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:	St Laurence
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	10 April 2024
Centre ID:	OSV-0005644
Fieldwork ID:	MON-0043236

About the designated centre

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

The designated centre provides full-time accommodation and support to adults with physical disabilities and neurological conditions. The designated centre is located on the outskirts of a large city. It comprises a period house with a more recent extension, nine self-contained apartments and a four bedroom detached house adjacent to the main building. The main building contains a basement kitchen and laundry, a ground floor dining room, sitting room and offices / training rooms and an upstairs space which is no longer in use. Modern accommodation is linked to the ground floor of the period building and this comprises of a reception area, bedrooms for four residents, staff offices, therapy rooms, bathrooms and toilet facilities. The nine self-contained apartments are opposite the period building. All are ground floor level and wheelchair accessible, have a front and back door, with a small garden area to the front. Each apartment has a living room and kitchen area, bathroom, bedroom and hallway. The detached house has four bedrooms, each has an en-suite, a living area, a kitchen / dining room and bathing and shower rooms. The first floor consists of a bedroom and office space that are not utilised. The staff team was nurse led and comprised of nursing staff, social care workers and care support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17

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
Wednesday 10 April 2024	11:45hrs to 17:45hrs	Laura O'Sullivan	Lead
Wednesday 10 April 2024	11:45hrs to 17:45hrs	Elaine McKeown	Support

What residents told us and what inspectors observed

This was an unannounced risk inspection completed in the designated centre St. Laurence House. The centre is operated by the registered provider Enable Ireland and currently provides full-time residential support for 17 adults. On arrival at the centre, it was noted that some maintenance work had been completed since the previous inspection in February 2023. The driveway recently had tarmacadam and the exterior of the apartments had been painted. The inspectors were greeted by the person in charge.

Following a brief introductory meeting with the person in charge and the appointed social care leader, the inspectors walked around the main house of the centre. They had the opportunity to meet with three residents who currently live in this area. The fourth resident was not present as they were attending their day service. Residents' bedrooms were presented as clean and tidy. A number of the rooms had fresh flowers on display alongside the residents' personal possessions. Inspectors met with three residents in the "studio" of the centre. This is a communal area located in the main house where residents can complete activities of their choice. One resident had recently celebrated their birthday and was enjoying a drink, while another resident was watching their favourite TV show. Another resident greeted the inspectors. They told the inspectors they of a recent accomplishment in their life and a staff present supported the resident to show the inspectors their achievement. The resident told the inspectors they were planning on donating some of the profits from this accomplishment to a national charity.

A new fully equipped domestic kitchen had recently opened in this area of the centre to provide residents with their own kitchen and dining space. This was to cater for the nutritional needs of the four residents within the main house of the centre. A delegated staff had the duty to prepare food as requested. On the day of the inspection, it was observed that residents did not avail of the dining space but were supported to have their lunch in the "studio". One resident's dinner was provided to them freshly prepared. However, the dinners for two other residents were reheated a short time after preparation.

The opening of the domestic kitchen was a result of the decommissioning of the commercial kitchen in another area of the main house. Residents previously could avail of meals in this area at a reduced cost and enjoy meeting with peers in the communal dining spaces available. This area was no longer in use and residents could not avail of the space. However, no notification had been received to remove this area from the floor plans of the centre. Also, a room which the provider had notified the chief inspector to be a sitting room for residents was now being used as an office. On the main corridor of the house, where residents' bedrooms were located a maintenance department office had now been situated.

Upon leaving this area of the centre the inspectors observed that a medication drawer in a resident's bedroom was open. While the inspectors were in the room for

approximately five minutes no staff member was present and no one arrived to lock the drawer. The inspectors highlighted this to the person in charge and requested to be assured that all medications were present and all other medication presses were locked in accordance with best practices. At the entrance to the bedroom, personal protective equipment was present on a handrail exterior to the room. However, this was out of date and was requested to be removed. Hand sanitiser in an office was also found to be out of date. While in the main kitchen inspectors observed a fluid thickening agent on the counter top. This was not stored in a secure location as required under best practice.

One inspector visited the apartments located adjacent to the main house. One resident chose not to interact with the inspector at this time and this was respected, others were going about their day. Within the apartments, three residents had transitioned from another designated centre to allow building works to be completed in their home. These residents had not been supported to integrate into the operations of the centre. The inspector met with a family member of one of these residents who were positive of the support they were receiving while awaiting to return to their centre upon its completion.

