



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

## Issued by the Chief Inspector

Name of designated centre:	The Birches Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	25 March 2025
Centre ID:	OSV-0001500
Fieldwork ID:	MON-0046180

## About the designated centre

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

The designated centre provides a residential service to eight residents who have an intellectual disability. All residents attend day services and the centre is staffed by both social care workers and care assistants. There is additional staff deployed in the evenings and at weekends to meet residents' needs and two staff support residents during night time hours on a sleep in arrangement. Each resident has their own bedroom and there is a sitting room and kitchen/dining room for residents' use. The centre is located in a housing estate and is within walking distance of the local town. Transport is provided on a shared basis and residents also have access to public buses and taxis.

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

Number of residents on the date of inspection:	8
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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 25 March 2025	09:00hrs to 14:00hrs	Ivan Cormican	Lead
Wednesday 26 March 2025	10:30hrs to 13:00hrs	Ivan Cormican	Lead
Tuesday 25 March 2025	09:00hrs to 14:00hrs	Anne Marie Byrne	Support

## What residents told us and what inspectors observed

This was an unannounced inspection carried out to assess the provider's compliance with the regulations. In addition, following outcome of the last inspection of this centre in July 2024, which was conducted to inform a registration renewal decision, the Chief Inspector of Social Services applied an additional registration condition to the registration of this centre, requiring the provider to take all necessary action to comply with Regulation 23 Governance and Management, no later than 5th February 2025. The purpose of this inspection was also to assess the provider's compliance with this additional registration condition. While this inspection did find good areas of care and support in relation to safeguarding arrangement, and residents' social care, health care, behavioural support needs, there were a number of other significant areas of improvement still required within this centre, with two immediate actions being required to be issued to the provider in response to concerns raised by inspectors relating to risk management and the staffing arrangements for one resident experiencing a significant increase in their care needs. These specific findings will be discussed in more detail later on in the report.

The centre was a large detached property located in a residential area of a large town in Co.Galway. Eight residents lived in the centre on a full time basis, with each having their own bedroom. Six resident bedrooms were located on the first floor and two had ground floor access. The centre had a number of shared bathrooms and toilets which were in sufficient number to meet residents' personal needs. There was a large reception room located on the ground floor which all residents used and a small second television room upstairs which two residents used from time to time. There was also a pleasant rear back garden and a modern open plan kitchen/dining area which residents had full access to. The centre had a very pleasant and homely feel which was well maintained. The residents had displayed items supporting their favourite GAA team in the living area and bunting had been put up outside in celebration of St.Patrick's day. Two residents who met with an inspector stated that they were happy with their bedrooms and they explained that they liked hang pictures of the family in their own rooms.

The inspection was facilitated by the team leader, the person in charge, and inspectors also had the chance to meet with staff and six of the residents who lived in this centre. Two of the residents had already left for the day, while another was on a short respite stay in a nursing home, and one more was at home staying with family members. Eight residents in total lived in this centre, with most having lived together for a number of years, and some of whom were of an aging profile. Most of the care and support required by these residents were in relation to their health, social, personal, positive behavioural support and falls management needs. There was a small number of them that were experiencing changing needs due to assessed cognitive decline, and as a result, now required alot of supervision from staff to ensure their safety, particularly in relation to falls prevention. These residents typically got on well together, with no recent negative peer to peer interactions having been recorded to have occurred. However, following some

residents' changing needs, they had become more vocal which one resident in particular had voiced their dissatisfaction with increased noise levels now in their home.

As the inspection commenced, it became apparent that a resident had suffered cognitive decline and their associated needs had greatly increased over the previous months, and since the last inspection of this centre. The resident had sustained a number of falls in their bedroom, with a sharp increase in falls in the months of January and February which resulted in a significant fall which required medical attention. There had been an monitoring device in place to alert staff staff when the resident left their bed however, falls continued to occur. In response to the serious falls, the provider installed a different movement monitoring device which had assisted in marked decrease in falls at night time. Although the risk of falls had reduced, there had also been a significant increase in sleep disturbances at night with staff reporting that the resident could be awake each night for significant periods of time. This centre was serviced at nighttime by two staff on a sleep in arrangement and records of sleep disturbances showed multiple occasions whereby the resident had been disorientated to time and awake and busy late at night and in the early hours of the morning. Records showed that the resident sometimes did not retire to bed until 1am and other occasions whereby they would be awake and ready for the day ahead at 4 am in the morning. On these early morning rises, the resident could be singing their favourite song, chatting to staff and moving around the centre, and a resident who met with the inspector stated that they were often woken by this activity during the night.

