



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

Issued by the Chief Inspector

Name of designated centre:	Navan Adult Residential Service
Name of provider:	The Rehab Group
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	12 November 2024
Centre ID:	OSV-0002674
Fieldwork ID:	MON-0036587

About the designated centre

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

Navan Adult Residential Services is located on the outskirts of a town in Co.Meath and is operated by The Rehab Group. It provides community residential services for a maximum of five male and female adults. The designated centre is a two storey house which consists of two living rooms, kitchen/dining area, conservatory, a staff sleep over room, two bathrooms and five individual bedrooms (two of which are en-suite). There is a garden to the rear of the centre which contained an ancillary building which consisted of an office, utility room and sensory room. The centre is located close to amenities such as shops, cafes and banks. The centre is staffed by a person in charge and care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Tuesday 12 November 2024	10:20hrs to 17:20hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, the residents living in this centre reported that they liked living here. From talking to residents, staff and reviewing records the residents appeared to have a good quality of life. The person in charge and staff team knew the residents very well and provided care in a person centred manner which included supporting residents to maintain their independence. One improvement was required with the oversight of residents' health care needs.

This inspection was announced and was carried out to inform a decision to renew the registration of the centre.

On arrival to the centre, all of the residents had left for the day to attend day services. The inspector met three of the residents when they returned from their day service to talk about what it was like living in the centre. The inspector also spoke to the person in charge, two staff members and the regional manager for this designated centre. The person in charge facilitated the inspection and demonstrated a very good knowledge of the residents' needs. A sample of records pertaining to the residents care and support and governance arrangements in the centre were also reviewed.

At the last inspection of this centre in Jul 2023 improvements had been required in some regulations. For example; some decorative and repair works were required in some areas around the property such as painting, grouting in some shower areas and areas of the kitchen needed updating. These, and other actions from the last inspection had all been addressed at the time of this inspection.

Each resident had their own bedroom and two residents had en-suite bathrooms. The bedrooms were spacious, homely and provided sufficient storage space for residents' personal belongings. Each resident had decorated their bedrooms the way they liked. One resident had designed a wardrobe in their bedroom because they were organised and liked to know where all their items were. Other residents had family photos and pictures of places they had visited on their bedroom walls.

One resident had only recently moved into the centre and their bedroom was decorated with all their personal possessions. The bedroom was homely and personalised even though the resident had recently moved in. The inspector did not get to speak to this resident. However, from talking to staff, reading this residents personal plan (including how the transition was planned), the inspector found that this move had been well planned, done on a gradual basis, which enabled all residents to get to know each other. The staff informed the inspector that the resident was very happy in their new home and the residents survey about this centre, confirmed this also.

The kitchen was large spacious and well equipped. It had been updated and

modernised since the last inspection. Residents could prepare small meals, cups of tea or snacks when and if they wanted to and some liked to help prepare dinner.

The rest of the house was spacious clean and homely. Space was an important thing for the residents living here and so the design and the layout of the centre suited the needs and preferences of the residents. All of the residents were involved in cleaning the centre, doing their laundry and helping to prepare some meals if they wished. One of the residents was very house proud and liked to keep the place clean and tidy. They were observed on several occasions organising things in the centre so as the centre was tidy. This was an example of how the residents were supported to maintain their independence and have ownership of their own home. One staff informed the inspector that residents were supported to do things themselves as opposed to staff doing things for them (unless they really needed support).

To the back of the property there was a nice sized garden with garden furniture and a poly tunnel where some residents liked to grow some fruit and vegetables during the summer months. There was also a building to the back of the property that had an office, toilet and large room. This room was spacious and had many different uses. For example; some of the residents liked to use it to relax and get away from the hustle and bustle of the house sometimes. It was also large enough for residents to exercise in, or gather to have games nights or discos if they wanted to.

The residents were involved in numerous activities. All five of them attended a day service Monday to Friday. When residents returned from their day service two in particular liked to have a cup of tea and then go for a lie down. This was very important to the residents each day. On the day of the inspection two of the residents did not return to the centre after their day service as one went to guitar lessons and the other went into town. Another resident went to the gym when they returned from the day service.

