

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

## Issued by the Chief Inspector

Name of designated centre:	Springfield House
Name of provider:	Dundas Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	20 August 2024
Centre ID:	OSV-0005550
Fieldwork ID:	MON-0040390

## About the designated centre

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

This service provides residential services to adults over the age of 18 years with disabilities. The centre can accommodate up to six residents and is situated close to a large town in County Meath. The living accommodation for residents includes a five-bedroom two-storey house, and two one-bedroom stand-alone apartments on the grounds of the property. The main house consists of five bedrooms, two of which are en-suite, two communal bathrooms, a kitchen and utility room, and three living rooms. The apartments each contains a kitchen-come-living room, bedroom and separate bathroom. The centre is staffed on a 24/7 basis with a full-time person in charge, two team leads, two nursing staff and a team of direct support workers.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	6
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## 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 20 August 2024	10:30hrs to 17:40hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

This inspection took place over the course of one day and was to monitor the designated centres level of compliance with 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). At the time of this inspection, there were six residents living in the centre and the inspector met with four of them. Written feedback on the quality and safety of care from both residents and one family representative was also viewed by the inspector as part of this inspection process. Additionally, the inspector spoke with one family representative over the phone on the day of this inspection so as to get their feedback on the service provided.

The centre comprised of a large detached house on its own grounds in a residential area in Co. Meath. On the grounds of the property there were also two one bedroom self-contained apartments. Garden areas were provided to the front and rear of the property for residents to avail of in times of good weather.

On arrival to the centre the inspector observed that the house was spacious, clean, warm and welcoming. One resident met with the inspector and appeared in good form. They were listening to music on their portable computer and smiled at the inspector when asked how they were doing. The resident appeared very much at home in the house and was observed to be relaxed and comfortable in the company and presence of staff. They also sat with the inspector on and off over the inspection process looking at pictures they had on their computer. This resident had their own large double bedroom on the ground floor of the property and it was observed to be clean, comfortable and decorated to their individual style and preference.

The inspector met briefly with another resident who was just about to have breakfast. This resident did not speak directly with the inspector however, they appeared in good form. They were also observed to be relaxed and comfortable in the company and presence of staff.

On review of three residents person centred plans the inspector noted that residents were supported to participate in community-based activities such as attend music festivals, go to the cinema, go swimming, go bowling, go shopping and go on day trips of their choice for example, to visit castles and/or museums. The person in charge explained to the inspector that each month staff held key worker meetings with the residents and at these meetings, the residents decided for themselves what activities to engage in. For example, some residents wanted a new goalpost and football for the grounds of the property and the inspector saw pictures of the residents playing football in the garden. One resident liked to engage in weekly activities in the local library and the inspector also saw pictures of the resident participating in these activities. Another resident wanted to go to a dog show and try out some work experience in a local charity shop and again, these choices were

respected and supported by the staff team. Some residents also liked beauty treatments such as getting their hair and nails done and again, staff provided support so as to ensure the resident got to attend their various activities.

Residents also liked to go out for coffee and/or hot chocolate, have lunch and/or dinner out, engage in activities such as baking, arts and crafts, going for drives and walks and listening to music on their personal computers. Some also liked to go on holidays while others preferred short hotel breaks. One resident was also working in a nearby hairdressers and the person in charge said that this resident loved this job and going to work. The inspector also observed that all residents were supported to keep in regular contact with family members via visits and regular phone calls.

Later in the day the inspector met with another resident who had returned from day services. They appeared in very good form and seemed very happy in the company and presence of staff. They had their own style of communication using their mobile phone and the inspector observed that staff were respectful and supportive of the residents communication preferences. The resident told the inspector that their favourite meal was carbonara but that they also liked a fry up as well. The inspector also observed the resident in the kitchen with staff who were preparing the evening meal and, they appeared very happy and content in their home.

The inspector also met briefly with a fourth resident who lived in one of the apartments. Although they did not speak with the inspector they were observed to be smiling and appeared happy and settled in their apartment. The apartment was decorated to suit their individual needs and personalised to their individual style and preferences.

It was observed that there had been some recent complaints from family members about aspects of the service. However, the person in charge was aware of these issues and had dealt (or was in the process of dealing) with them via the organisations complaints policy and procedures. Notwithstanding, feedback on the service from residents and family representatives was generally positive.