Staff reported that this was an extremely busy centre with eight residents requiring support from three staff each day. This meant that 11 and sometimes 12 staff and residents were in the centre each day. A resident had complained in the last year about noise and activity levels and the provider was in the process of supporting them with their complaint. Staff reported that this resident enjoyed regular trips home whereby they visited their family for a number of weeks; however, staff felt that visits home had become more frequent and that noise and activity within the centre had played a part in this.

The inspection was conducted over two days with inspectors meeting four residents on the first day. One inspector attended the centre on the second day of inspection and met with two other residents who had recently semi-retired from their respective day services. On the morning of the first day residents were going about their own affairs and getting ready for the day ahead. One resident had already left the centre independently to go to their day service and they contacted the centre's team leader later to confirm they had stopped for coffee and would then make their way to their day centre. The four residents who met with inspectors were very relaxed and they interacted with each other, and staff in a very warm and friendly manner. Two of the residents told inspectors that they were happy in their home, and the remaining two residents smiled and nodded their head when asked if they liked their home and staff who supported them. One of these residents was a big sports fan and the centre had bunting inside supporting the Ireland rugby team. The resident was also wearing their County GAA jersey on the morning of inspection and later in the day, staff showed an inspector a video message which was left for the

resident from the Mayo GAA football manager. The inspector was informed that the resident had been delighted with this and the message which had been arranged by staff in the centre.

On the second day of inspection, an inspector met with two residents who were semi-retired and they remained at home two days every week and attended their day service for the other three. This had been a new development since the last inspection of this centre and both residents told the inspector that they were very happy with this arrangement. They enjoyed a sleep on in bed on these mornings and they told the inspector that plans for these days were very loose and they generally waited to see what the weather was liked before finalising anything. One staff member was assigned to support residents on their days off and both residents told the inspector that they liked going out with each other.

As will be discussed later in this report, the residents enjoyed a good level of social supports and they were out and about each day in their local community. Some residents were also supported to retire and their personal development needs were met through their respective day services. However, there were significant issues in this centre in relation to meeting the changing needs of one resident.

## Capacity and capability

As stated in the opening section of this report, the registration of this centre was subject to an additional condition requiring the provider to achieve compliance with Regulation 23 (Governance and Management) no later than 05th February 2025. On this inspection the provider failed to demonstrate that centre met the requirements of this condition. In addition, a key aspect of governance arrangements is the appointment of a person in charge who has the capacity in their workload to provide sufficient oversight of care and takes into consideration the needs and complexities of the centre. On this inspection, inspectors found that the person in charge had oversight of three designated centres and did not have the capacity to fulfill the duties of their role in this centre. Immediate actions were also issued in relation to falls risks, staffing resources and meeting the assessed needs of a resident who was experiencing significant cognitive decline.

One resident's needs continued to increase over the months prior to this inspection. On the last inspection of this centre in July 2024, inspectors highlighted a falls issue for this resident and an immediate action was issued at this point to resolve this safety concern. Within the eight months since that inspection, this resident's needs continued to increase - with falls continuing to occur and the resident requiring more individualised support from staff in terms of supervision and personal attention.

The provider was well aware of the situation within this centre and the resident had recently been supported with respite in another facility which was designed to meet their needs. Staff also reported that the resident who experienced cognitive decline required an increased level of support and they constantly sought staff reassurance

and attention throughout the day and nighttime. The resident's assessment of need completed in October 2024 stated that this resident required full supervision in the designated centre and inspectors were informed that this resident received one-to-one staff support in their day service. The provider's unannounced audit completed in December 2024 stated that a specific plan was needed for this centre in response to the number and changing needs of residents. However, inspectors found the day and nighttime staffing arrangements had not been revised in line with this resident's assessed needs and that the lack of urgency to resolve this issue had a negative impact in relation to falls management and also the overall lived experience in the centre.

