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:	Elmville
Name of provider:	St Joseph's Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	12 March 2025
Centre ID:	OSV-0001821
Fieldwork ID:	MON-0046048

About the designated centre

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

This service is provided in a purpose built, single storey residence located in a housing development in a rural village. A maximum of six residents can be accommodated and the service supports residents with higher needs in the context of their disability. The provider aims to provide an individualised service informed by the needs, choices, interests and preferences of each resident. Residents are encouraged to maintain family and community links. The centre is open on a full-time basis and a staff presence is maintained at all times. The staff team is comprised of care assistants and social care works led by the person in charge who is a registered nurse in intellectual disability nursing.

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
Wednesday 12 March 2025	09:30hrs to 16:30hrs	Lisa Redmond	Lead
Wednesday 12 March 2025	09:30hrs to 16:30hrs	Conor Dennehy	Support

What residents told us and what inspectors observed

This designated centre had a capacity for six residents but at the time of this inspection five residents were living in the centre. When inspectors arrived at the centre to commence the inspection, they were initially greeted by the person in charge. Upon entering the centre, some vocalisations from a resident were heard while a further two residents were met in the centre's hallway. One of these residents did not communicate verbally while the other resident did not initially engage with inspectors. However, shortly after the latter resident was seen to be happy when a staff member on duty with the resident interacted with them in a cheery and upbeat manner. The resident was observed smiling and laughing as they interacted with this staff member. They were also observed sitting in the centre's hallway as they enjoyed their morning coffee.

Vocalisations of one resident continued during the initial stages of the inspection with inspectors informed by staff members that these might have been caused by the presence of the inspectors in the centre. It was also indicated to inspectors that such vocalisations did not impact other residents. During an initial walkthrough of the centre, inspectors visited the kitchen-dining room where two residents were present with staff members. One of these residents was the resident who was vocalising and it was observed that the other resident present appeared to be biting their finger. When later reviewing this resident's positive behaviour support plan, it was read that this resident biting their finger was a sign that the resident was experiencing anxiety but that there was no known triggers for their anxiety.

Given the presentation of the resident who was vocalising, inspectors left the kitchen-dining room at this time to hold an introduction meeting for the inspection with the person in charge. During the course of this meeting, the vocalising of the resident eased. After the introduction meeting had finished, inspectors had some time to observe all residents in their environments and in their interactions with staff members on duty. All residents were met during this time. Residents could not verbally express their views on what it was like for them to live in Elmville. However, one resident did link arms with an inspector and brought them to the kitchen table. Staff members noted that the resident had brought the inspector to the seat that they liked to sit in when having a meal. The resident presented as content and was observed smiling as they interacted with the inspector. This resident also brought the inspector into the hallway area, however later left when they saw a preferred staff member.

During this period of observations, one resident was seen using a peg board in the kitchen-dining room in the company of a staff member while a second resident was listening to some music on a tablet device. The staff member present informed an inspector that the resident had a photograph in their bedroom with the music artist they were listening to and this photograph was the resident's "pride and joy". Another resident was observed to spend time during this period laying on the floor but was seen to be encouraged and helped up by staff members at different times.

The same resident was also seen at times to move between the hall areas and the kitchen-dining room. At one point this resident opened the door from the kitchen-dining room that lead to the rear enclosed garden of the centre to go outside.

Before they could go outside, another resident then came over and closed the door which stopped the first resident going outside. This resident then came out to the entrance hall area of the centre instead. When this was later highlighted to the person in charge, it was indicated that the resident who closed the door would not stop another resident from going out. The person in charge also indicated that if a staff was present that they would help in this scenario. An inspector reviewed the positive behaviour plan of the resident who had closed the door and it was read that the resident could display behaviours in response to the positioning of furniture and people. No further instances were observed during the remainder of the inspection where this resident was seen to interfere where another resident wanted to go. Later in the evening, the resident who had previously attempted to go outside was observed in the centre's back garden using a swing.

As the morning of the inspection progressed, three residents were supported to get ready to leave the centre. For example, one resident was supported by a staff member to put on a coat and jacket. Three residents left the centre soon after using the centre’s vehicle to go for a walk and to do some shopping with staff members.