For example, the inspector viewed a sample of written feedback on the quality of service from the residents which was documented in the centres annual review for 2023. Residents reported that they were happy in their home, they liked staff and liked attending their various day services, going to work and liked participating in activities such as golfing, dancing, singing and listening to music.

Written feedback from one family representative on the quality of service provided was also positive. They reported that their relative was very well looked after, were relaxed and happy in the house, the staff team were committed and that their relative was fond of the staff.

The inspector also spoke to one family representative over the phone on the day of this inspection so as to get their feedback on the quality and safety of care provided in the service. They reported that they were very happy with the service and that their relative was happy and very content. They also said that their relative was supported to engage in activities that they enjoyed such as keyboard lessons, going for a coffee, going to the cinema and going for trips/drives. The family member

reported that staff were approachable and accommodating and they were satisfied that their relatives healthcare-related needs were being provided for. They also said that they were made to feel very welcome when they visited the house and were consulted with on which bedroom would be most suitable for the relative prior to moving in. Finally, the family member reported that their relative got on well with staff and were very happy and settled in their home.

While some issues were identified with aspects of the governance and management arrangements, premises and rights, residents met with on the day of this inspection appeared happy and content in their home and systems were in place to meet their assessed needs.

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 provided to the residents.

## Capacity and capability

Residents appeared happy and content in their home and systems were in place to meet their assessed needs. However, an aspect of the governance and management arrangements required review.

The centre had a clearly defined management structure in place which was led by a person in charge and two team leaders. They were supported in their role by an assistant director of services. The person in charge was a qualified social care professional and they demonstrated a good knowledge of the residents' assessed needs. They were also aware of their legal remit to 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).

A review of a sample of rosters from June 2024 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection.

One staff member spoken with had a good knowledge of residents' healthcare-related care plans. Additionally, from reviewing the training matrix for the centre, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2023 and, a six-monthly unannounced visit to the centre had been carried out in June 2024. On completion of these audits, an action plan was developed and updated as required to address any issues identified in a timely manner.

It was observed however, that aspect of the governance and management arrangements required review to include the annual review.

#### Regulation 14: Persons in charge

The person in charge was a qualified social care professional with an additional qualification in management.

The were found to be responsive to the inspection process and were aware of their legal remit to 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 15: Staffing

A review of a sample of rosters for the month of June 2024 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection.

For example,

- The two residents living in the single-occupancy apartments were both on 2:1 staffing during the day and 1:1 staffing at night (waking night staff)
- The four residents living in the main house were on 1:1 staffing during the day and there were also two waking night staff on duty each night.

This meant that there were eight staff working each day in the service and four waking night staff.

It was observed that on two occasions over the month of June, the service had to operate with only seven staff on during the day however, however, there was a risk assessment in place informing that the service could operate safely when there was a shortfall of one staff member during the day.

The staffing arrangements were made up of a person in charge, two team leads, two staff nurses and a team of direct support workers.

Additionally, the person in charge was present in the centre from Monday to Friday each week.

Judgment: Compliant



## Regulation 16: Training and staff development

From reviewing the training records of three staff members (one team lead and two direct support workers), the inspector found that these staff were provided with training to ensure they had the necessary skills and knowledge to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training courses to include:

- safeguarding of vulnerable adults
- trust in care
- children's first
- infection prevention and control
- donning and doffing of personal protective equipment
- respiratory hygiene and cough etiquette
- assisted decision making
- open disclosure
- epilepsy awareness (plus the administration of emergency medication)
- fire protection equipment demonstration
- fire safety
- health and safety
- medication management (plus a medication management competency assessment)
- moving and handling
- positive behavioural support
- managing challenging behaviour
- first aid
- feeding, eating, drinking and swallowing difficulties (FEDs)
- human rights

It was observed that a recommendation arising from a complaint was for staff to have retraining in some of the courses identified above. On the day of this inspection it could not be evidenced that such training had been facilitated. This was further discussed and actioned under regulation 23: governance and management.

Notwithstanding, from reviewing the training matrix for three staff, the inspector observed that they all had up-to-date mandatory training as required by the regulations.