Tuesday nights the residents liked to plan something together which they discussed at residents' meetings. Some of the activities they planned included movie nights, or pizza nights. On the day of the inspection the residents were having a pizza night and were planning to get together to prepare, cook and enjoy pizza together. Some of the residents also enjoyed art and crafts, knitting and walking.

Two residents had recently celebrated significant birthdays; one resident had a party and also went on a city break and the other had celebrated by having a party in the local hotel. Both of the residents told the inspector that they had really enjoyed the celebrations.

There were two vehicles available if residents wanted to do different things at the weekends or in the evening time. One of the residents was doing some education about independent travel and was now walking to some places on their own.

The three residents who met with the inspector said that they liked living in the centre and really liked the staff. One resident said it is the best place to live and they don't ever want to move. All three said they get to do things that they want to do. Surveys about what it was like to live in the centre were completed by residents

prior to the inspection. This survey asks the residents to rate questions such as if they like their bedroom, food, staff or if anything they would like to change. All the residents reported that they were happy with all aspects of the service and would not change anything.

The inspector also observed that the residents were comfortable in the presence of staff and that staff knew the residents very well. They were observed treating residents with respect at all times and put the residents needs first. Staff were also observed respecting the residents' right to privacy and dignity. For example; one staff was observed knocking on each resident's bedroom door, waiting for the resident to respond before entering it.

Residents meetings were held every month, they had been weekly but the residents decided that they did not want them that frequently. They also met with staff individually to talk about some of the things they wanted to do or things that might be worrying them. The inspector also observed that prior to the kitchen being renovated the person in charge had met with all of the residents to tell them about how this was going to impact them and let them know what arrangements were in place to make sure that it did not hugely impact them. For example; it was agreed that the contractor would leave the premises at five o'clock and residents were assured that the noise would be kept to a minimum. This was a good example of keeping residents informed about what was happening in the centre and also allaying any anxieties they may have with the renovations. This was very important to some of the residents who did not like change or noisy environments.

The inspector also observed examples of how residents were supported with their rights. For example; one resident had spoken to staff about a concern they had which they may need support with. The person in charge had contacted the advocacy services in the local area who was now supporting the resident with this. The person in charge was also considered contacting the decision support services to see if any other supports could be provided to the resident with this concern.

Two staff and the person in charge gave examples of how the training they had completed on human rights influenced the way in which they supported residents. Examples included supporting residents' choices. For example one: resident had been recommended to have a specific treatment carried out. The resident had refused this even after staff had pointed out the possible risks with this. The resident still decided against the treatment and this was respected. Another example included seeking information, support and advice about a concern a resident had raised. An external advocate also came to meet and talk to residents about their rights.

All of the residents kept in contact with family and some went to visit family at weekends or during holiday periods. Some residents liked to keep in touch with family through e-mail or social media. One of the residents told the inspector that they were starting to think about how they would meet up with family over the Christmas.

Overall, the inspector found that residents living here were involved in decisions

about their lives. They told the inspector that this was their home and they got to decide what they wanted to do.

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

Capacity and capability

Overall, the centre had a clearly defined management system in place which included audits and reviews of the services being provided in the centre. The staff team led by the person in charge knew the residents well and were providing person centred care to the residents living here. One improvement was required under regulation 6 health care.

The defined management structure included, the person in charge and a team leader. The person in charge was very organised and had effective systems in place to ensure a safe quality service to the residents. There were also key personnel in the wider organisation to manage specific areas of care like health and safety and medicine management.

The provider had systems in place to monitor and audit the service. This included a number of audits that the person in charge or staff team completed and audits conducted by the regional manager. At the last inspection improvements were required in the governance and management of the centre as there were incompatibility and safeguarding issues between some residents, these issues had been addressed at the time of this inspection.

A review of a sample of rosters showed that there were sufficient staff on duty to meet the needs of the residents.

The staff training records maintained in the centre, showed that staff had been provided with training to support the residents' needs in the centre.

Regulation 14: Persons in charge

The person in charge was employed on a full time basis in the organisation. They were an experienced social care professional with an appropriate qualification in management. The person in charge also had one staff member (who had some

managerial responsibilities) to support them in their role.

The person in charge was found to be responsive to the inspection process and to meeting the requirements of the regulations. They demonstrated a commitment to providing person centred care to the residents living here.