The two residents who remained in the centre spent some time in the kitchen-dining room. An inspector sat with one resident as they engaged in a table-top activity with a staff member however they did not engage with the inspector at the time. Some vocalising could be heard from both residents at different times. At one point, a resident left the kitchen-dining room to go to another room and could be heard vocalising for a period. The person in charge subsequently asked a staff member present to support this resident at this time which they did. The resident returned to the kitchen-dining room soon after and their vocalisations had stopped. Later on though, the resident commenced vocalising again, the resident was then supported to go into the centre’s sitting room where a staff member put some cartoons on for the resident to watch on a tablet device. The resident seemed content when this was done and their vocalisations stopped.

In the afternoon of the inspection, the three residents who had departed the centre earlier in the day returned. These residents were supported to have a meal which had been prepared in the centre. The atmosphere in the centre for the remainder of the inspection was generally calm. Some vocalisations of residents could be heard at times including one resident who vocalised “go home”. Staff members and management present were heard to be pleasant in their interactions with residents.

The centre's enclosed garden had a garden bench and some facilities for storage. It was seen though that a worn piece of indoor furniture had been left in the rear garden. When in this area an inspector also observed that some external painting was needed. This was an outstanding action following the previous inspection of the centre in October 2023. Internally the centre was reasonably maintained and clean although some of the décor and furnishings in the centre were of an older style. Residents had their own individual bedrooms with storage facilities, such as

wardrobes, provided. These bedrooms were seen to be brightly decorated and personalised. For example, one bedroom had some comic book hero décor on display. It was observed though that the flooring in residents' bedrooms was of an older style to the flooring in communal areas.

Communal areas included the kitchen-dining room where a lockable gate was present that separated the kitchen and dining areas. The use of this gate will be returned to later in this report. The kitchen-dining room also had white boards hung on the walls. One showed a daily menu board while the other showed pictures of residents' goals. However, it was observed that some of these photographs of goals were dated. For example, one of the photos was for a former resident to maintain contact with their family. This former resident had not lived in the centre for over 12 months. Aside from the kitchen-dining room the centre also had a sitting room, which was nicely furnished with couches and a television, and a visitors' room. This visitors' room was partly being used for storage purposes with a hoist stored there. An inspector also observed a box of clothes being stored in one of the centre's bathrooms.

Towards the end of the inspection a resident presented as unwell and was observed to be supported by staff members at this time. The resident was supported to relax in their bedroom with management in the centre noting that they would observe the resident to see if their condition improved prior to seeking an appointment with their general practitioner (G.P.). It was evident that staff members were attentive to the needs of the resident at this time. While this resident spent time in their bedroom in the final hours of the inspections, one resident spent time using a peg board, another was supported to have a foot spa and a third was facilitated to use a swing in the centre's rear enclosed garden.

Satisfaction surveys had been completed by residents' representatives as part of the registered provider's annual review of the quality of care and support provided to residents. Inspectors reviewed three of the surveys which were overall positive in nature stating that 'Elmville is a lovely home', that the 'service is excellent' and that residents' representatives were 'very happy with the staff and service'.

Overall, inspectors observed that residents were supported in a respectful manner throughout the inspection day. 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 on the quality and safety of the service being delivered.

Capacity and capability

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 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. Due to concerns raised by information received in advance of this inspection, Regulation 26 Risk management procedures was also reviewed". These regulations were reviewed on this inspection and this inspection report will outline the findings under each regulation.

This centre had previously been inspected by the Chief Inspector in October 2023. In response to this inspection, the registered provider had reviewed the centre's staffing levels. At the time of the October 2023 inspection, six residents lived in Elmville. However, when this review was completed the number of residents living in the centre had reduced from six to five. A further review had been completed in October 2024 to reflect the changing needs of the current residents in advance of the transition of a sixth resident in Elmville. This review had identified that should sixth resident transition into the centre that further staffing would be required to ensure there were effective resources to meet the assessed needs of residents.

The registered provider had ensured that there were effective arrangements in place to support all members of the workforce and to facilitate staff to raise concerns about the quality and safety of the care provided to residents. The inspector observed evidence that all of the staff on duty on the day of the inspection had received formal supervision in the three month period prior to the inspection taking place. Staff meetings were observed to have occurred on a regular basis with complaints being an agenda item at these meetings.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 16: Training and staff development

The person in charge had ensured that staff members had access to appropriate training as part of a continuous professional development program. Inspectors reviewed the training matrix for 15 staff working in the centre and noted that all staff had completed the following training;

- Management of behaviour that is challenging
- Safeguarding of vulnerable adults
- Infection prevention and control
- Hand hygiene.