Judgment: Compliant

## Regulation 23: Governance and management

There were clear lines of authority and accountability in this service. The centre was led by a qualified and experienced person in charge with the support an assistant director of services and two team leaders.

The provider also had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2023 and, a six-monthly unannounced visit to the centre had been carried out in June 2024. On completion of these audits, an action plan was developed so as to address any issued identified in a timely manner.

For example, the auditing process identified that:

- hard copies of the planned and actual rosters were to be maintained in the centre
- some staff supervision was to be completed for quarter two of 2024
- financial capacity assessments were to be on file for all residents
- the vaccination status of residents was to be logged on the computer system
- a medication capacity assessment was to be completed for one resident

These issues had been identified, actioned and addressed at the time of this inspection.

However, on the day of this inspection there was no evidence available that family representatives were consulted with regarding the annual review of the service for 2023. (Notwithstanding, the inspector spoke with one family member over the phone on the day of this inspection and they were complimentary and positive about the quality and safety of care provided in the service. The inspector also observed written feedback from another family member which was also positive).

Additionally, aspects of the auditing process required review so as to ensure the service was being adequately monitored. For example, a recommendation arising from a complaint about the service was for staff to have retraining in some areas. However, on the day of this inspection it could not be evidenced that such training had been facilitated and the auditing process did not pick this up.

Notwithstanding, from reviewing the training matrix for three staff, the inspector observed that they all had the mandatory training as required by the regulations and this training was in date.

Judgment: Substantially 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 on an annual basis (or sooner) 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 person in charge was aware of their legal remit to notify the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre 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

### Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and choices and, systems were in place to meet their assessed health and social care needs. However, minor issues were found with the maintenance and upkeep of some parts of the premises and aspects of regulation 9: residents rights, required review.

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities.

Residents were also being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals. Hospital appointments were facilitated as required and each resident had a number of healthcare-related plans in place so as to inform and guide practice.

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there were some open safeguarding plans in place in the centre. Systems were also in place to manage and mitigate risk and keep residents safe. There was a policy on risk management available and each resident had a number of individual risk

assessments on file so as to support their overall safety and well being.

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers, a fire blanket and emergency lighting/signage. Equipment was being serviced as required by the regulations.

The main house was found to be clean, warm and welcoming on the day of this inspection however, some issues were identified with one of the apartments.

It was observed that some adverse incidents had occurred in the centre which at times, could impact on some residents rights to the peaceful enjoyment of their living space. However, the management team were aware of this and were progressing plans to address these issues.

### Regulation 10: Communication

Residents were being supported and assisted to communicate in accordance with their needs and wishes.

Where required, they had access to assistive technology and input from a speech and language therapist so as to support them with their communication needs. and promote their independence.

Residents also had access to telephones, television and radio.

Residents also had their preferred style of communication detailed in their personal plans.

Staff were observed to be respectful of the communication needs of the residents at all times over the course of this inspection.

Judgment: Compliant

### Regulation 13: General welfare and development

The provider had ensured that residents had access to facilities for occupation and/or recreation and to participate in activities of in accordance with their wishes and needs.

For example, residents were supported to participate in community-based activities such as attend music festivals, go to the cinema, go swimming, go bowling, go shopping and go on day trips of their choice for example, go to the library, a dog show, go for beauty treatments and avail of holiday breaks.

Residents also liked to go out for coffee and/or hot chocolate, have lunch and/or dinner out, engage in activities such as baking, arts and crafts, going for drives and walks and listening to music on their personal computers.

One resident was also working in a nearby hairdressers and the person in charge said that this resident loved this job and going to work.

The inspector also observed that all residents were supported to keep in regular contact with family members via visits and regular phone calls.

Judgment: Compliant

### Regulation 17: Premises

The main house was found to be clean, spacious, warm and welcoming on the day of this inspection and was laid out to meet the needs of the residents.

Each resident had their own bedroom (two ensuite) which were decorated to their individual style and preference. Communal facilities included a spacious fully equipped kitchen, a living area, a sun room, two lounges/living rooms, a utility facility and a bathroom on the ground and first floors.

Additionally, there were two one bedroom self-contained apartments on the grounds of the property. However, some issues were identified in one of the apartments. For example, some paint work was required, a shower chair needed replacing and the door to the washing machine required attention.