The inspector visited one resident who was relaxing for the morning. They spoke of how they were supported to do their weekly shop and prepare their meals in their own apartment. This was something they had always enjoyed doing and they had not availed of the communal kitchen area previously. They enjoyed their own space. The inspector did observe a broken blind with mould evident on another. The resident informed the inspector they had told staff about this but had not been supported to escalate the issue under their tenancy agreement. The person in charge was also unaware of this issue when this was highlighted to them.

As part of the inspection, the inspectors enquired if any resident was unwell and were informed all were doing well. Upon arrival at another house in the centre, the inspector was informed that one resident was in bed as they had been unwell the night before and had returned from the accident and emergency department in the early hours. The inspector enquired about their well-being but did not disturb them. While in the house the inspector observed aids and appliances to assist when enjoying meals and drinks. Staff spoke confidently of residents being supported with this.

All residents present on the day of the inspection were afforded the opportunity to meet with the inspectors if they chose and several residents requested to speak with the inspectors, Residents spoke of their concern with the closing of the commercial kitchen. One resident told the inspectors that when they moved into the centre they loved having their own space but also being able to go down to the dining room to meet people. Now they had to eat in their apartment on their own. They had no concern about the food or quality of it but did reference the lack of communal space. They said this was not good for their mental health and felt isolated. When asked if any other areas could be used such as the new domestic kitchen or studio the resident informed the inspector that they were told they could not use this area as this belonged to the main house. The resident told inspectors that they had raised their concerns but no one had listened to them. They had said it in meetings

with their keyworker and resident meetings but the change still happened. When asked if they had been offered the complaints process they informed the inspectors they had not.

Another resident also spoke of their isolation following the change. This resident had regularly met and enjoyed meals with their partner in the main house previous to the change in practice. They were worried that this could no longer happen as they had been informed the domestic kitchen was for the main house only. This resident was also concerned about the cost of the change for themselves as they were used to paying for the meals at a lower cost. However this was no longer an option and they now had to buy their weekly grocery shop. They told the inspectors they had a lot of meals in their freezer now. On the day of the inspection, the resident was supported by staff to ensure their satellite TV was repaired as required and they interacted jovially with staff and the inspectors following discussing their concern.

Another resident also expressed their concern about the financial changes this change had meant for individuals. They were concerned that the change would be costly to them and they were concerned they would not have enough money at the end of the week after buying their groceries and paying for their utility bills. When asked if they had raised this concern to the staff and management they said they had but it "was like talking to a wall". This resident was visibly upset during the conversation. They also aired their concern for residents who could not speak for themselves. The inspector asked if there had been any discussions or education with residents about the use of their finances or shopping they were informed no. The resident also stated that they had not been offered the complaints procedure but "it wouldn't have made a difference anyway".

The inspectors thanked all the residents for taking the time to speak with them. As part of the inspection process, several areas of documentation were reviewed including keyworker meetings, staff meetings and resident meetings. While the initial decision to remove the commercial kitchen had been discussed in April 2023, there was no evidence of further discussion, education or training provided to residents post this. Following this meeting, the person in charge emailed the concerns of five residents to members of the management team. There was no evidence provided on the day of the inspection that these concerns had been addressed with no response in place. The concerns noted included "does not want to be alone", "isolation, would like to have a choice", and "no changes". During this meeting, residents also raised their concerns concerning the cost changes.

One resident's concern had been reviewed through the complaints process. There was no rationale provided as to why the other concerns had not been reviewed in the same manner. While there had been a response to the initial concern in September, no further recorded feedback or consultation with the resident had occurred until March 2024 when the change had occurred.

The next two sections of the report present the findings of this inspection about the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection completed in the designated centre St. Laurence. The inspection was a focused risk inspection which reviewed specific areas such as food and nutrition, resident's rights and governance and management. The centre had previously been inspected in March 2023 and the provider had ensured they had addressed actions within the compliance plan response.

The provider had appointed a clear governance to the centre. The person in charge reported directly to the persons participating in management. Since the previous inspection, the provider has decommissioned the commercial kitchen and communal dining room in the main house. No application to vary condition 1 of the centre's current registration had been submitted at the time of the inspection.