One staff member required refresher training in fire safety and this had been booked to take place in April 2025. One of the 15 staff was awaiting a date to

complete epilepsy training however the person in charge noted that they was always a trained staff member supporting the resident who had epilepsy.

Judgment: Compliant

Regulation 23: Governance and management

A clear governance and management structure had been outlined in the designated centre's statement of purpose. This outlined the lines of authority and accountability in the designated centre. All staff working in the centre providing direct care and support to residents reported directly to the person in charge. Staff spoken with throughout the inspection noted that they felt well supported by the person in charge.

An auditing schedule had been put in place to ensure effective oversight and monitoring. Audits completed included the following;

- Monthly medicines audit
- Monthly finances audit
- Complaints audit
- Hand hygiene audits
- Human resources staffing audit
- Infection prevention and control.

In addition, there were plans for audits in safeguarding, incident and accident reviews and residents' personal plans throughout 2025.

A six monthly unannounced visit report had been compiled following visits by the registered provider to the centre in December 2024. This review noted an outstanding from the inspection completed by the office of the Chief Inspector in October 2023 where external painting was due to be carried out. As part of the October 2023 inspection's compliance plan response this was due to have been completed in December 2023. An updated compliance plan response submitted in March 2024 noted that the action had not been met and would be completed in June 2024. This action had not been carried out on the date of this inspection. This required review.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector was given notice in writing within three working days of the adverse incidents occurring in the centre as outlined in Regulation 31. Inspectors reviewed the registered provider's incident

reporting system from 27 February 2025 to 21 June 2024 and found that there were no adverse incidents that had not been notified during this period of time.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured that an effective complaints procedure for residents was provided in an accessible format. In the centre's entrance hall, a sign was on display around how residents could make a complaint. This sign included a photograph of the complaints officer along with their contact information. Easy-to-read documentation around the provider's complaints process was also present in the centre based on documentation provided.

When reviewing notes of weekly resident meetings that had occurred in the centre in the recent month, it was noted that complaints were recorded as being discussed with residents. This included residents being informed of the identity of the registered provider's complaints officer.

The registered provider had a complaints policy in place and did have an electronic system for recording any complaints made. An inspector viewed this electronic system and noted that no complaints were entered on this since the previous inspection of the designated centre in October 2023.

Judgment: Compliant

Quality and safety

Overall it was evident that residents received a safe service in line with their assessed needs. This was evidenced through the documentation, speaking with staff members and observing residents in their living environment. At all times residents were observed to be supported in a kind and caring manner by staff members.

Residents' personal and social needs were supported in their home in Elmville. There were indications that given the needs of residents and their age profile that residents' assessed needs were increasing. For example, one resident had recently been admitted to hospital with records reviewed indicating a drop in weight for the resident in recent months. The resident was being supported in this area at the time of inspection. For example, the resident had a malnutrition screening completed in February 2025 and had a support plan in this area. Taking into account the indications that residents' needs were increasing, the registered provider acknowledged that they would need to closely monitor this to ensure that suitable arrangements continued to be in place to meet residents' needs. This was evidenced

in staffing reviews that had been carried out in the designated centre prior to the inspection taking place as noted in Regulation 23 Governance and management.

Regulation 10: Communication

The registered provider had ensured that appropriate media was available in the centre including television and radios based on observations of the inspectors. Two residents also had tablets devices which both were seen to be used during the course of the inspection. Internet access was provided for the centre but the centre did not have dedicated Wi-Fi Internet access. As such for residents to be able to fully avail of their tablet devices, an inspector was informed that staff members used their own mobile phones to create a Wi-Fi hotspot for these residents. When raised with the person in charge, it was indicated that the centre's own mobile phone was also available for this. Inspectors were also informed that the provider was seeking to add dedicated Wi-Fi Internet access for the centre.

Aside from this, when reviewing three residents' individualised personal plans, it was seen that these plans contained guidance around the residents communicated. Such guidance was set out in specific communications profiles that were in place for each resident that had been reviewed within the previous 12 months. The communication profiles seen outlined individual residents' level of understanding, how they communicated and how they indicated yes or no amongst other areas.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that there were systems in place for the assessment, management and ongoing review of risk. Risk assessments had been developed in response to risks to residents in line with their assessed needs. It was evident that these risk assessments included details of the control measures in place to reduce the risks they posed to residents.