The centre was situated on spacious well-maintained grounds and gardens which residents could avail of in times of good weather. A swing and trampoline was available to one of the resident who enjoyed these activities. A football net was also available to residents that enjoyed playing a game of football.

Adequate private parking was also available on the grounds of the centre.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well

being.

For example, where a risk related to a swallowing issue, the following control measures were in place:

- staff had training in feeding, eating, drinking and swallowing difficulties (FEDs)
- they also had training in first aid
- access to a speech and language therapist was provided for
- where required, a feeding, eating, drinking and swallowing difficulties (FEDs) plan in place
- where required, residents were provided with staff support at all times during meals

Additionally, where a resident may decline to take their medication, the following control measures were in place:

- both the residents GP and psychiatrist were aware of the issue
- education was made available to the resident on the risks associated with refusing medication
- support from a team of multi-disciplinary professionals was available
- support from the person in charge and community-based nurse was available
- out of hours support (on-call) was also available

Where required, residents were also on 2:1 and/or 1:1 staff support throughout the day. There were also four waking night staff working overnight in the centre. There were two waking night staff in the main house and 1 waking night staff in each of the apartments.

Judgment: Compliant

## Regulation 28: Fire precautions

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers, a fire blanket and emergency lighting/signage. Equipment was also being serviced as required by the regulations. For example:

- the fire alarm system had been serviced by a fire consultancy company in April and July of 2024
- emergency lights had also been serviced by a fire consultancy company in April and July of 2024
- fire extinguishers and the fire blanket had been serviced/checked in April 2024

Staff also completed as required fire checks on the emergency lighting, fire doors, fire alarm panel and escape routes.

Fire drill were being facilitated as required. The last fire drill facilitated in July 2024 informed that the residents and staff all evacuated the building in a timely manner and went to the fire assembly point. While one of the residents required some verbal prompting to evacuate the building, It was recorded that the drill was successful and no follow up was required.

Each resident had a personal emergency evacuation plan in place. These provided detail on what supports the residents required during an evacuation of the centre. It was observed that at times, one of the residents might decide not to participate in fire drills. However, there was a risk assessment in place for this so as to ensure the resident could be evacuated in the event of a fire in the centre.

Judgment: Compliant

## Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- general practitioner (GP)
- chiropody
- dentist
- speech and language therapy
- dietitian
- occupational therapy
- a community nurse

Hospital appointments were facilitated as or if required and care plans were also in place to guide practice. One staff member spoken with was able to talk the inspector through a care plan specific to one of the residents with epilepsy.

Additionally, residents also had access to a range of mental health professionals where required to include:

- psychiatry
- psychology and
- behavioural support

Judgment: Compliant

## Regulation 8: Protection

Policies and procedures were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there was some open safeguarding plans in place in the centre. However, these issue had been reported to the national safeguarding team and the Health Information and Quality Authority (HIQA) and a number of measures had been taken to promote the safety of all residents living in the centre.

The inspector also noted the following:

- one staff spoken with said they would have no issue reporting a safeguarding concern to management if they had one. They also said that the management team were approachable and supportive
- safeguarding was discussed at staff handovers and formed part of the agenda for staff meetings
- safeguarding formed part of the agenda at residents meetings
- easy to read information was available in the centre on safeguarding and advocacy
- the contact details of the safeguarding officer and an independent advocate were available in the centre
- feedback from two family members was positive and complimentary on the quality and safety of care provided in the centre

From reviewing the training matrix and three staff members records, the inspector noted that these staff had up-to-date training in the following:

- open disclosure
- safeguarding of vulnerable adults
- children's first

Additionally, the person in charge informed the inspector that any allegation and/or suspicion of abuse reported in the centre was reviewed and investigated in line with policy and procedure (trust in care), reported to the national safeguarding team, reported to the Health Information and Quality Authority, reported to residents next of kin and where or if required, to the Gardaí. Preliminary screening was also carried out and safeguarding plans put in place to promote and support residents safety.

The inspector also observed that two residents were on 2:1 staff support throughout the day and the other four residents were on 1:1 staff support throughout the day. There was also four waking night staff working each night in the centre.

The person in charge also assured the inspector that all staff working in the centre were vetted and had appropriate references on file.

Judgment: Compliant

Regulation 9: Residents' rights



The individual choices and preferences of the residents were promoted and supported by management and staff.