Due to the lack of sufficient action to respond to needs in the centre, and based on a resident's completed assessment of need, an immediate action was issued to the provider to review both the day and night time staffing arrangements in light of falls, sleep disturbances, the impact upon other residents and the promotion of a safe working environment. In response, the provider reviewed staffing resources and a one-to-one staffing arrangement was implemented for this resident prior to the conclusion of the inspection. A second immediate action was also issued to the provider to review a resident who's presentation had recently changed, and who had been assessed as a high risk of injury when using the stairs. In response, an allied health professional attended the centre on the second day of inspection to assess the resident when using the stairs and assurances were submitted to an inspector in relation to this safety concern.

Although there were significant issues in this centre in relation to meeting a resident's changing needs, there had been a marked improvement in relation to accessing multidisciplinary supports. The provider had made this centre part of an identified region which had their own allied health professionals and the person in charge indicated that any required reviews were completed promptly. This could be seen in the continuity of assessment by the physiotherapist who attended the centre as part of this inspection. They knew the resident's needs well as they had also attended the centre in June 2024 to complete reviews of care.

Overall, inspectors found that the provider had made some positive changes in regards to access to allied health professions and it was clear that residents enjoyed a good level of social care. However, significant improvements were required in relation to the oversight of care as the provider failed to ensure that the centre operated in line with a resident's assessed needs which impacted upon safety and the quality of care provided.

## Regulation 14: Persons in charge

The person in charge had been recently appointed and they held responsibility for three designated centres. They were in the process of getting to know the centre, residents' needs and also the issues which were impacting on the provision of care. They met the requirements of the regulations in terms of experience and



qualifications.

Although the person in charge had full management hours and they were supported by a team leader, this inspection found they did not have the capacity in their workload to provide sufficient oversight of care in this centre. Inspectors were informed that they attended the centre one and a half days each; however, considering the volume of issues identified on this inspection, and the number and complexity of residents' care needs, inspectors found that this centre required significantly more input from the person in charge to bring about sufficient change in the quality and safety of care provided.

Judgment: Not compliant

### Regulation 15: Staffing

Inspectors met with six staff members over the course of the two day inspection, which included the person in charge, team leader, senior manager and three staff who provided direct care to residents. Inspectors observed that staff were kind and considerate in their approach to care and they also had a good rapport with the residents. Residents referred to them for support and assistance and it was clear that residents were familiar and comfortable with this level of support and interaction.

The centre's rota was maintained to a good standard and indicated that residents received consistency of care from a staff team which they knew well. However, prior to this inspection, the provider was aware of a resident's changing needs and failed to ensure that the centre was resourced in line with these needs. The resident had a sustained period of falls and the staff also reported multiple sleep disturbances which impacted upon other residents and did not promote a safe working environment.

An immediate action was issued to the provider to complete a review of the day and nighttime staffing arrangements and bring them in line with the assessed needs of the centre.

In addition, although the needs of this resident were recently reviewed, the re-assessment failed to review the staff skill-mix required by this resident, so as to identify any requirement for defined nursing support hours, based on their changing needs.

Judgment: Not compliant

### Regulation 16: Training and staff development

The provider had a mandatory training and refresher training programme in place which assisted in ensuring that staff could support the care needs of residents who lived in this centre. Staff had completed training in areas such as safeguarding, fire safety and supporting residents who may present with behaviours of concern. In addition, staff had completed training in relation to supporting residents with dementia which ensured that a consistent and informed approach to care would be offered.

At the time of inspection, the person in charge was scheduling individual supervision sessions with staff and team meetings had recommenced on a monthly basis. Inspectors found that these arrangements ensured that staff had a platform in which to discuss their personal development and also any issues in regards to the provision of care.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and oversight arrangements in this centre required significant improvements to ensure that the quality and safety of care offered to residents was held to a good standard at all times.

Inspectors found that oversight arrangements and proscribed audits of care failed to bring about sufficient change in regards to known issues. For example, the provider's most recent six monthly audit had highlighted that a plan of care was required for this centre due to a resident's changing needs and an action was given to the person in charge to address this issue. However, inspectors found that this action was outside of the person in charge remit of decision making and required a response from senior management from within the provider. On the day of inspection, a formal plan of care for this centre had not been introduced, and as a result an immediate action was issued to the provider in regards to staffing and meeting the assessed needs of this resident.

