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:	Castletownbere Residential
Name of provider:	CoAction West Cork CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	04 February 2025
Centre ID:	OSV-0002108
Fieldwork ID:	MON-0037396

About the designated centre

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

The service provided is a social care model that bases residents in their local community. The service is for adults with an intellectual disability who require either residential or respite services. Residents have access to day services locally and are supported to access employment should they wish to. The premises of this centre consist of two pairs of semi-detached houses which have been joined internally. One of these has an extension to the rear. These houses are located on the outskirts of a rural town. These are located within a hundred metres of each other. Bedrooms are located on both the ground and first floor, with each bedroom having an en-suite. Some bedrooms have track hoists. Each house has their own kitchen and sitting room, which are adequate to provide suitable common space for the residents. Each house has a garden to the rear. The staff team comprises of social care workers and care assistants with a team leader supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0

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 4 February 2025	09:30hrs to 16:50hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed and from speaking to residents, a good service was offered to residents who received supports in this centre. This inspection found ongoing improvements and more stable governance arrangements in place. There was evidence of improved oversight by the current local management team in the centre.

The centre comprises two units in total and is registered to provide supports to 13 adult male and female residents. One unit provides ongoing respite and residential supports to seven residents and the second unit can provide services to six residents and is currently unoccupied. Each unit is made up of two interconnected large two storey houses located in the same residential housing estate at the edge of a coastal town. Respite and residential services had ceased in this centre for a significant period during the COVID-19 pandemic and ongoing recruitment and staffing issues meant that these had never fully reverted back to previous levels. As seen on previous inspections, one unit of the centre remained closed at the time of this inspection. This was to ensure that appropriate staffing levels could be maintained to allow for a stable and consistent service to be provided to residents while they were using the service. Services provided had increased since the previous inspection and respite and part time residential services were now being provided five nights a week. In all, thirteen residents used the service at the time of this inspection, with the majority of these receiving respite supports.

There were no residents receiving services in the centre during the inspection and there were no staff present during the inspection, aside from the person in charge. However, some residents who used the centre attended day services nearby and visited the house to speak with the inspector on the day of the inspection. One family member and one other resident, who was unable to visit on the day of the inspection also spoke with the inspector by telephone.

Overall, the inspector had an opportunity to interact and speak with five residents during the inspection. The inspector had previously met some of these residents and all reported that they were benefiting from more certainty around their respite and residential service and were happy with the services being provided to them in the centre. Residents reported that they were communicated with about what was happening in the centre and that staff were good and kind to them. There was a clear linkage to the day services that resident attended, which were provided by the same provider. Some residents spoke about an upcoming ladies weekend away that they planned to go on together and told the inspector that they were really looking forward to this. Some residents indicated that they were happy with the increase in services provided and some residents were now receiving similar supports as they had been prior to the centre closing in 2021. One resident indicated they would like to see the service open a bit more. A residential resident confirmed that they were attending the service five nights a week and that this had not been cancelled recently due to staffing. Residents spoke with the inspector about employment and

work experience opportunities they were supported to avail of, what they liked to do while staying in the centre and how they would raise a complaint in the centre.

The family member spoken with provided a positive overview of the care provided to their relative and told the inspector that they felt that residents were safe and happy in this centre and were well looked after. They told the inspector that communication from the provider, and the centre itself was good and that complaints were responded to and any issues worked out. They reported that they would like to see the second unit of the centre reopened but confirmed that there was communication with them about this from the provider.

The inspector completed a walk around of both units of the centre. Both premises were seen to be large, with adequate communal space and bathroom facilities. Bedrooms were of a suitable size and layout for the residents that it was intended would use this centre and had enough storage for residents' belongings. Overall, there was a homely feel to the unit that was in use with pictures on display and a number of jigsaws completed by a resident were on display. The unoccupied premises was seen to be maintained to a reasonable standard and was being visited regularly to maintain oversight and carry out routine maintenance operations. Considering there were no immediate plans to reopen this section of the centre, it was seen to be appropriately maintained. Some ongoing maintenance works were required in the centre and were planned. For example, some flooring and carpets were due to be replaced.

As part of this announced visit, residents and their representatives were provided with an opportunity to complete questionnaires about their service prior to the inspection. Some residents completed this themselves and other residents were supported by staff to complete these and the inspector received and reviewed 13 completed questionnaires that pertained to this centre. The feedback provided in these was mostly positive. Residents indicated that they liked their homes and the staff that supported them and were happy with the services and facilities provided. One resident indicated that sometimes staff and management didn't always have time to listen to them and that they needed support to follow their communication plan. Management of the centre discussed this residents needs with the inspector at length and spoke about how the service was trying to support changing needs and address communication difficulties, including the implementation of a communication support plan.

The annual review completed for the centre showed that residents and family members were consulted with about their views of the care provided in the centre. A number of compliments were also recorded from residents. These included positive feedback in relation to food provided and staff responding promptly to a maintenance issue in the centre.

Overall, this inspection found that there was evidence of good compliance with the regulations in this centre. This meant that the residents currently receiving supports there were being afforded a person centred service that met their assessed needs. 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

The findings of this inspection showed that the management systems in place in this centre were ensuring that overall good quality services were being provided to the residents. This inspection found evidence of improved compliance with the regulations. Action had been taken since the previous inspection to address non compliance. This will be discussed further in this report.

