



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

## Issued by the Chief Inspector

Name of designated centre:	North Circular Road
Name of provider:	Gheel Autism Services CLG
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	07 May 2025
Centre ID:	OSV-0002022
Fieldwork ID:	MON-0038314

## About the designated centre

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

North Circular Road consists of two residential homes adjoining each other which are home to eight adult residents. The homes are in close proximity to lots of local amenities and public transport links. The immediate location offers a tranquil and calm atmosphere near a city centre location. The aim of North Circular Road is to provide a residential setting wherein the service users are supported and valued within a homely environment that promotes their independence, health and wellbeing. North Circular Road uses a low arousal philosophy, which is used in supporting adults with autism, both male and female over the age of 18. The homes have bathroom facilities, kitchen/dining room, living room areas, bedrooms, laundry facilities and access to a large garden. There is a prefabricated wooden building at the end of the garden of one of the homes that contains two additional communal rooms for residents. The support provided in the designated centre includes assistance with personal care, washing and laundry, supporting development of life skills, cooking and provision of meals and support to go out in the community. All service users require a tailored level of support from staff, based on a mix of independence and abilities. Residents are supported by a team of social care workers and care workers that are directly overseen by a person in charge and two location managers.

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

Number of residents on the date of inspection:	7
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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
Wednesday 7 May 2025	10:00hrs to 16:15hrs	Jennifer Deasy	Lead

## What residents told us and what inspectors observed

This inspection was an announced inspection scheduled to inform decision making in respect of an application to renew the centre's certificate of registration. The inspection took place over one day and the inspector had the opportunity to meet six of the seven residents who were living in the centre at the time. The inspector used conversations with residents and staff, observations of care and support, and a review of documentation to inform judgments in respect of the quality and safety of care. Overall, this inspection found that the centre was offering a very high standard of care which was ensuring that residents' rights were being upheld. There was a very high level of compliance identified with evidence of positive impact on the lives of the residents. Only minor areas for improvement were found in respect of the provider's training records.

The designated centre is located close to Dublin City and is comprised of two semi-detached houses located beside each other. The houses share a front driveway and each has its own private back garden. The centre is located close to many community facilities and good public transport links. Residents in these houses also have access to vehicles for transport which are maintained by the registered provider. On the day of inspection, some residents were seen going out in the centre's cars to shop and another resident was supported to travel to Arklow with a staff member as they said they wished to go for a walk there on the day.

Six of the centre's seven residents were at home during the day. One of the residents had travelled to their family home to attend a funeral. The other six residents were seen to be busy and clearly led active lives. One resident showed the inspector their visual planner for the day and was supported by staff to set a timer on their phone for when they would be leaving for swimming. The inspector was told that the timer was important to the resident and that it helped them to manage anxiety around routines.

Another resident gave the inspector a tour of the larger of the two houses. They proudly showed the inspector their art work, ornaments and photographs which were neatly displayed throughout the house. This resident enjoyed painting and had plans for a painting class later in the evening. They showed the inspector their room and spoke about their family and their achievements. The inspector saw that the resident's medals from their sporting achievements were neatly displayed in their bedroom. This resident told the inspector that they were happy living in the centre and that the staff were good. Later in the day, this resident went to a local shop and, on their return, told the inspector of the shop staff who were working there. They had clearly established good links within their community.

On the walkaround of this house, the inspector saw that it was homely, clean and well-maintained. Each resident had their own bedroom and also had access to a kitchen, dining room, sitting room, utility, bathroom and shower room. The social care manager told the inspector that a grant had recently been applied for to

convert an upstairs bathroom into a shower room. While there was no significant risk at the time of inspection, the social care manager set out that the aim of this was to ensure the accessibility of the property for the near future, given the ageing profile of some of the residents.

The inspector met with three of the residents who lived in the smaller of the houses. This house was a three bedroom property. Previously, four residents had lived here and two of these residents had shared a bedroom; however, one resident had since moved out to another designated centre and this meant that each of the three remaining residents had their own bedrooms. Staff spoken with described to the inspector the positive impact that this had on the residents. They spoke of how settled and happy the resident who had moved out appeared in their new home and, of how the other residents were adapting to having their own private space. Staff described how one resident is now choosing to go to bed later and get up later than when they had shared a bedroom, indicating that they had increased control over their routine.

