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:	Edel Quinn House
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	25 February 2025
Centre ID:	OSV-0001814
Fieldwork ID:	MON-0046035

About the designated centre

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

Edel Quinn House is a purpose built single storey bungalow located in a village but within short driving distances to some nearby towns. The centre comprises of seven bedrooms, one of which is used for overnight staff, two sitting rooms, a kitchen-dining room, a utility room, a small office and bathroom facilities. The centre has a maximum capacity of six residents. At the time of this inspection four residents were living in the centre full-time and two other residents were availing of the centre on a shared care basis. The centre supports both male and female residents over the age of eighteen years who have a diagnosis of intellectual disability with/without autism. The staff team is comprised of a person in charge, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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 February 2025	09:15hrs to 16:37hrs	Conor Dennehy	Lead
Tuesday 25 February 2025	09:15hrs to 16:37hrs	Lucia Power	Support

What residents told us and what inspectors observed

Five residents were met during this inspection. Some of these residents greeted inspectors and all residents present appearing content when encountered by inspectors. Positive responses were indicated in resident satisfaction surveys reviewed. Documented feedback from residents' relatives was also positive.

At the time of this inspection, six residents were availing of this centre. Four of these were living in the centre on a full-time basis while the remaining two residents attended the centre on alternative weeks as part of shared care arrangements and used the same bedroom. As the centre was registered for a maximum capacity of six, this meant that there was one vacancy when this inspection took place. Five residents were present on the day of inspection, all of whom were met by inspectors. While some residents engaged with inspectors, others did not. However, inspectors reviewed some relevant documentation during this inspection and had opportunities to observe residents in their environments.

On arrival at the centre to commence the inspection, all of the five residents were up with four in the centre's larger sitting while the fifth resident was in the smaller sitting room. One of the inspectors was introduced to this resident by a staff member with the resident appearing content while also waving at the inspector. After this introduction, the staff member closed the door to the smaller sitting room telling the inspector that the resident preferred this. Another staff member present informed inspectors that residents would soon be leaving the centre with one resident attending work experience in a pharmacy, some residents going for tea out and/or attending a Men's Shed.

Shortly after this, the staff members present commenced a handover in the kitchen-dining room of the centre. While this was going on, an inspector was greeted by two of the residents in the larger sitting room with one indicating that they were going out soon. The second of these residents was making a jigsaw at this time and when asked if they were doing anything later in the day the resident responded by talking about their jigsaw. The two other residents present in the larger sitting room were greeted by the inspector but they did not interact with him. As the handover was continuing, two of the residents in this room were twice seen to get up from their seats and go to the doorway of the kitchen-dining room before returning to the larger sitting room.

After the handover concluded all five residents were supported to leave the centre in a bus provided with staff support. As the centre was largely occupied at this time, inspectors used this time to hold an introduction meeting with management of the centre, read relevant documentation and review the premises provided. Overall, the premises provided for residents was seen to be clean, reasonably furnished and well-maintained internally and externally. The centre was enclosed by an electronic gate to the front of the centre while to the rear there was a garden area. Internal communal space was provided via the larger sitting room (the smaller sitting was

used by one resident) and the kitchen-dining room. A utility room and two communal bathrooms were provided also.

An en suite bathroom was provided for one resident's bedroom and in total there were six resident bedrooms present in the centre. Four of these bedrooms were seen by the inspectors including three that were used exclusively by full-time residents. They were noted to be brightly decorated, well-furnished and personalised. For example, one resident's bedroom had a poster on display of a favourite television character. The bedroom that was used on alternative weeks by two shared care residents was also seen. This was less brightly decorated and less personalised compared to the other bedrooms seen but the bedroom was clearly marked as being the bedroom of these two residents. There was one vacant resident bedroom in the centre. While the inside of this bedroom was not seen by inspectors, it was observed that a photograph of the former resident who previously used this bedroom was on display on the door.

All six residents currently availing of this centre had been asked questions about if they liked their home along with various other questions as part of satisfaction surveys completed in this centre for 2025. An inspector read all of these surveys and noted that they generally contained positive responses but in two surveys it appeared that residents had not engaged with the questions asked based on the documented response. Feedback from two relatives of residents had also been recently obtained by the provider. Such feedback was positive with specific comments made including "delighted with the care", "staff are very approachable" and "nothing needs to be improved". A further record reviewed from February 2025 referenced a family member praising an aspect of the care provided to one of the residents.

