommodation to meet peoples changing physical needs as they age (01/11/2026).

Regulation 26: Risk management procedures	Not Compliant

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

The Person in Charge will work with the Area Manager to review the current suite of Service Risk assessments to ensure that all the current risks in the service are captured and reflected in the service provision risk register and also in individual personal risk management plans, this will include a review of environmental risks such as stairs. (31/01/25)

Where appropriate a wider multi-disciplinary team will be consulted to assess the suitability of living areas such as stairs and bathroom areas. To inform the risk assessment process the Person in Charge will arrange for an Occupational Therapist to

support with the environmental review. (31/01/25)

The revised Organisational Risk Management Policy will be finalized and circulated through the Organisation and implemented by the Person in Charge with. (31/01/25)

Currently, there is an escalated risk reflected within the risk register relating to the compatibility of residents and the physical premises of the Designated Centre. There has been significant work carried out to date; this has involved working with Behaviour Support Specialists, a regular meeting of the Housing and Safeguarding Forum which has been formed to keep oversight of the housing needs of those within the Designated Centre, working with The Designated Officer, an active work plan is in place to progress the housing needs of residents. The Area Manager has submitted submit business cases to the Health Service Executive to support progress to change provision of the current service to meet the current needs of those living in the Designated Centre.

Business cases have been submitted to the HSE for additional housing, these have been updated to reflect the peer-to-peer compatibility issues. There are currently two potential housing options available however finalisation of moves to these houses will be dependent on funding being finalised and work with the Local County Council. One alternative house will provide a setting for a person to receive a bespoke service (01.06.2025) and the additional identified property will provide single storey accessible accommodation to meet peoples changing physical needs as they age (01/11/2026).

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

The Person in Charge will carry out a review of the documentation of goals within the service ensuring that all goals are 'SMART' Specific, Measurable, Achievable, Reasonable, and Timebound. If for some reason a goal is not achieved in the given time frame the staff will work with the individual at the heart of the plan to identify an alternative goal as identified by the person. Action from the individual's Annual Action Plan will be monitored monthly in the 'Monthly Summary' document and summarized with the progress made and work still to be undertaken in the 'Quarterly Update' of the Individual Plan (15/10/24).

The Person in Charge will work with the Speech and Language Therapist to ensure clear documentation of reviews and updates of plans relating to modified Diets. Each Individual with a plan relating to their requirement for food to be modified has an Annual Review sheet documenting a review of their plan, with a review of the primary plan taking place should it be necessary due to the individual's presentation or needs change. (14/11/24)

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive

behavioural support:

All staff in the service are nominated to attend Neurodiversity training as part of the ongoing training calendar which runs throughout the year. New staff members will be supported to attend on an ongoing basis. (31/03/25)

All incidents are reviewed by the Person in Charge in conjunction with the Behaviour Support Specialist to ensure that all factors leading to a behaviour that necessitates intervention are identified. The Person in Charge will meet with the Behaviour Support Specialist and review recording methods to ensure antecedent to behaviours are sufficiently identified to support appropriate intervention. (11/11/24)

Accommodation that meets the needs of the residents providing adequate space for their sensory and social needs is being sought, this housing will have a positive effect on individuals' behavioural requirements. For changes that may occur to people's living environment, the Person in Charge will work with the Behaviour Support Specialist to ensure a comprehensive transition plan is in place where necessary, ensuring the most positive experience when moving to a new home. (01/06/25)

Regulation 8: Protection	Substantially Compliant

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

The Person in Charge will continue to meet with the Designated Officer on a regular basis to ensure oversight of Safeguarding Plans and incidents, in addition to this a bi-monthly housing forum will take place to ensure oversight of residents housing needs. (27/11/24)
The compatibility of all residents will be considered, and ultimately people will be supported to avail of housing which meets their individual need and ensures their safety. This may mean alternative housing for some individuals. (01/06/25)

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

The service will continue working with individuals to promote advocacy, be this self-advocacy or through the National Advocacy Services. Self-advocacy will be supported with a focus on this at monthly house committee meetings. Natural supports where involved will be encouraged to support their loved one in advocacy. Where necessary residents will be supported to access the independent Advocacy Services. To facilitate this an application will be made with the person or on their behalf, (30/11/24).

The provider will ensure that each person supported lives in an environment that promotes their dignity and wellbeing, and rights based on their assessed needs. To accomplish this a review of all residents Assessment of needs will be carried out by the Person in Charge. (31/12/2024)

The Person in charge will liaise with the Maintenance Team to review the downstairs shower facilities with a view to adding an additional en-suite in the downstairs bedroom.

(31/12/24)

Accommodation that meets the needs of the residents providing adequate space for their sensory and social needs is being sought, this housing will have a positive effect on individuals' behavioural requirements. For changes that may occur to people's living environment, the Person in Charge will work with the Behaviour Support Specialist to ensure a comprehensive transition plan is in place where necessary, ensuring the most positive experience when moving to a new home. (03/03/25)

A business plan has been submitted to the HSE for additional housing, this is being updated to reflect the peer-to-peer compatibility concerns. There are currently two potential housing options available however finalisation of moves to these houses will be dependent on funding being finalised and work with the Local County Council. One alternative house will provide a setting for a person to receive a bespoke service (01/06/2025) and the additional identified property will provide single storey accessible accommodation to meet peoples changing physical needs as they age (01/11/2026)

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 11(3)(a)	The person in charge shall ensure that having regard to the number of residents and needs of each resident; suitable communal facilities are available to receive visitors.	Substantially Compliant	Yellow	01/04/2025
Regulation 11(3)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident; a suitable private area, which is not the resident's room, is available to a resident in which to receive a visitor if required.	Substantially Compliant	Yellow	01/04/2025
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and	Substantially Compliant	Yellow	01/06/2025

	laid out to meet the aims and objectives of the service and the number and needs of residents.			
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	01/06/2025
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.	Not Compliant	Orange	31/12/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment,	Not Compliant	Orange	31/01/2025

	management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	14/11/2024
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	01/06/2025
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	01/06/2025
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	Not Compliant	Orange	01/06/2025

	and control in his or her daily life.			
Regulation 09(2)(d)	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 access to advocacy services and information about his or her rights.	Not Compliant	Orange	01/06/2025