In October 2023, the provider applied to vary condition 1 to allow three residents to transition to the centre for building works in another designated centre. It was evident on the day of the inspection the residents had not been supported to integrate under the governance of the centre. The application to vary and statement of purpose set out that the person in charge was to have oversight of all the centre. However, on the day of the inspection, it was evidenced that the person in charge did not have an awareness or oversight of this. For example, they were unclear about the staffing supports in place and roster start times. Residents were not included in the resident meetings held in the centre. Monitoring systems completed for this designated centre did not incorporate the three residents' support needs.

Where residents had raised concerns about the change in function of the centre in April 2023 regarding the commercial kitchen, there was no evidence of provider communication with residents about this. Where staff had raised concerns about the impact this change could have on the service to be provided, through staff meetings they were informed the change was to occur despite this. While a staff meeting had been completed with staff allocated to kitchen duties by senior management concerning practical changes such as building works and utensils ordering this had not been communicated to residents or staff providing direct support.

A six-monthly unannounced visit completed by a delegated person in November 2023, highlighted several actions to be taken. This included the review and communication of an open complaint. This was not completed until March 2024. Another action identified included the requirement of a plan to support the residents with the removal of the commercial kitchen including education and practical support. The person in charge was requested to provide inspectors with this plan or evidence of support in place. This was not presented as no plan had been developed. Residents had aired their concerns to the individual completing the visit and had also stated this concern had been discussed with the person in charge. However, no actions were taken following receipt of the report.

The most recent annual review of the centre was completed in April 2023. The person in charge did inform inspectors that this had been completed in November 2023, but upon review of the report, it was evident that this was not the case. Additional information was added to the report in November 2023. This report did state all staff were HACCP trained, upon review of records this was not the case with some direct support staff still outstanding for this training.

A change in practice had been put in place with respect to the purchasing and preparation of food for several residents within the centre. Residents in the main house now had access to a domestic kitchen and a designated staff to prepare their meals. In the apartments, residents could no longer purchase meals at a set cost as was previously available to them but now purchased their weekly groceries for meal preparation in their apartment with support from staff. As part of the admission to the centre, each resident received a service agreement with the provider. This included the fees to be charged and access to set cost meals. This document had not been updated to reflect the change in facilities to be afforded to residents.

The provider had ensured the development of a complaints procedure to support individuals to submit a complaint or concern. There was no evidence on the day of the inspection that this was adhered to. For example, residents spoke of not being afforded the complaints procedure when raising concerns. Where residents had raised concerns in keyworker or resident meetings these had not been addressed through the complaints procedure. Timelines as set out in the complaints process had not been adhered to with no noted satisfaction from the complainant.

Regulation 23: Governance and management

Within the centre, the provider had appointed a governance structure to oversee the operations within the centre. However, monitoring systems and management practices in place had not been utilised to ensure an effective service was afforded to all residents. For example,

- The six monthly unannounced visit in November 2023 identified the need for a review of all concerns identified in the report raised by residents. This had not been completed.
- The six monthly unannounced visit also identified the requirement for a plan to support residents in the de-commissioning of the commercial kitchen. This had not been completed.
- The person in charge did not have oversight of the support needs of all residents currently residing in the centre. The governance arrangements in place within the centre were not in accordance with the Statement of Purpose.
- Where a concern had been raised by members of the staff team with respect to the impact of a change to practice with the centre, no follow-through was evident.
- Where residents had raised a concern with respect to the impact of a change

in practice there was no evidence provided on the day of the inspection of follow through on this.
- When an area of the centre was no longer in use, the chief inspector had not been notified of this.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

While each resident currently residing in the centre had a service level agreement in place, this had not been updated to reflect a change in services being provided within the centre. This related to the facility of access to fixed cost meals and access to a commercial kitchen for preparation of meals.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The registered provider had ensured the development of a complaints procedure which included timelines to be adhered to. The procedure evidenced on the day of the inspection with respect to complaints in the centre was not by the provider's policy. For example:

- Not all residents had been afforded the complaints procedure.
- Where a complaint had been reviewed following submission of same, a review or communication with the complainant had not been completed for a period of four months.
- Where residents raised concerns, these were not consistently reviewed in accordance with the complaints policy to ensure the satisfaction of the complainant.