Residents began returning to the centre later in the morning. Three residents initially returned with a staff member informing an inspector that one resident had decided not to attend their work experience in a pharmacy and so had come home early. This inspector was sat in the kitchen-dining room when residents returned and observed that a staff member commenced preparing a meal at the time. Soon after, the inspector was requested to leave this room by a member of centre management and to go the staff bedroom so residents could come in and out of the kitchen-dining room. The inspector followed this request. After spending some time in this room, inspectors returned to communal areas in the centre later in the afternoon.

At this time, an inspector met the same two residents that had greeted them earlier in the larger sitting room. The television was on in this room with one of the residents pointing this out while saying the name of the television programme that was on. The resident seemed happy as they did this. The other resident was making a different jigsaw to the one that they had been making earlier. Soon after this, this resident was seen to come out of the larger sitting room and took the box of the jigsaw they had completed back to their bedroom. They then returned to the larger sitting room carrying the box of another jigsaw with them before later moving to the kitchen-dining room to have a cup of tea in the presence of a staff member. The atmosphere in the centre was observed to be calm at this point with all residents

present appearing comfortable in their surrounds.

In the final hours of the inspection, the remaining two residents returned to the centre having attended a Men's Shed earlier in the day. These two residents joined the other three residents in the larger sitting room for some music therapy which staff facilitated. During this time, music was heard playing from this room and some residents were observed to use tambourines. After the music therapy was finished, some residents remained in the larger sitting room watching television, one went to the smaller sitting room and another was seen to be supported to do some brushing up. This same resident was observed to be happy at this time and later briefly left the centre for a walk with a staff member but had returned before the end of the inspection. As inspectors were leaving the centre, this resident and another resident waved goodbye with all residents present seeming content.

In summary, the centre where residents lived was seen to be clean and well-maintained. The residents' home generally had positive responses recorded in completed resident satisfaction surveys. Residents appeared content in their home setting. All residents left the centre at least once during the inspection day and were also supported to participate in music therapy within the centre.

The next two sections of the report present 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 the service being delivered.

Capacity and capability

There was noticeable improvement found on this inspection compared to the previous inspection of the centre. This was reflected in improved compliance levels which indicated that the management and monitoring systems for this centre were operating effectively.

This centre is run by St Joseph's Foundation. Due to concerns in relation to overall compliance levels from inspections of St Joseph's Foundation's designated centres and other regulatory engagement throughout 2024, the Chief Inspector of Social Services is undertaking a targeted inspection programme in the provider's designated centres. All inspections conducted for the duration of this programme will be unannounced and will have a focus on specific regulations. These regulations are Regulation 5 Individualised assessment and personal plan, Regulation 7 Positive behavioural support, Regulation 8 Protection, Regulation 9 Residents' rights, Regulation 10 Communication, Regulation 16 Training and staff development, Regulation 23 Governance and management, Regulation 31 Notification of incidents, and Regulation 34 Complaints procedure. These regulations were reviewed on this inspection and this inspection report will outline the findings under each regulation. Due to concerns raised by information of concern received in advance of this

inspection, Regulation 26 Risk management procedures was also reviewed.

During the previous inspection of this centre in March 2024, a number of regulatory actions were found including non-compliance in areas such as safeguarding, notifications and governance/monitoring. Given the nature of these findings, a cautionary meeting was held with the provider in April 2024 and following that the provider submitted a compliance plan response outlining the measures that they were going to take to come back into compliance. Given the findings of the previous inspection, a decision was made to conduct the current inspection to assess compliance levels in more recent times as part of the targeted inspection programme referenced above. Overall, this inspection found clear improvement compared to the March 2024 inspection, particularly relating to the governance of the centre. Evidence was provided that there was effective management and monitoring of the centre in addition to support and supervision for staff members. Such matters contributed to the overall compliance levels significantly improving.

Regulation 16: Training and staff development

During this inspection, formal supervision records were reviewed relating to six members of staff including the person in charge. Such records indicated that these staff were in receipt of regular formal supervision with all of these staff having received supervision within the previous 3 months. This included four staff who had received supervision in 2025. From reviewing the notes of such supervision it was read that topics such as training, medicines and safeguarding were covered while staff were also being facilitated to raise any concerns that they had. Such records provided assurances that staff working in this centre were subject to appropriate supervision. Aside staff supervision, training records were reviewed relating to 21 staff members who had worked in the centre. These records indicated that such staff had completed relevant training to support the needs of residents. It was noted that one staff was overdue refresher training for fire safety and another was overdue refresher training in safeguarding. However, both of these staff were booked to receive this training shortly after this inspection.