One of the residents, who since the last inspection, had moved from the shared bedroom arrangement in to their own bedroom, showed the inspector their new room. They were very proud of their bedroom and the inspector saw that they had a new double bed and that the room was decorated according to their preferences. The resident also showed the inspector how they chose to lock their bedroom when they were not at home and carried the key on them. Residents in this house also had access to an upstairs bathroom, downstairs shower room, a utility, kitchen, dining room and sitting room. The provider had completed upkeep to the centre since the last inspection including installing new flooring and painting. The house was very homely and well-presented.

The two other residents in this house were at home but did not speak in detail about their thoughts on the care provided in the centre. The inspector saw that both of these residents appeared comfortable and relaxed in their home and were familiar with the staff on duty. One resident listened to music with headphones and interacted with their tablet device. Another resident was supported by staff in a gentle manner to take prescribed medications. They also asked staff to set a timer on their phone to assist them with their routine. The inspector later saw that this was a strategy detailed on the resident's communication care plan.

Six of the residents had completed residents' questionnaires which were reviewed by the inspector. Overall, the residents expressed that they were very happy with the service provided. Residents described how staff supported them to meet their friends and family, go out for meals and drinks and attend art and singing classes. Both of the residents, who previously had shared a bedroom, said that they loved their new bedrooms.

The inspector spoke with three staff in detail, as well as with the social care manager, person in charge and other members of the senior management team throughout the day. The staff on duty were found to be very knowledgeable of the residents' assessed needs and preferences. They were informed of their roles and responsibilities and of how to escalate concerns through the management systems.

Staff had received training in a human rights based approach to care and gave examples of how this training had impacted their day to day work. One staff member spoke about how a resident's routine had changed since getting their own bedroom. The resident could choose more freely when to go to bed and when to get up, without worrying that it would impact on the other resident.

Another staff member described how they provide education and support to residents so that residents can participate in activities which would have been considered to carry a degree of risk. For example, a resident communicated that they would like to be responsible for putting fuel in the centre's car. The resident was provided with education and was supported with learning about this task. At the time of inspection, they regularly took responsibility for filling the car's tank.

The management team were informed of the residents' needs and were clearly committed to driving continuous service improvements in order to ensure that residents were in receipt of a very good quality and person-centred service.

Overall, this inspection found that the centre was providing individualised care and support where the rights of each resident was respected and where they were supported to live busy and active lives of their choosing.

The next two sections of the report will describe the oversight arrangements and how effective these were in ensuring the quality and safety of care.

## Capacity and capability

This section of the report describes the governance and management arrangements of the centre. This inspection found that there were effective governance structures in place with clear lines of accountability at individual, team and service levels. This was ensuring that all staff were aware of their responsibilities and who they were accountable too. Some improvements were required to the maintenance of the staff training records to ensure that they accurately reflected compliance with mandatory and refresher training.

The designated centre was sufficiently resourced in order to provide person-centred care to the residents. There were sufficient staff on duty on the rostered dates, reviewed by the inspector, to meet the needs and number of residents. The inspector saw that there were sufficient staff working on the day of inspection in order to provide individualised care and to allow residents to have autonomy in directing their day. There was a full staff complement at the time of inspection which was supporting continuity of care. Residents were familiar with the staff team and staff were knowledgeable regarding residents' needs and preferences.

Staff spoken with understood their roles and responsibilities. They described their duties in respect of supporting residents with aspects of their health and social care needs including administering medications and safeguarding finances. Staff were

provided with regular support and advice through monthly staff meetings and individual staff supervision sessions with the social care manager. Staff were performance-managed and supported to exercise their accountability for the provision of person-centred and rights-informed care for the residents. Staff described providing education and support to residents in formats suitable to meet their communication needs in order to enhance residents' autonomy.

Staff in this centre were in receipt of training and this was monitored through a training matrix; however, as described under regulation 16, improvements were required to ensure that this was consistently and effectively identifying gaps in compliance with mandatory and refresher training.

The service had clearly defined governance arrangements. The person in charge was supported in having oversight of two designated centres by the appointment of a full-time, supernumerary social care manager for this centre. Both the person in charge and social care manager had defined roles and responsibilities. They demonstrated that they understood the needs of the residents in the service and were committed to driving continuous improvements; for example, they had recently made changes to the access arrangements to each house to further enhance the privacy of residents.

Regular audits were carried out to assess, evaluate and improve the provision of these audits. Many audits were completed with input from residents and their feedback was actively encouraged in order to identify meaningful and person-centred improvements required to the service. Actions arising from audits were tracked and monitored to ensure they were implemented in a timely manner.

The provider had made a full and complete application to renew the centres' certificate of registration and had in place required documentation including a policy of insurance against injury to residents and a statement of purpose.