They were aware of their legal remit under the regulations and supported their staff team through supervision meetings and team meetings. The staff members spoken with also reported that the person in charge was very supportive to them and they felt comfortable raising any concerns they may have to the person in charge.

Judgment: Compliant

Regulation 15: Staffing

The staff rota in the centre was maintained to a high standard by the person in charge and it was very clear to see who worked each day in the centre. The inspector completed a review of a sample of the centre's rotas which included one week in April 2024, July 2024 and September 2024 as well as the planned rota for the week after the inspection. The staffing numbers were in line with the statement of purpose. Two staff were on duty at night which included one sleep over staff and one night staff. In the morning time there were two staff on duty; and in the evening time there were generally three staff depending on whether the residents had planned events. For example; some evenings four staff could be on duty if residents were going out to a party or event. The person in charge also worked Monday to Friday 9-5. At weekends depending on whether residents went home, there were also sufficient staff on duty.

At the time of the inspection there was one staff vacancy. Interviews were being held in the coming weeks to fill this vacancy. In order to ensure consistency of care a regular number of relief staff and one regular agency staff was also employed. In order to ensure that these staff had the necessary training and skills to meet the residents' needs, the person in charge maintained training records in relation to those staff.

Staff personnel files were reviewed and were found to contain the requirements of the regulations. For example; all staff had been Garda vetted. Some minor improvements identified were clarified by the person in charge on the day of the inspection. The person in charge and the regional manager also undertook to discuss these minor improvements with the HR department going forward.

Overall, the inspector found that there was a consistent staff team employed in the centre and sufficient staff on duty to meet the needs of the residents at the time of this inspection. This meant that residents were ensured consistency of care during these times. The residents reported that they liked the staff and were observed on the day of the inspection to be comfortable in the presence of staff.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the staff training record showed staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. The person in charge also maintained training records for staff who were employed as relief and agency staff.

All staff including relief and agency staff were required to have training in:

- Safeguarding of vulnerable adults
- Fire safety
- Infection prevention and control
- First Aid or Basic Life Support
- Manual handling

Some of the other training included:

- Safe administration of medicines
- Food Safety
- Health and Safety
- Supporting residents with feeding, eating and drinking
- Challenging Behaviour
- Staff had also undertaken training training modules about human rights which included modules on equality and diversity. Examples of how staff put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: 'What residents told us and what inspectors observed'.

Two staff members who spoke to the inspector were also aware of the assessed needs of the residents. For example, some of the residents , had specific medical conditions and staff knew the supports in place for the residents.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted up-to-date insurance details as part of the application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which was led by a person in charge and a team leader (who was assigned some managerial responsibilities). The person in charge was very organised and had effective systems in place to ensure a safe quality service to the residents. The person in charge and had systems in place to audit, review and monitor the care being provided. There were also key personnel in the wider organisation to manage specific areas of care like health and safety and medicine management.

The provider had systems in place to monitor and audit the service. This included a an annual review of the quality and safety of care which had been completed for the period of September 2023 to September 2024; and a six-monthly unannounced visit to the centre had been carried out. Both of these reviews are specifically required to be completed under the regulations. These audits and reviews were bringing about positive changes for residents in the centre and to the safety of care provided. For example: the registered provider had identified an improvement in a medicine protocol for a resident and this had been addressed.

At the last inspection as stated improvements were required in the governance and management of the centre as there were incompatibility and safeguarding issues between some residents. There were also some outstanding issues with fire and premises issues that had not been fully addressed. The inspector found that registered provider had addressed all of these actions at the time of this inspection.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Since the last inspection a resident had moved into this designated centre. The admission for the resident was well planned, completed on a gradual basis and enabled the new resident and other residents living there to get to know each other. It also enabled the staff to have the right supports in place for this resident when they transitioned on a full time basis to the centre.

The resident had a contract of care in place which outlined the services provided and the costs associated with those services. This contract had been signed by the resident/residents representative as required under the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed all of the incidents that had occurred in the centre since January 2024 and found that the person in charge had notified the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre in line with the regulations.

This assured the inspector that the person in charge was aware of their remit under the regulations to report adverse incidents.