Judgment: Not compliant

Quality and safety

As discussed previously this was an unannounced inspection completed in the centre. The inspection was risk focused and follow up on a concern received by the Chief Inspector. The review of quality and safety in the centre focused on Regulation 18: Food and Nutrition and Regulation 9: Residents' Rights.

In the weeks before the inspection the provider had de-commissioned the use of the commercial kitchen and communal dining area. This also impacted the residents' access to lower fixed cost meals as these were no longer available. This decision had been made by the provider in April 2023. However, actions had not been taken to ensure the residents were consulted in the change and support in place to educate the residents in such areas as finances, food preparation and shopping.

The residents did not express concerns about the standard of food being prepared in the centre. Overall, they expressed being satisfied with the staff calling to their apartment to assist them in the food preparation. Some preferred for staff to prepare their meals for them. They also discussed having access to snacks of their choice and staff facilitating them to make up shopping lists. One resident was concerned with the volume of waste now given meals were being prepared for one person only.

Inspectors observed food being prepared by a designated staff in the main house and a record was maintained of food choices. This evidenced healthy and nutritional meals. When the designated staff were not on duty snacks were always available for residents in the main kitchen area. There was ample food present in the fridge, freezer and store cupboards. Some meals are reheated for residents if they choose to have their meals at alternative times. The inspectors requested guidance from staff on the correct procedure for defrosting and reheating meals. This was not presented.

Residents' meetings were being completed regularly. However, it was noted that not all residents chose to attend these meetings. Some reported that it can be difficult to get your voice across when others are speaking. Meetings were not used to consult or discuss with residents changes in practices. For example, a change in the pharmacy used or changes relating to the use of communal areas. The staff spoken to outlined that if a resident did not attend a resident meeting they could discuss issues through keyworker monthly meetings. Upon review, these were not consistently being completed.

Where residents expressed concerns these were not addressed. This has been discussed under Regulation 34: Complaints. Residents expressed not being listened to when a concern was expressed concerning their living environment. When a communal area which residents enjoyed using was removed no alternative had been communicated clearly to them. When staff expressed that the domestic kitchen can be used by all residents, not all residents were aware of this.

Regulation 18: Food and nutrition

The registered provider had ensured in so far as was practicable for residents to be supported to buy, prepare and cook their meals. There was adequate provision for residents to store food hygienically. A review of menus evidenced that residents

were supported to access nutritious meals which were consistent with their dietary requirements.

Some improvements were required to ensure all staff within the centre were appropriately trained and required guidance in place where assistance was required.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The registered provider had not ensured the centre was operated in a manner which was respectful to the rights of all residents. Practices in the centre did not ensure each resident was consulted with and participated in the organisation of the designated centre. For example:

- While resident meetings were completed these were not utilised to consult with residents and to inform them effectively of the changes in the centre. For example, while the provider had a clear rationale for the removal of the commercial kitchen and communal area from the remit of centre, residents were not aware of this.
- While it was stated keyworker meetings were used as an alternative for consultation with residents these were not consistently completed for all.
- As discussed under Regulation 34 residents' concerns were not addressed promptly.
- Residents were not provided with the provider-identified training required to effectively participate in their care and support.

The provider had not ensured that each resident's privacy and dignity were respected at all times in relation to their living environment. For example:

- One resident had not been supported by staff to raise a need for the replacement of blinds under their tenancy agreement,
- Upon entering the main building an open window allowed for visibility into the bathroom area. No protocol was in place for this.
- A maintenance department office was located in the main living corridor for residents.

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	
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 18: Food and nutrition	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Laurence OSV-0005644