#### Registration Regulation 5: Application for registration or renewal of registration

The provider had made a full and complete application to renew the centre's certificate of registration within the specified timeframe. The associated fee had been paid and all prescribed information was submitted. This ensured that the provider's application could be processed in a timely manner and afforded the provider the protections of The Health Act (2007) during the renewal process.

Judgment: Compliant

#### Regulation 14: Persons in charge

The provider had appointed a person in charge to have oversight of the centre.



They were employed in a full time capacity and were suitably qualified and experienced. The person in charge had been in their role for many years and demonstrated a comprehensive understanding of the service and residents' needs.

The person in charge was also responsible for another of the provider's designated centre. There were systems in place to support them in fulfilling their regulatory responsibilities; for example, a social care manager was employed for the designated centre. They were also employed in a supernumerary position and had responsibilities to ensure the day to day running of the centre. Regular meetings were held between the social care manager and the person in charge to ensure any issues could be escalated through the management systems. The social care manager and person in charge had defined responsibilities and were knowledgeable regarding their specific roles.

Judgment: Compliant

### Regulation 15: Staffing

Planned and actual rosters were maintained in the centre. The inspector reviewed the rosters for the centre from April and May 2025. It was seen, based on a review of these rosters, that staffing levels were maintained in line with the statement of purpose.

The inspector reviewed four dates in more detail and saw that there were sufficient, suitably qualified, staff on each day to meet the needs and number of residents. The inspector saw, on the day of inspection, that there were sufficient staff to provide individualised care and support to residents in line with their preferences. For example, one resident asked to go on an impromptu drive to Arklow and this was facilitated. Staff were responsive to residents' communication and were seen to effectively implement care plans.

Schedule 2 files were not reviewed as part of this inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff in this centre were in receipt of supervision and support through biannual individual supervision sessions and monthly staff meetings. The inspector reviewed the records of the last four staff meetings in the centre and saw that these were used to provide staff with provider updates such as revised policies and to discuss residents' needs. The inspector also reviewed the supervision records for two staff. These demonstrated that staff were performance-managed, were informed of their

roles and responsibilities and were encouraged to exercise their professional responsibilities.

The inspector spoke with one staff member in more detail about the training and supervision arrangements. They told the inspector that they found supervision to be helpful and that they were aware of how to monitor their own training needs and track their progress in this area. The staff member told the inspector that the management team were responsive and helpful. They gave an example of escalating an infection control risk to management in recent times and described how there was a timely and appropriate response in this regard.

A training matrix was implemented which was intended to track compliance with mandatory and refresher training. On a review of the matrix, the inspector saw that all staff were up to date with training in fire safety and risk management. However, it was not clear, due to inconsistencies in inputting data on the matrix, that all staff were up to date with all required training.

There was duplication of trainings on the system which appeared to be leading to confusion among staff. The timeframe for refresher training was not detailed and there were inconsistencies in the format of dates being inputted into the matrix. Some dates appeared to indicate a date in the future when training would be due to be refreshed, while other dates indicated the date on which training was completed. There were also gaps in mandatory trainings for some staff, where dates were left blank with no rationale provided. For these reasons, it could not be verified that all staff were up to date in training in safeguarding, Children First and safe administration of medications.

Judgment: Substantially compliant

## Regulation 22: Insurance

A copy of the provider's certificate of insurance was submitted with their registration renewal application. This showed that the provider had effected a policy of insurance against injury to residents.

Judgment: Compliant

## Regulation 23: Governance and management

There were clearly defined management systems in the centre. The staff team reported to a social care manager, who in turn reported to the person in charge. The staff were aware of the management structures and of how to escalate any concerns to the provider level. Staff were in receipt of regular support and

supervision and it was evident that this was effective in performance managing and developing staff.

The person in charge and social care manager each had defined responsibilities. The social care manager was responsible for oversight of the everyday provision of care, for example through implementing staff rosters and completing staff supervisions. The person in charge had additional regulatory responsibilities such as monitoring adverse incidents and submitting notifications in this respect. The social care manager and person in charge met weekly to review the service needs.

The provider had recently reviewed and reconfigured the senior management arrangements for the region. The provider had allocated a regional team consisting of representatives from human resources, finances, a staff nurse, quality officer and an advanced autism practitioner to support services in each region. These representatives were available to the centre on a regular basis and monthly network meetings were held with this team and other senior managers. The person in charge expressed that this was a helpful forum in order to escalate issues and to track actions required in various areas.