In addition, local management arrangements within the designated centre also required review. Although there was a clear management structure with a team leader, person in charge and senior manager appointed, inspectors found that the person in charge did not have capacity in their workload to fulfill the duties of their role. Considering the issues which were raised on this inspection, a revision of the role of the person in charge was required to ensure that they were present and active in the management of this centre throughout the working week.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The provider had a complaints procedure in place and information in relation to making a complaint was clearly displayed in the centre's main sitting room. The associated displayed procedure had some inaccurate information and this issue was rectified prior to the conclusion of the inspection.

Two residents who met with the inspector stated that they would have no reservations in regards to making a complaint and they both identified the centre's team leader as the staff member which they would approach if they had an issue or concern.

There was one active complaint on the day of inspection in regards to noise and resident's wishes to move from the centre. This complaint remained under review at the time of inspection and the provider's chief executive officer had recently discussed the resident's complaint with them. It was clear that the provider was taking this complaint seriously and there was active efforts to resolve this issue to the satisfaction of the resident.

Judgment: Compliant

## Quality and safety

This was very resident-led service, where residents had regular opportunities to get out and about, to attend day services, and positive risk-taking was also encouraged, where it was assessed that residents were safe to access the community independent of staff support. Staff also ensured that residents were supported to be involved in decisions surrounding their care and support, with regular resident meetings occurring along with one-to-one key-working sessions. Although social care was a very positive aspect to the service that these residents received, there were failings on the part of the provider in relation to risk management, and to aspects of residents' assessment of need, which did require significant action by the provider to address.

Due to the changing needs of some residents that lived in this centre, there was a large emphasis placed on the regular re-assessment of all residents' care and support needs. However despite this, some key aspects of care and support arrangements were not being fully considered as part of this re-assessment process, particularly in relation to staffing levels and some areas of falls prevention and management. In addition, in light of negative feedback given by one resident regarding increased noise levels in their home, there was a lack of action taken by the provider in relation to reviewing compatibility arrangements, in an effort to ensure residents were happier with their overall living environment, specific to this feedback.

In response to incidents which had occurred in this centre, falls management

formed a large part of the risk management activities that were undertaken by staff on a daily basis. There was good record keeping of all incidents of falls, and evidence of regular physiotherapy input, as and when required. The last inspection of this centre identified a delay in the provider's response to implementing control measures in response to an identified falls risk to a resident. Although this inspection found that this control measure had since been consistently implemented for this particular resident, there was again found to be a delay in the provider's response to an identified falls risk for another resident. This resulted in an immediate action being given to the provider to address this falls risk, with assurances received on the second day of this inspection that this had been reviewed. However, although this was a known risk to the provider prior to this inspection, there was a lack of urgency to respond to this, up until this immediate action was issued to them. Similar delays in the provider's response were also found in relation to risks posed to the safety and welfare of residents while the centre continued to operate a sleepover staff arrangement. Information gathered by the provider clearly indicated a change in one particular resident's sleep routine, which warranted review of the centre's night time staffing arrangement. However, up until an immediate action was again issued to the provider in relation to this, this potential risk had also not been responded to by the provider.

Overall, there were some very positive findings to this inspection, where it was evident that residents did experience a good quality of social care, and were being supported by a staff team that knew them very well. Along with the more significant findings of this inspection, there were other more minor areas of improvement that were also found, to areas such as, medication management and fire safety, which will be outlined in the below regulations.

### Regulation 13: General welfare and development

Residents had good access to their local community and in general there were good opportunities for them to engage in activities which they enjoyed. Some residents had a love of sport and they had recently attended a Galway senior league match Salthill. One resident stated that they loved going to the matches and they felt that Galway senior footballers would do well this year. Another resident had also recently visited Aras an Uachtarain and following further correspondence there were plans for them to meet with the president for tea in the Phoenix Park.

All residents attended day services where their educational and personal development needs were met. Recently two residents had met with the provider in regards to their retirement and both had been supported to semi-retire from their day service. Both residents met with the inspector and highlighted their satisfaction with this arrangement.

Judgment: Compliant

## Regulation 26: Risk management procedures

While the provider had risk management systems in place, significant improvement was required in relation to how known risk was being responded to and overseen in this centre, and to the overall assessment of both resident specific and organisational related risks.