Judgment: Compliant

Regulation 23: Governance and management

Based on documentation reviewed during this inspection, a systematic approach was being followed regarding the monitoring of the centre with copies of audits completed in 2024 present in the centre. In addition, a clear audit schedule was in place for 2025. This set out how often audits in particular areas were to be done and what month of the year they were to be done in. Audits to be carried out in accordance with this schedule included cleaning, finances, complaints, medicines

and safeguarding. In accordance with the schedule, three audits were due to be completed for 2025 by the time that this inspection occurred. Copies of these three audits were seen, which covered finances, staff files and medicines. These had all been completed in February 2025 and where any issues were identified during these audits an action plan was put in place to address them.

Similar action plans were put in place to address any issues identified by unannounced visits to the centre conducted by a representative of the provider. Two of these visits had been conducted for this centre since the March 2024 inspection with reports of these available for inspectors to review. When reviewing these, an inspector noted that both of these visits had been carried out over the course of two separate half days. For example, the most recent provider unannounced visit report was indicated as being conducted on 29 November 2024 and 9 December 2024. This was queried with the provider representative who conducted the visits. They assured the inspector that their visits to the centre on both of these dates were unannounced and that this was done to see the operations of the centre at different times.

When reading the reports of the two most recent provider unannounced visits, it was seen that they considered matters which affected the quality and safety of care and support provided to residents such as staffing, safeguarding and complaints. Conducting such provider unannounced visited is required under this regulation as is completing an annual review that assesses the centre against relevant national standards. The most recent annual review for the centre had been completed in April 2024 and covered the year 2023. A report of this annual review was provided to inspectors. Upon reading this it was seen that it assessed the centre against relevant national standards while also providing for consultation with residents and their representatives as required. An inspector was informed that an annual review for 2024 was due to be completed by the end of March 2025.

Aside from such regulatory requirements, staff team meetings were occurring regularly in the centre. An inspector viewed notes of four such meetings that had taken place in the centre since September 2024, most recently on 29 January 2025. These notes indicated that various matters were discussed with staff such as safeguarding, risk, personal plans and restrictive practices. All of these meetings were attended by the person in charge with a further staff meeting scheduled for the day following this inspection. The frequency of these staff meeting in addition to the finding regarding staff supervision, as outlined under Regulation 16 Training and staff development, indicated that arrangements were in place to support to staff.

Inspectors were also informed that since the March 2024 inspection, there had been some rotation of staff within the centre which had been positive. Since that inspection, the person in charge had also taken on responsibility for a second centre but this was not found to have had a negative impact on the operations of Edel Quinn House based on the overall findings of this inspection. Such findings resulted in a noticeable improvement in compliance levels since the March 2024 inspection. As discussed elsewhere in this report, under relevant regulations, this indicated that residents were being appropriately supported and were being facilitated to enjoy a good quality of life. As such inspectors were assured that there was effective

management, monitoring and resourcing of the centre at the time of inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

Under this regulation, the Chief Inspector must be notified of certain events occurring in the centre on a quarterly basis or within three working days. This is important so that the Chief Inspector is aware of any matters which could potentially impact residents. Based on discussions during this inspection and documentation reviewed, including a fire alarm log, restrictive practice documents, incident records and safeguarding records, inspectors were assured that all required notifications had been submitted in a timely manner in recent months. This included the notification of safeguarding matters, power cuts and injuries sustained by residents.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an electronic system for recording any complaints made. An inspector reviewed this system and noted that two complaints had been logged on it since the March 2024 inspection. The follow up to both complaints was documented and the two complaints had since been closed. Based on the entries in this electronic systems no complaint had been made for the centre since May 2024 and inspectors did not identify any other complaints since then. Despite this, according to meeting notes reviewed, complaints were indicated as being discussed during residents' meetings that took place on a weekly basis in the centre. Information about the complaints process was also seen to be on display inside the front door of the centre and in the centre's kitchen-dining room. This information outlined how residents could raise a complaint and included the name of the provider's complaints officer along with their contact details and their photograph.

Judgment: Compliant

Quality and safety

The personal plans of residents were found to be in order with residents supported to achieve identified goals. Residents' legal rights were impacted given a restriction

in place related to their finances. No safeguarding concerns were raised during this inspection.