Comprehensive audits were completed by the provider including, for example, six monthly unannounced visits and an annual review of the quality and safety of care. The annual review from 2024 was completed in consultation with the residents and their family members and detailed their satisfaction with the service. Family members were seen to provide very positive feedback in respect of the staff team and the care provided.

The inspector reviewed the two most recent six monthly unannounced visits. These were comprehensive and identified risks in respect of the provision of a good quality and safe service; for example, it was identified on the audit in December 2024 that the premises of the service needs to be continuously evaluated in order to ensure accessibility. An action plan was implemented arising from these audits and the inspector saw that actions were achieved in a timely manner. This showed that audits were effective in driving service improvements.

Judgment: Compliant

### Regulation 3: Statement of purpose

A statement of purpose was available in this centre. This was reviewed by the inspector and was seen to contain all of the information as required by the regulations. The statement of purpose provided an accurate description of the services and facilities of the centre, along with information on the needs of the residents and the supports in place to meet those needs.

Judgment: Compliant

## Quality and safety

This section of the report describes the quality of the service and how safe it was for the residents who lived there. Overall, this inspection found that residents were in receipt of care and support where their rights were respected and they were empowered to communicate their wishes and preferences in respect of the care and support delivered to them. All regulations assessed in this section were found as compliant and it was evident that the service was one which was meeting the requirements of the regulations and striving to meet the National Standards for Residential Services for Children and Adults with Disabilities (2013).

The centre provided residential care from two comfortable, warm and homely semi-detached houses. Previously, eight residents lived here with two residents sharing one bedroom; however, recently one resident had transitioned to another property and each of the seven residents living there, at the time of inspection, had their own bedroom. The provider set out in their application to renew the centre's certificate of registration that they intended to register the centre for seven residents going forward. This would ensure that the privacy and dignity of each resident in respect of their sleeping arrangements would be upheld.

The provider was also endeavouring to ensure accessibility of the property for the residents as they aged. They had recently applied for funding to renovate bathrooms to future proof the properties.

Residents' autonomy was respected and they were supported by staff, who were knowledgeable and skilled in respect of individual communication methods, to exercise choice and control in their everyday lives. Residents were encouraged to work out a structure to their daily lives that best reflected their goals, activities and needs and were assisted to do so where required.

Residents' views were sought and they were encouraged to contribute to and participate in residents' meetings and the day-to-day activities of the service. Information was available in a format that was appropriate to the needs of individual residents. Staff were seen supporting residents to access augmentative and alternative communication during the day including picture boards and high tech devices.

Residents' personal plans outlined the services and supports which were required to ensure that residents achieved a good quality of life and realised their goals. Residents were informed of arrangements which may impact on their rights and their consent to these arrangements was sought. Residents' finances and personal possessions were treated respectfully and were safeguarded.

## Regulation 10: Communication

Many of the residents in this centre had assessed communication needs. The inspector reviewed the communication care plans in place for three residents and saw these clearly detailed how residents communicated. Staff spoken with were informed of the care plans and were seen to have a good understanding of residents' communication systems. For example a communication care plan detailed the meaning of gestures used by one resident. The inspector saw staff responding to these gestures and supporting the resident; for example, a resident touched their head and staff were aware that this indicated that the resident was asking about swimming.

Some of the residents used visual schedules and timers on their phones or devices to assist them with managing their routine. Staff were seen to use these resources to support residents.

One resident used Irish Sign Language to communicate. Several staff had training in Irish Sign Language and a QR code on the resident's communication care plan guided staff to an online sign language bank. The social care manager had also scheduled further Irish Sign language training for staff later this year.

Judgment: Compliant

## Regulation 12: Personal possessions

There were procedures in place to ensure that residents' possessions were safeguarded. The inspector saw that residents' possessions were stored or displayed carefully in line with their preferences. Records of residents' possessions were maintained and staff spoken with were informed of the procedures around these.

Residents in this centre had their own bank accounts and bank cards. They had been consulted with in respect of their preferences around the storage of their bank cards. Residents were supported to budget and plan for expenses. The inspector saw that there were up to date support plans on two residents' files which detailed the supports required by the residents in managing their expenses. Staff spoken with were informed of these care plans and of the procedures to ensure that residents' finances were safeguarded.