Upon review of one resident's falls risk assessment, due to changes in their presentation of how they were now using the stairs, the provider had identified a potential risk of injury to this resident. The provider had increased the risk rating identified risk, acknowledging that there now was a considerable chance that this resident could sustain an injury from using the stairs. In response to this, the provider had identified an additional control measure, whereby, staff were to stand close to the resident when they were using the stairs. However, current staffing levels could not ensure that a staff member was going to be consistently available to supervise this resident, to ensure they were with them when going up and down the stairs. Inspectors raised concerns with regards to the overall effectiveness of this additional measure, and an immediate action was issued to the provider to review their falls prevention arrangements for this resident. On the second day of this inspection, assurances were provided to inspectors that this was being reviewed.

For another resident who was experiencing changing needs, the provider had commenced a record of this resident's sleep pattern at night so as to maintain a record of any occasion where this resident was awake and required the attention of sleepover staff. These records were reviewed by inspectors which clearly identified that staff were often required to cease their sleepover, and support this resident during waking time, which ranged from periods of a few minutes up to three hours at a time. This resident was identified as a high risk of falls, and had a number of un-witnessed falls, some of which were recorded to have occurred during the night. Despite the trending of falls incidents for this resident, along with the information being gathered in relation to their sleep disturbances, the provider failed to respond to the potential risk that was posed to this resident, while they continued to be supported by a sleepover staffing arrangement. As earlier mentioned in this report, this did result in a further immediate action being required to be issued to the provider, with assurances received on the second day of this inspection, that this had been addressed.

The assessment of risk also required improvement. For example, for one resident who was identified as a high falls risk, there was clear evidence that there was regular review of their risk assessments and review by multi-disciplinary professionals, as and when required. However, their risk assessment in relation to their falls management required further review to ensure better information was provided with regards to the specific interventions that staff implemented on a daily basis. Furthermore, there was a risk register available in this centre, which was also subject to very regular review and updates by local management. However, the risk assessments within this register in response to specific risks relating to this centre, required updating to ensure these better reflected the current status of current and additional control measures required in order to appropriately respond to these

identified risks. This was particularly observed in relation to staffing, falls management, compatibility of residents, and changing needs of residents.

Judgment: Not compliant

### Regulation 28: Fire precautions

Fire safety was taken seriously by the provider and fire safety equipment such as a fire alarm panel, emergency lighting and fire fighting equipment were installed. This equipment also had a completed service schedule in place which ensured that these measures were in good working order at all times.

In addition, fire doors were installed throughout and both residents and staff participated in fire drills which promoted fire safety and demonstrated that the centre could be evacuated in a prompt manner in the event of an emergency.

Although fire safety was promoted, a fire seal was missing from one fire door which compromised the containment of fire and smoke in an upstairs area of the centre.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had procedures in place for the safe administration of medicines in this centre, and this was an aspect of the service that was very regularly audited by the provider, both through internal audits and also as part of six monthly provider-led visits. However, some of the areas of improvement which were identified by inspectors upon the last inspection of this centre, were again found upon this inspection.

Two prescription records were reviewed by an inspector, where it was observed that not all medicines had the route and time of administration prescribed. The centre was operating a blister pack system for the administration of some medicines; however, there was no information provided to staff to allow them to identify what medicines had been dispensed within these packs.

As mentioned, medication management was often audited in this centre, however, these monitoring systems had not been effective in overseeing and ensuring that previously found areas of improvement did not re-occur.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

There was clear evidence within the documentation reviewed by inspectors, that residents' assessments of need were regularly updated by staff. However, there were improvements required as to what was aspects of residents' care and support needs were considered for review as part of this re-assessment process.

Two particular residents' assessments of need were reviewed by an inspector. One of these residents had experienced changing needs and did require a lot of care and support from staff. However, the on-going re-assessment of their needs had failed to clearly consider, the specific level of staff support that they required both day and night.

Judgment: Substantially compliant

## Regulation 6: Health care

Since the last inspection of this centre, the provider had revised the multi-disciplinary arrangements for the service, which had resulted in a marked improvement in the timely availability of these services to residents. This was reported by all staff and management who spoke with the inspectors to be working really well, and was a welcomed initiative that had resulted in residents' health care needs being reviewed very regularly. Residents' various health screenings were kept up-to-date, and they each at minimum, visited their GP for their annual review. Residents' health care needs were well documented in the centre, and well-known by the staff that cared for them.