In response to recent weather warnings where the centre had been impacted by a loss of water, heating and power, a severe weather protocol had been developed to guide staff members. This protocol outlined considerations for staff in the event of such situations to include the loss of use of magnetic locks, keypads and electric gates. It also noted when specific weather warnings were issued the registered provider would convene a response team to provide support to staff and residents. Staff working in the centre had easy access to items such as evacuation plans, high visibility vests and water in a backpack in the event that they needed to evacuate the centre in an emergency situation. Staff spoken with on the day pf the inspection noted they had been well supported times they had been impacted by severe

weather in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

In keeping with the requirements of this regulation, the person in charge shall ensure that each individual resident must have a personal plan provided that outlines residents'; health, personal and social needs while also providing guidance on these needs are to be met. Such personal plans must be informed by comprehensive assessment of residents' needs and must also be reviewed on a minimum of an annual basis. The personal plans of three residents were reviewed during this inspection. From these it was seen that the contents of these personal plans had been informed by various assessments of residents' health, personal and social care needs. Where a resident was assessed as having a need under any of these areas, a corresponding support plan was put in place which provided guidance for staff on how to support this need. The contents of residents' personal plans had also been reviewed within the previous 12 months, were available in easy-to-read format and were subject to annual multidisciplinary review. For example, one resident's annual review meeting had been attended by the person in charge, a physiotherapist, an occupational therapist and a social worker.

Residents' also received an annual person-centred planning meeting which, based on meeting notes reviewed, residents' relatives participated in. Such meetings were used to discuss goals for residents to achieve while residents also had a key-worker assigned to them. Such key-workers were members of staff who were specifically assigned to supports residents with their personal plans and goals. Further records reviewed from December 2024 on indicated that each resident had meet with their assigned key-worker on a monthly basis where their goals were discussed. Within the resident personal plans reviewed, it was seen that identified goals had steps outlined on how residents were to achieve these goals with responsibilities also assigned for helping residents with these goals. Documentation around this goals indicated that residents had been supported to progress or achieve the majority of these goals.

Examples, of goals which residents had achieved in recent months included going to a beach. It was noted though that one resident had a documented goal to go on a shopping trip. This goals had been identified in September 2024 but it was not recorded how this goal had progressed since then. When queried with the person in charge, they indicated that they did not think that this shopping trip had happened. It was acknowledged though that a staff member had also informed the same inspector that the resident had recently had identified new goals to attend the swimming pool which was something new for the resident. While residents did not attend a day service away from the centre, it was also indicated that activities for residents had improved. A sample of activity records reviewed for residents during February and March 2025, listed activities such as social drives, meals out, music,

massages, reflexology and swimming as activities residents did.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required residents had positive behaviour support plans in plans in place. An inspector reviewed the positive behaviour support plans of two residents and noted that they had been both reviewed by a psychologist in November 2024. Both of these plans outlined strategies to support residents to engage in positive behaviour depending on their presentation. For one of the residents though, it was noted that their positive behaviour support plan did not outline sufficient guidance on how to support the resident in one particular area. It was acknowledge though that the resident had a separate support plan in this area with a staff member spoken with demonstrating a good awareness of this. Training records reviewed indicated that all staff had received relevant training in positive behaviour support. This is important to ensure that staff are equipped with the necessary skills and knowledge to support residents in this area.

Physical and environment restrictions used in the centre were outlined in a restriction log. This log also included a recognised restriction related to residents to finances which will be discussed further under Regulation 9 Residents' rights. The use of a PRN medicine (medicines only taken as the need arises) for one resident, which had been notified as a chemical restraint, was not included in this log. Documentation within this restrictions log indicated that the restrictions outlined in the log had been subject to multidisciplinary review, most recently in December 2024. A further review had been planned for 12 March 2025 but was postponed on account of this inspection.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that residents were protected from all forms of abuse. A specific safeguarding folder was provided for within the centre. This folder was reviewed by an inspector and was found to contain standards on adult safeguarding, the provider's safeguarding policy and relevant national safeguarding policy and procedures. The folder also contained documentation relating to any active safeguarding plans in the centre. Such plans had been put in place following particular incidents that had occurred and which had been screened. The safeguarding plans outlined measures to prevent such incidents from occurring and staff spoken with demonstrated an awareness of these active safeguarding plans. Records reviewed indicated that all staff had completed relevant safeguarding

training.