Judgment: Compliant

Quality and safety

This centre was well resourced and residents enjoyed a good quality of life here. They were supported to lead independent lives and make choices about how they wanted to live their lives.

Residents were supported to experience best possible health and where required had access to the support of allied health professionals. One improvement was required to one residents support around a health care need to ensure it was in line with best practice. This was discussed with the person in charge who agreed to

follow this up.

The premises were homely, decorated and maintained to a good standard and clean.

Issues with the premises that could pose a potential infection prevention and control (IPC) risk at the last inspection had also been addressed. For example; at the last inspection the counter top in the kitchen required attention and as stated the kitchen had been fully remodelled to include new counter tops.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. This included a risk register for overall risks in the centre and individual risk assessments for each resident.

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre.

There were systems in place to manage fire in the centre. Fire equipment such as emergency lighting, the fire alarm and fire extinguishers had been serviced where required.

Regulation 13: General welfare and development

Residents were supported to be involved in their community, were provided opportunities to have meaningful days in line with their preferences and wishes and attended courses to enhance their skills.

On the day of the inspection residents were attending classes, going for walks and all of them attended a day service each day. Some of the residents liked to go to the gym, swimming, the library and one of them was learning how to play the guitar. The three residents who spoke to the inspector said they got to decide activities they liked to do.

All of the residents were supported to keep in touch with family members in line with their own personal preferences and choices.

Judgment: Compliant

Regulation 17: Premises

The centre was clean, spacious and well laid out. Each resident had their own

bedroom and two had en-suite bathrooms. The bedrooms were spacious, homely and provided sufficient storage space for residents' personal belongings. Each resident had decorated their bedrooms the way they liked. One resident had designed a wardrobe in their bedroom because they were organised and liked to know where all their items were. Other residents had family photos and pictures of places they had visited on their bedroom walls. One resident had only recently moved into the centre and their bedroom was decorated with all their personal possessions. The bedroom was homely and personalised even though the resident had only recently moved in.

To the back of the property there was a nice sized garden with garden furniture and a poly tunnel where some residents liked to grow some fruit and vegetables during the summer months. There was also a building to the back of the property that had an office, toilet and large room. This room was large spacious and had many different uses.

At the last inspection some decorative and repair works were required in some areas around the property such as painting, grouting in some shower areas and areas of the kitchen needed updating. These had all been addressed at the time of this inspection.

At the last inspection there had been an issues with status of the outbuilding in relation to planning permission and building regulations. The inspector was shown an email from the housing authority stating that they had investigated this and there were no issues with planning permission for the outbuilding.

The person in charge maintained records to ensure that equipment used in the centre was serviced regularly. For example; all electrical equipment in the centre was periodically tested on an annual basis and the boiler for the heating system was also serviced annually.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to prepare their meals in the centre in line with their wishes and preferences. Residents could choose the meals they wanted and had access to snacks whenever they wished.

The residents got to choose the meals they wanted each day. At the time of the inspection none of the residents had specific needs about feeding eating and drinking.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared in writing a guide in respect of the designated centre. This guide was available to the residents and included a summary of the services to be provided.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and review risks in the centre, this included individual risk assessments for residents where required, a risk register of all risks in the centre; and a system to review adverse events that occurred in the centre. Health and safety check lists were also conducted to ensure the premises remained safe. For example; it had been reported by the staff team that a crack in the pavement to the front of the property may pose a risk of falls. This had been reported to the housing authority in order to address this risk.

The person in charge and the registered provider had a system in place to review adverse events (incidents/accidents) that occurred in the centre. Overall, there was a low level of adverse events being reported in the centre. Where incidents did occur, the person in charge, regional manager and a health and safety employee in the wider organisation reviewed each incident. This review included whether any further actions were required to manage the risk going forward.

The two vehicles provided in the centre had up to date roadworthy certificates in place and were insured.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector followed up on the actions from the last inspection. At the last inspection some training was required for staff in relation to infection prevention and control (IPC). A review of training records showed that all staff had completed training in IPC including relief and agency staff employed in the centre.

Issues with the premises that could pose a potential IPC risk had also been addressed. For example; at the last inspection the counter top in the kitchen required attention and as stated the kitchen had been fully remodelled since the last inspection which included new counter tops.