Judgment: Compliant

## Regulation 8: Protection

There were no active safeguarding plans required in this centre at the time of inspection. Residents who met with the inspector stated that they felt safe in their home and that they were supported by a nice staff team.

Information in relation to raising and reporting a concern were clearly displayed and the provider had nominated a senior staff member from within the organisation to review and manage any safeguarding concerns. In addition, staff members had also undertaken both mandatory and refresher training in regards to safeguarding which

further promoted this area of care.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for The Birches Services OSV-0001500

Inspection ID: MON-0046180

Date of inspection: 26/03/2025

## 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 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge:  The Provider has recruited a full time Person in Charge for the Designated Center who is due to commence in post from the 16th of June 2025.  The Person in Charge will be assigned responsibility for this center only as 1 WTE to ensure they have the capacity for sufficient oversight of support and care of the residents, considerate of the needs and complexities of the center	
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing:  The Provider completed a review of the day and nighttime staffing arrangements based on the assessed needs of the centre. Following the review the Provider increased the staffing levels in the centre with immediate effect on the 26th March 2025. This includes a one to one support and waking night duty to meet the needs of one individual. The roster clearly reflects the number and hours of Social Care Workers, and Social Care Assistants along with the Person in Charge. Nursing support and advice is available as required through the Provider's Community Care Co-Ordinator, who is a qualified nurse. All future assessment of needs will take into account the staff skill-mix required by the residents, so as to identify any requirement for defined nursing support hours, based on changing support and care needs.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and	

management:

The Provider will ensure a formal plan of care is in place and overseen by the Person Participating in Management and the Director of Operational Supports and Services for one resident. This will include adequate staffing arrangements, the appointment of a new Person in Charge, a review of assessed level of support and care needs as required and based on reported incidents or concerns by the 31st May 2025.

The Provider revised the management structure and in February 2025 implemented a regionalised management structure. The Person Participating in Management facilitates monthly management meetings with all Person in Charge in the region and completes monthly operational reviews in the centre with the Person in Charge. The operational reviews will ensure oversight on the completion of actions identified by the Provider 6 month visits to the center, audits and ensure escalation of risks as required to the Director of Operational Supports and Services.

Regulation 26: Risk management procedures

Not Compliant

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

The Person in Charge and Person Participating in Management will review all centre and resident risk assessments and corresponding risk ratings to ensure they are reflective of the actual risk, support documentation and rationale for same by the 25th March 2025. All risks identified with a risk rating of 15 and above will be escalated to the Director of Operational Supports and Services.

A risk assessment has been completed in relation to changing needs of some residents in the center, falls, and compatibility of some residents which includes current control measures to mitigate the risks identified.

An allied health professional attended the centre on the 26th March to assess the person when using the stairs and assurances were submitted to the inspector in relation to this safety concern.

A suitability and compatibility assessment will be completed for all residents by the Person in Charge and Person Participating in Management by 13th June 2025

Please refer to action outlined under Regulation 15: Staffing.

A Falls risk assessment for one person has been reviewed to ensure that clear information is provided in relation to specific daily interventions by the 26th March 2025  
The Person in Charge will review the center risk assessments and risk register on a quarterly basis or as required.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

A review of all fire doors in the center was completed by the maintenance department on

the 29.04.2025 and required works will be delegated to an external contractor for completion by the 31st May 2025. Risk Assessment in place for same.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

The Person in Charge will ensure that the Kardex and MARS documentation will be reviewed and updated by the pharmacy to ensure all medicines have the route and time of administration by the 31st May 2025.

The Person in Charge will liaise with the pharmacy to ensure the blister pack information includes a clear description of tablets to assist with safe administration of medications in the center by the 31st May 2025.

The medication audit will be reviewed and updated to include all aspects of the medication policy and procedures, to specifically include route and time of medications prescribed by 31st May 2025.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

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

The Person in Charge and Person Participating in Management will review each resident's assessment of all support and care needs. This and future reviews will take into account the specific level of staffing support required both day and night by the 16th May 2025. This review will be conducted in line with each resident's risk assessments.

## 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 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Not Compliant	Orange	16/06/2025
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	26/03/2025
Regulation 15(2)	The registered	Not Compliant	Orange	27/03/2025

	provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	26/03/2025
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.	Not Compliant	Orange	31/05/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Red	13/06/2025

Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/05/2025
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	31/05/2025
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	16/05/2025