Staff spoken with were also aware of how to report any safeguarding concern along with the identity of the provider's designated officer. The provider's designated officer was appointed to review any safeguarding concerns that arose and conduct screenings in relation to such matters. Contacts details for the designated officer was seen to be present in the entrance hall of the centre along with their photograph. When reviewing notes of weekly resident meetings, it was read that residents had been informed of the identity of the designated officer. Easy-to-read information around safeguarding was also present in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

As referenced under Regulation 7 Positive behavioural support, there was an identified restriction in place relating to residents' finances. Such financial arrangements were reflected in the centre's restrictions log and was the subject of regular multidisciplinary review. These restrictions meant that residents did not have direct access to and control over their personal financial accounts. Such arrangements impacted the residents' legal rights and 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.

One of the environmental restrictive practices in use in the centre was the use of a gate that separated the kitchen and dining areas of the centre. Documentation reviewed related to this indicated that this gate was to be used when meals were being prepared and staff were not in a position to adequately supervise the kitchen due to safety concerns. Based on the observations during this inspection, this gate was being used in an inconsistent manner. For example, at one point a staff member was seen preparing food in the kitchen area with two residents present and had the gate open but on another occasion the same staff member was present with one resident but had the gate closed. When highlighted to the person in charge, it was indicated that the use of this gate was to be discussed and reviewed further with staff members. The person in charge also confirmed that records of when and for how long this gate was being closed were not being maintained.

One resident had a vaccine support plan in in place. When reviewing this, an inspector noted that it was recorded that the resident could have an adverse reaction to a vaccine however the type of reaction they may have was not stated in the support plan. From reviewing documentation and speaking with staff it was noted that the resident also received a regular medicine by injection and that they

needed to travel to their doctor's office to receive this as this could not be administered in their home. It was indicated in the vaccine plan the resident could push away a needle or a staff's hand if they were to a vaccine. The wording of this appeared to suggest that the resident could refuse to receive this medicine in this form with the resident's communication profile indicating that the resident made choices by actions. Despite this, the vaccine support plan indicated that the resident could receive a PRN medicine in advance of a vaccine. However, it was noted that the resident also received a PRN medicine prior to receiving their regular medicine that was administered by injection. The use of this PRN medicine had been classed as a chemical restraint by the provider and it was indicated that it was in use. However, it was unclear what attempts had been made to get the resident's consent around vaccines and medicines administered by injection before the PRN medicine was used. For example, a log in the resident's personal plan to record attempts to get consent from the resident had no entries in it.

Other records reviewed indicated that residents took part in communal residents' meeting on a weekly basis which were facilitated by staff. Notes of these meetings reviewed from 3 November 2024 to 2 March 2025 indicated that these meetings were happening on a consistent basis. The notes reviewed also indicated that matters such as safeguarding, complaints, meal plans advocacy and activities were being discussed with residents. These meetings were also being used to give residents information that could affect the running of the designated centre. For example, in one meeting residents were recorded as being informed about a student who would be working in the centre for a period and on another meeting residents were informed about a potential new resident who would be visiting the centre.

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	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 26: Risk management procedures	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 Elmville OSV-0001821

Inspection ID: MON-0046048

Date of inspection: 12/03/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider has ensured that all external painting has now been completed since the 27th of March 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 its 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. The use of the kitchen gate will be discussed in the next restrictive practice meeting scheduled for the 7th of May 2025, where the criteria for its use or reduction of use will be discussed, it is also envisaged that it will be a service user specific restrictive practice as opposed to non-service user specific, furthermore there is now a log-in place to document the use of the gate and the duration of time that the gate is closed for. The Person in Charge has since reviewed the resident's vaccine support plan and amended same to reflect administration of vaccines only. As indicated in the vaccine support plan side effects will be communicated to the resident in an easy read format in	

line with their communication profile going forward specific to the particular vaccine being administered.
The staff team discussed alternative treatments with the resident and the residents GP on the 17/04/2025 and an alternative treatment has now been prescribed instead of a 12 weekly injection.

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 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	27/03/2025
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature	Substantially Compliant	Yellow	31/12/2025

	of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.			
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	31/05/2025
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	17/04/2025