Inspection ID: MON-0043236

Date of inspection: 10/04/2024

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	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The provider has met with the management team of the centre including PIC and PPIMs and put in place a comprehensive action plan to address the issues identified in this inspection. This plan is reviewed and updated weekly to the Director of Services to ensure progress in addressing these issues. • The PIC and Social Care Leader have individually met with all residents affected by the change in kitchen, listened to and addressed their concerns. • The PPIM, PIC and Social Care Leader have also met with the residents as a group, offered an apology for the poor communication in relation to the changes to the kitchen and for their concerns not being listened to. The operation of the new dining arrangements have been discussed and clarified with them to their satisfaction. • The actions identified in the six monthly unannounced visit in November 2023 have now been reviewed and completed. • A plan for support for residents in relation to the decommissioning of the kitchen has now been devised and is in the process of being implemented. This plan includes individual and group support in relation to this matter and includes access to an independent financial advice service. • The governance arrangements of the centre have been reviewed and local processes have been put in place to ensure the arrangements are in keeping with the Statement of Purpose. • Processe's in relation to management of complaints in the centre have been reviewed with all stakeholders to ensure compliance with the provider's policy. Posters in relation to the management of complaints have also been displayed within the centre. The provider has put in place oversight arrangements to assure itself that complaints are responded to in line with its policy. • An application to vary the registration of the designated centre is being prepared to clarify the footprint of the centre for the regulator. • Any staff concerns in relation to service delivery and the provision of a quality service, which may arise will be addressed as part of staff meetings and individual support	

meetings. Staff will be encouraged to come forward with any concerns and this will re-enforced as a rolling agenda item at staff meetings al
• Annual Review of 2023 (Apr-Dec) is completed. Moving forward all Annual Reviews will now be completed on a Jan-Dec basis.

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:
The service agreements in place for all residents have been reviewed to reflect the changes in the center relating to the provision of meals.

Regulation 34: Complaints procedure	Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
• All outstanding complaints, including concerns raised by residents that had not been afforded access to the complaints process, have now been dealt with in line with the provider's policy.
• Processes in relation to management of complaints in the centre have been reviewed with all stakeholders to ensure compliance with the provider's policy.
• Complaints/compliments and comments will be part of a meeting rolling agenda for staff and resident meetings as a reminder.
• Posters in relation to the management of complaints have also been displayed within the centre.
• The provider has put in place oversight arrangements to assure itself that all complaints are consistently responded to in line with its policy including a quarterly review of all complaints in the centre and consultation with staff and residents about complaints management as part of the internal review process.
• An Easy Read version of the Complaints Policy is now available to all residents.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
• Food safety monthly audit, and food safety protocols/procedures are in place and accessible by staff.
• All staff will complete Food safety level 2 training by 30th June, 2024.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• A standard operating procedure for resident meetings has now been developed to ensure effective consultation and participation of the residents in the organization of the designated center. This procedure details how residents are consulted with and participate in the organisation of the designated centre.
• A standard operating procedure for key working meetings has been developed to provide a consistent approach to these meetings as a mechanism as support for residents.
• Resident's privacy and dignity will be ensured, through local training for staff, awareness for residents and a local protocol to be put in place reflecting national policy. The training and protocol will be reviewed at a staff meeting
• Support has been provided to the resident to exercise their tenancy rights. A new blind has been ordered and installation is expected by 30th June, 2024.
• The shower room now has an extractor fan installed which eliminates the need to open the window and ensures respect for the privacy and dignity of the residents and a protocol has been developed to guide staff in this.
• A review of current office space and the re-purposing of rooms is underway with a follow up Application to Vary to be submitted to HIQA. The provider has commissioned a new set of technical drawings from a registered architect to support this application, this is expected to be in hand in July 2024 and this will allow for submission of this application by 31st July, 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 18(3)	The person in charge shall ensure that where residents require assistance with eating or drinking, that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.	Substantially Compliant	Yellow	04/06/2024
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	22/05/2024
Regulation	The registered	Not Compliant		23/05/2024

23(1)(c)	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.		Orange	
Regulation 23(3)(b)	The registered provider shall ensure that effective arrangements are in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.	Not Compliant	Orange	20/05/2024
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	30/06/2024
Regulation 34(1)(a)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible	Substantially Compliant	Yellow	07/06/2024

	and age-appropriate format and includes an appeals procedure, and shall ensure that the procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability.			
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Not Compliant	Orange	20/05/2024
Regulation 34(2)(c)	The registered provider shall ensure that complainants are assisted to understand the complaints procedure.	Not Compliant	Orange	20/05/2024
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Not Compliant	Orange	21/05/2024
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where	Not Compliant	Orange	20/05/2024

	necessary, to decisions about his or her care and support.			
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Not Compliant	Orange	20/05/2024
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.	Not Compliant	Orange	30/08/2024