Evidence of good practice was found relating to residents' personal plans. This included residents' needs being assessed in various areas with the outcome of relevant assessments being reflected in personal plans. As part of the personal planning process, goals were identified for residents with residents supported to achieve these. Aside from matters related to residents' personal plans, no concerns were identified during this inspection relating to safeguarding practices. Examples of positive safeguarding practices in the centre included safeguarding training being provided to staff and a staff awareness of active safeguarding plans. Staff members working in this centre facilitated residents' meetings where safeguarding was discussed with residents amongst other topics. Residents were also consulted about environmental and financial restrictions in place. However, the presence of the latter restrictions was not consistent with the provider's policy in this area. This meant residents' legal rights were impacted.

Regulation 10: Communication

Four residents' personal plans were reviewed, all of which had communication assessments in place for the residents along with a communication plan to best support their expressed needs and decision making. There was also evidence of easy-to-read communication strategies to explain to residents around areas such as rights and medical appointments. Some residents communicated by using particular hand gestures and the majority of staff had training in this. There was evidence of pictorial communication boards in the centre, for example, a board showing photographs of the individual staff on duty was present inside the front door. Based on observations of the inspectors and information provided verbally, residents had access to appropriate media in the centre which included televisions, tablet devices, and Internet access. In addition, one resident wanted their own mobile phone and it was seen from documentation provided that they been supported to purchase one. Visuals were completed for this resident to help the resident use a particular communication app in their mobile phone which they used to contact their family members.

Judgment: Compliant

Regulation 26: Risk management procedures

A risk register was in place for this centre which was reviewed by inspectors. It was found that this risk register outlined identified risks for individual residents and the centre as a whole. The person in charge regularly reviewed these risk assessments with the majority of these having been reviewed in October 2024. Some risk

assessments were reviewed after that date to reflect changes that may have occurred. For example where there was an increase in medicine errors noted, additional control measures were put in place to decrease the risk. Aside from the risk register and risk assessments, there was also an incident recording system in use in the centre. When reviewing this, it was seen that any incidents logged were reviewed promptly by the person in charge. Such findings indicated that any risks in the centre were being reviewed and monitored on a consistent basis.

However, the centre had been impacted by adverse weather in the month during this inspection which included a power loss. While the supports that had been provided to this centre were discussed with inspectors, inspectors were informed that there was no emergency plan for the centre that covered adverse weather. Such a plan is important to provide guidance for staff in how respond to such emergency situations such as adverse weather. A member of centre management also told inspectors that management of the provider would be meeting the week following this inspection with a view to putting such emergency plans in place.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

All residents should have an individualised personal plan provided. Under this regulation such personal plans must be informed by a comprehensive assessment of residents' health, personal and social needs. During this inspection, the personal plans of four residents were reviewed with the following found:

- The personal plans contained various assessments which related to residents' needs such as their activities of daily of living, communication, health and sleep.
- Where these assessments identified a resident as having needs under any of these areas, a support plan was created which outlined how these needs were to be met.
- All assessments and personal plans seen during this inspection had been reviewed in recent months.
- Documentary evidence was available which confirmed that residents had been the subject of annual multidisciplinary review. When reviewing the notes of such multidisciplinary reviews, an inspector noted these reviews were linked to the needs of residents with actions and recommendations from these reviews followed through.
- Goals were identified for residents to achieve with staff assigned as key workers for individual residents to support residents achieve these goals. Such goals were also broken down into different steps to help residents in achieving them which encouraged resident involvement and autonomy.

Examples of goals that had been identified and achieved by residents included going to a GAA match and going on an overnight stay away. In particular, one resident

had wanted to go to concerts as a goal and it was documented this resident had attending three concerts in a four month period. The resident who had attended a GAA match was involved in getting the tickets, linking with transport and preparing to go to the stadium. Photographs provided showed these resident enjoying achieving their respective goals.

Supporting residents with these goals helped to provide for residents' social needs. It was also seen that the needs of residents were met in other ways such as residents being supported to engage in work away from the centre. This included a resident who was due to start work experience in a nearby shop the day after inspection while residents were also supported to engage in activities such as swimming and cooking courses. The support to residents in such areas was positive as this regulation requires that suitable arrangements are in place to meet the assessed needs of residents. Based on the overall findings of this inspection, such arrangements were in place at the time of this inspection. However, it was highlighted to inspectors that the health needs of one resident could be increasing so this would need to be kept under close review by the provider going forward.

Judgment: Compliant

Regulation 7: Positive behavioural support

Based on training records provided, staff had received relevant training in positive behaviour support. Other records reviewed related to residents indicated that, where required, they had recently reviewed positive behaviour support plans in place to provide guidance for staff in this area. Such positive behaviour support plans were reflected in relevant risk assessments and corresponded with the assessed needs of residents. Aside from such plans the provider had systems in operation for the review and monitoring of restrictive practices with a log of restrictive practices maintained. This log was reviewed by an inspector who noted that restrictions in use in the centre had been reviewed by a multidisciplinary team. Further documentation reviewed indicated that residents had been consulted and informed around restrictive practices used with their families also informed.