Residents were supported to choose their daily routines and engage in activities of their preference and choosing

On the day of this inspection, staff were observed to be respectful of the individual communication style and preferences of the residents. Where required, easy-to-read materials and/or pictures/assistive technologies were utilised to support residents with communication.

However, some adverse incidents had occurred in the centre which at times, could impact on some residents rights to the peaceful enjoyment of their living space.

While management and staff were aware of this and were progressing plans to address these issues, they were not fully resolved at the time of this inspection.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Springfield House OSV-0005550

Inspection ID: MON-0040390

Date of inspection: 20/08/2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Person in Charge will ensure that family representatives / nominated representatives of resident's choice are consulted and given an opportunity to complete feedback for the designated center's annual review.</p> <p>The Person in Charge will accept family feedback by writing, email, or phone call with regarding the annual review of the service. This feedback will be documented and held on file with a copy of the center's annual review to ensure it is readily available upon request from the chief inspector. If a representative declines to provide feedback this will also be documented.</p> <p>The Person in Charge has reviewed and ensured the completion of the training that was recommended to be refreshed by all staff as an action from a complaint in February 2024. The Person In Charge has shared the learning with the staff team and can confirm this training has been completed. The Person In Charge will ensure all recommendations and actions from complaints are completed within a timely manner.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A review of the Premises has been completed by the Person in Charge. The Person in Charge has raised with the maintenance department the issues that were identified in one of the apartments on the day of the inspection. Paint work in the apartment has</p>	

been added to the maintenance portal and allocated to be completed by 30/09/24. A new shower chair has been ordered with the senior occupational therapist and procurement department to be replaced and will arrive to the designated Centre by 13/09/24. This will be checked and documented by the staff team on a daily basis also and reported to the PIC for any issues. The washing machine in the apartment has been replaced with a new one and has been added to the daily checklist for the apartment to be visually checked daily.

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: A plan is in development to address the underlining issues that have at times resulted in resident's rights been negatively impacted. This process includes engagement with residents, their representatives and residential funding agents (the HSE). While this process is underway the following measures are in place to reduce the impact of any adverse incidents within the centre.</p> <ul style="list-style-type: none"> <li>• The staff team within Springfield House have completed all 4 modules on Human Rights Based Approach in Health and Social Care. Additionally, all staff are trained in Safeguarding of Vulnerable People, Positive Behaviour Support and Professional Management of Complex Behaviours.</li> <li>• There is an incident management policy and procedure in place which includes a review process to review incidents, identify actions and learning to reduce the likelihood of recurrence. These are reviewed by the Person in Charge, Assistant Director and escalated to the Director of Service as required.</li> <li>• Protection measures within the centre are reviewed on a regular basis with the Person in Charge and Assistant Director at Monthly governance, or sooner if required, to ensure that all measures contained within the safeguarding plans are effective and appropriate.</li> <li>• Interim safeguarding measures in place will not consist of affected residents having to change their routines within their living environment. Any proactive and reactive measures implemented, will focus on supporting residents of concern, to limit the impact of their presentation upon peers.</li> <li>• Residents nominated representatives and HSE representatives are made aware of all incidents within the centre. In person meetings with nominated representatives and HSE representatives take place when required with the Person in Charge and Assistant Director. Residents risk assessments are updated post all incidents, safeguarding plans are submitted to the safeguarding team and notifications to the chief inspector are completed when required.</li> </ul>	

- The staff team are made aware of the control measures and safeguarding plans that are in place and learnings from all incidents in the centre. Any resident who requires one to one staffing support are supported with this.
- There is an Easy read adult protection available within the centre and complaint procedures are displayed at the centre for all residents. The staff team discuss these procedures along with residents' rights and safeguarding within their key working sessions and weekly residents' meetings. All residents are offered the choice to make a complaint and utilise the national advocacy services if they wish.
- All complaints are reviewed in line with the organisational policy on complaints. Any resident who also wishes to transition to another service can express their interest and the resident wishes are then escalated to the senior management team and the transition committee and reviewed in line with the admission, transition and discharge policy and procedure within the organisation.

## 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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2024
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	30/08/2024
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation	Substantially Compliant	Yellow	29/08/2024

	with residents and their representatives.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	31/12/2024