Judgment: Compliant

## Regulation 17: Premises

The premises of both houses were very clean, homely and well-maintained. Residents had their own private bedrooms which were decorated in line with their preferences. Residents also had access to shared bathrooms, kitchens, sitting rooms and gardens. There were facilities for residents to launder their own clothes and to cook, if they wished to do so. The communal areas of the centre were decorated with residents' photographs, art work and ornaments. Residents were proud of their home and showed the inspector photographs of their families and friends and their art work which was displayed throughout the centre.

The provider had completed upkeep to the centre since the last inspection and had installed new flooring in one of the houses. Painting had also been completed. The provider had plans to refurbish two bathrooms into shower rooms in line with the ageing profile of some of the residents.

The back gardens of both houses provided space for residents to relax. They were planted with bright flowers and shrubs and there was garden furniture for residents to use. One of the houses had a cabin in the garden. This cabin was used as an office space and also as a room for residents to participate in activities such as painting.

Judgment: Compliant

#### Regulation 20: Information for residents

A residents' guide was available in the centre. This was reviewed by the inspector. It was written in an easy to read format and was found to contain all of the information as required by regulations; for example, in respect of the complaints procedure.

Judgment: Compliant

#### Regulation 29: Medicines and pharmaceutical services

There were appropriate procedures in place for the receipt, storage, administration and disposal of medications. The provider had implemented an up-to-date medication management policy which guided staff in this respect. Staff were informed of the policy and procedures for medication administration. Staff described to the inspector the importance of hand hygiene during medication administration and showed how medications were stored safely and hygienically.

The inspector observed staff administering medicines to one resident at lunch time. The staff member was seen to check the resident's written medication administration record to confirm the type of medication and dosage, this was then

checked off on the provider's online system. The staff described how residents are supported to engage in the administration process in line with their needs and preferences. An assessment of each residents' capacity to self-administer medications was also completed within the last twelve months and was available on residents' files. This provided information on residents' strengths and needs in respect of medication administration.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed the individual assessments and support plans for three of the residents of the designated centre. The inspector saw that each resident had a comprehensive assessment of their health and social care needs which had been updated on an annual basis, as required by the regulations.

The individual assessment clearly detailed residents' needs and described their individual preferences in respect of their care and support. Residents' assessments were informed by the resident, their representatives and the staff team. Care plans clearly reflected residents' assessed needs along with their strengths and life goals.

Staff spoken with were informed of residents' care plans and the inspector saw staff providing care that was in line with written plans. This ensured consistency in the provision of required care to meet residents' assessed needs.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents in this centre were supported to make decisions about their lives and which enhanced their autonomy. For example, residents had been supported to achieve meaningful goals such as independently going for coffee and putting fuel in the centre's vehicle. Residents were listened to by staff and were supported to have control in respect of their routines. Staff were seen supporting residents, as requested by those residents, to set timers and use visual schedules for routines. There was flexibility in routines for those residents who wanted this; for example, on the day of inspection, a resident asked to go on a drive to Wicklow. There were sufficient staff available to facilitate this request.

Residents' privacy and dignity was respected. In particular, the provider had ensured this by addressing a shared bedroom arrangement which had been previously in place for many years. Each resident had their own bedroom at the time of this inspection. Residents were proud of their bedrooms and the staff described the

positive impact that this was having for residents; for example, one resident had more control over their private space, and chose to lock the door when they were not in the house. The other resident had changed their routine and was choosing to go to bed later and stay in bed longer in the mornings.

Residents in this house were consulted with in respect of the running of the house. They were facilitated to have choice and control in respect of their activities and meals and were encouraged to direct how they live on a day to day basis through keyworker meetings and residents' forums.

There was information in the centre, in an accessible format, regarding advocacy services and the complaints process. Residents' feedback on the service was actively sought through residents' meetings, keyworker meetings, the annual review and a suggestion box in the centre.

Residents were consulted with regarding their support needs and their consent was sought in respect of any supports which may impact on their rights. For example, some residents were assessed as requiring support with money management. Residents were provided with education in respect of these supports and their preferences to types of support and consent to this was documented.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for North Circular Road OSV-0002022

Inspection ID: MON-0038314

Date of inspection: 07/05/2025

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Gheel will revisit the established Training Matrix and update the system to resolve the issues highlighted. The upgrade will address the following .</p> <p>Clarity regarding timelines for renewal of staff training for the purpose of full compliance inclusive of timely communication at individual staffing levels.</p> <p>Effective oversight of staff engagement and completion of mandatory training programs.</p> <p>The upgrade to the Training Matrix will facilitate effective System oversight and governance to ensure that the Matrix is an accurate reflection of staff compliance with the completion of mandatory training.</p>	

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/07/2025