The restrictions contained in this log were environmental restrictions and a recognised restriction related to residents to finances which will be discussed further under Regulation 9 Residents' rights. No other environmental restrictions were observed during the course of this inspection.

Judgment: Compliant

Regulation 8: Protection

No immediate safeguarding concerns were identified during this inspections. Inspectors were assured in this area taking into account the following findings:

- Copies of the provider's safeguarding policy, relevant national safeguarding policy and standards on adult safeguarding were present in the centre.
- The provider had appointed a designated officer. The role of this officer is to review any safeguarding concerns that are reported.
- Contact information about the designated officer was on display in the centre.
- Where any potential safeguarding concerns were raised, such matters had been reviewed by the designated officer. Where necessary relevant preliminary screenings had been completed and safeguarding plans put in place. Such safeguarding plans outlined the measures to protect residents from abuse.
- Such safeguarding plans were subject to review by the designated officer. It was noted from documentation reviewed, that a number of safeguarding plans had been closed in January 2025 following a change in circumstances for the centre.
- The designated officer had visited the centre to conduct safeguarding audits and was also due to visit the centre to attend the staff meeting the day after this inspection to discuss safeguarding with staff.
- Staff members working in this centre had completed relevant safeguarding training based on records reviewed by an inspector.
- Safeguarding was also recorded as being discussed at individual staff supervisions and staff team meetings. Notes of the most recent staff meeting in January 2025 indicated that how to report safeguarding concerns, types of abuse and active safeguarding plans had been raised with staff.
- Staff members spoken with demonstrated an awareness of the active safeguarding plans in place at the time of this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The residents took part in residents' meeting on a weekly basis. There was evidence these were been held with attendance mainly from the five residents and staff supporting. At each of these meetings advocacy and complaints were discussed with residents also asked their preferences in relation to meals and activities for the week. Aside from these meetings, the residents were given the opportunity to decide on their daily choices and this was evident from the personal plans while an inspector observed staff asking residents about their choice and what they wanted to do. There was evidence that some residents received guidance in relation to assisted decision making and easy-to-read guides were seen in the centre. As part of the residents' personal plans there was a section on independence and rights which explored the residents' choices and decisions but also how to promote self-determination and rights.

The person in charge did highlight though that access for residents to their personal financial care accounts was restricted which had been raised during the March 2024 inspection also. Such financial arrangements were reflected in the centre's restrictions log and was the subject of regular multidisciplinary review. Such reviews of this clearly outlined the impact of these financial restrictions. For example, the residents getting pocket money as opposed to having direct access to and control over their personal account. Where it was seen that the centre was trying to promote the residents' involvement in their finances, such as counting money in a wallet, such arrangements impacts the residents' legal rights. Such arrangements were also not consistent with the provider's policy on residents' finances. This stated that the provider would "respect a resident's right to control their finances" and was "committed to supporting residents who use our services to use and manage their money".

However, given that the restrictions in place relating to residents' finances, improvements were required by the provider to come into compliance in relation to residents being able to exercise their legal rights around their finances.

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
Capacity and capability	
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Edel Quinn House OSV-0001814

Inspection ID: MON-0046035

Date of inspection: 25/02/2025

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Meeting held by Senior Management Team where a protocol was developed to support the designated centre in managing sever weather conditions. This protocol was distributed and amended by PICs for each of the provides designated centre on the 05/03/2025 and was implemented in Edel Quinn on 05/03/2025.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: St Joseph's Foundation is actively reviewing it's practices in terms of supporting residents managing and accessing their finances. This involves reviewing and updating the policies impacting our residents, particularly our Finance and Restrictive Practice Policies, mindful of our responsibilities of implementing the Assisted Decision-Making Act 2015 and the Health Act 2007. The Foundation is also engaging with another service provider, who have conducted a review of their practices and are willing to share their learning with us. The Foundation has scheduled a meeting with our resident's bank, to discuss more accessible accounts, which will uphold our residents' rights to access their funds, while also being mindful of safeguarding our residents. Any new practice will be in line with legislation and best practice. It is envisaged that the full implementation of changes to our current practice will take eight to ten months.	

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 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.	Substantially Compliant	Yellow	05/03/2025
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.	Substantially Compliant	Yellow	31/12/2025