Judgment: Compliant

Regulation 28: Fire precautions

At the last inspection some improvements were required to assure that the ceiling in the landing area complied with fire rating standards and that fire doors were reviewed to ensure that they were in good working order. Both of these actions had been completed by the provider.

There were systems in place to manage and/or prevent an outbreak of fire in the centre. Fire equipment such as emergency lighting, a fire alarm, fire extinguishers and a fire blanket were provided and were being serviced regularly. For example; emergency lighting was required to be serviced every three months. The records showed that this had been completed in February, May and August 2024.

Staff also conducted checks to ensure that effective fire safety systems were maintained. Fire exits were checked on a daily basis and the fire alarm was checked weekly to ensure it was working and fire doors were activated.

Residents had personal emergency evacuation plans (PEEPS) in place outlining the supports they required. Staff were aware of the specific support needs of the residents. For example; a sample of two PEEPS showed that the residents required some verbal prompts from staff to evacuate when the fire alarm activated. Both staff who met with the inspector were aware of the fire evacuation procedures at night and during the day.

Staff were provided with training/refresher training in fire safety. This included relief staff and agency who were employed from time to time in the centre.

Fire drills had been conducted to assess whether residents could be evacuated safely from the centre and the records reviewed showed that these were taking place in a timely manner.

Judgment: Compliant

Regulation 6: Health care

Residents had personal plans in place that outlined their health care needs. Support plans were also in place outlining the supports residents would require with their health care needs. However, the inspector found that one improvement was required for a resident to ensure that the support plan included best practice

guidance for this specific health care need.

Residents had access to a range of allied health professionals to advise and support them with their health care needs. Some of those included a chiroprapist, dentist, psychologist and physiotherapist.

Recommendations from allied health professionals were also discussed with residents to ensure that the resident decided whether they wanted to follow those recommendations. For example; a resident's dentist had recently recommended a specific treatment. The staff had explained the possible risks associated with not receiving the treatment to the resident and the resident had decided against this treatment.

The inspector also found that the staff and person in charge had supported the new resident who had moved to the centre to access allied health supports in a timely manner.

Where residents had specific health care needs, information was provided to the residents to inform them about this.

Judgment: Substantially compliant

Regulation 8: Protection

At the last inspection there had been ongoing issues with the incompatibility of some residents living in the centre that was causing some safeguarding concerns. This had now been addressed and one resident had been supported to transition to a more appropriate residential setting where their needs could be met.

All staff had completed safeguarding vulnerable adults from abuse training as well as training in the National Safeguarding Standards. All of the residents reported in the surveys they had completed that they felt safe. The three residents who spoke to the inspector also confirmed that they felt safe.

Some safeguarding concerns had been reported since the last inspection. The inspector followed up on these and observed that the person in charge had notified all relevant personnel as required and had implemented safeguarding measures to protect the residents going forward. In one case in particular, a resident had been supported by staff to seek advice from an advocacy representative to ensure that their rights were being upheld in terms of the concern they had raised.

Judgment: Compliant

Regulation 9: Residents' rights

As outlined in the first section of this report there were numerous examples to show how residents were supported to exercise their rights. These are some examples the inspector observed on this inspection:

- residents meetings were held to talk about things that were happening in the centre and keep residents informed
- residents got to decide when these meetings occurred
- residents got to decide how they wanted their bedroom laid out
- residents were supported to maintain their independence and one resident was supported to take positive risks which enabled them to walk to community activities independently.
- one resident was supported by an external advocate around a concern they had raised
- all staff had completed training in human rights
- an external advocate visited the centre to talk to residents about their rights.

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	
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	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Navan Adult Residential Service OSV-0002674

Inspection ID: MON-0036587

Date of inspection: 12/11/2024

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 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>In order to comply with Regulation 6</p> <ul style="list-style-type: none">• Patient Information Booklet for the specific medicine as provided by HSE was printed and available to the resident and staff team. Completed on 15/11/2024• Guidelines on monitoring and management of side effect and toxicity of the medicine was printed and discussed at staff meeting on 21/11/2024• An Enhance Medication Management plan was developed for the particular medicine including a risk assessment. Completed on 21/11/2024	

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 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	21/11/2024