This was an announced inspection to assess ongoing compliance with the regulations and inform the upcoming decision in relation to the renewal of the registration of the centre. The previous inspection of this centre was completed in June 2024 and that inspection found that ongoing improvements were required to bring the centre into compliance with the regulations, but that overall the care and support provided to residents remained very good and some progress had been made in relation to a number of issues. Following that inspection, the provider submitted a compliance plan outlining what actions they would take to bring the centre into compliance and these were reviewed during this inspection and for the most part, all of these were seen to have been completed or be in progress at the time of this inspection.

Inspectors reviewed documentation and spoke with some members of the providers' management team during the inspection. While it was reported that some challenges persisted for the provider in relation to ongoing vacancies within the senior management team, at the time of this inspection there was a clear management structure present and there was evidence that the local management of this centre were maintaining oversight and maintained a strong presence in the centre itself. A new person in charge had been appointed to the centre since the previous inspection. A new chief executive officer (CEO) had also been appointed and a finance director had also been appointed. The person in charge reported to an assistant director of services, who was also a named person participating in the management of the centre (PPIM). Both of these individuals were present on the day of the inspection and spoke with the inspector during the inspection. The PPIM reported to the Director of Services, who reported to the CEO, who in turn reported a Board of Directors.

The six monthly report for this centre identified that there had been a four month gap between the departure of the previous person in charge and the incoming person in charge and that oversight had been maintained by the PPIM during that interim period. The PPIM had based themselves at the centre weekly and had made themselves available to residents and the staff team. It was evident that the residents that visited the centre on the day of the inspection were very familiar and comfortable with this individual and this inspection found that ongoing efforts had

been made to ensure oversight. For example, the inspector viewed evidence that an overdue finance audit had been regularly followed up by the PPIM and that efforts had been made to increase the opening hours of the centre as staffing levels improved. There was evidence also that oversight was being maintained since the new person in charge had commenced their role and was being supported in their role by the PPIM.

Since the previous inspection, the providers regulatory oversight committee had met on a number of occasions and minutes of these meetings showed that there was ongoing progress at provider level to address regulatory slippage that had occurred in recent years. A new CEO had been appointed and vacancies including a finance manager and a human relations administrator had been filled. Following the filling of these governance vacancies the regulatory oversight committee had been replaced by a clinical quality and risk team in November 2024.

The provider had ensured that this designated centre was adequately resourced to provide for the effective delivery of care and support in accordance with what was set out in the current statement of purpose for the centre. Residents had access to transport to facilitate social and leisure activities, staffing in the centre was appropriate to the needs of residents and the premises was fit-for-purpose and maintained to a reasonable standard. While some issues relating to the retention and ongoing recruitment of staff was identified in the annual review of the centre, recruitment was ongoing and staffing levels had not impacted the provision of the stated services provided in in the centre. The annual review set out that pending successful recruitment it was hoped that the service could increase to a seven day week service and resume providing full time residential services. There was evidence that the provider was consulting with residents and families and the inspector was provided with details of a meeting that had taken place in December between the incoming CEO and a group representing the families of the residents in this centre.

Services had increased by one night per week since the previous inspection and staffing levels had been maintained to provide for a consistent service to residents. The inspector was told by management in the centre that there was one current vacancy and one expected vacancy in the centre but that service levels were being maintained through the use of regular relief staff and core staff working additional hours. Usually residents were supported by one to two staff by day and one sleepover staff at night. Residents confirmed that their planned stays had not been cancelled due to staffing in recent times. One resident who had moved to another designated centre when the centre closed continued to receive supports in that centre five days a week and attended this centre for two nights a month to facilitate family and community contact. The inspector was told that it was still this residents' wish to return full time to the centre and this was also identified in this residents personal plan.

The management team were familiar with the assessed needs of residents and presented as knowledgeable about all aspects of the care and support residents received in the centre. A small core staff team supported residents and this ensured consistency of care for residents. The centre was seen to be providing services in line with the available resources and staffing levels were seen to provide for a good

quality and personalised service. While some refresher training was overdue, overall staff were appropriately trained and there was evidence that staff had access to formal supervision in the centre.

Documentation reviewed during the inspection included resident information, the annual review, the report of the unannounced six-monthly provider visit, policies and procedures and team and management meeting minutes. There was evidence that the provider was identifying issues and taking action in response to issues identified. The most recent six monthly unannounced visit completed by a representative of the provider had taken place in November 2024 and some actions identified in these were seen to have been completed.

Overall, this inspection found that there was evidence of good compliance with the regulations in this centre and that residents were being afforded safe and person centred respite services. 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.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of this centre and this was submitted within the required time frame. This information was reviewed by the inspector and some updated information required was submitted by the provider on request.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a new person in charge since the previous inspection. This person possessed the required qualifications, experience and skills for the role. This individual had remit over this designated centre only, was full time in the role and provided direct supports to residents in the centre along with administration duties. The inspector was informed that she was allocated at least one working day per week to attend to administration duties and additional time if required, and at the time of this inspection they presented to have the capacity to maintain good oversight of the centre. Evidence of the person's qualifications, experience and skills was submitted by the provider and was reviewed by the inspector as part of the application to renew the registration of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The training needs of staff were being appropriately considered. The inspector viewed a training matrix in respect of six staff that were also named on the centre roster. This matrix showed that, for the most part, staff were provided with training appropriate to their roles and that the person in charge had oversight of the training needs of staff. Mandatory training provided included training in the areas of fire safety and safeguarding of vulnerable adults. Where training was due to be completed this had been booked. Some training had not yet been completed or was overdue. For example, one staff member had not completed fire safety training but had completed a walk-around with the person in charge to provide an overview of the fire safety procedures in operation. Also, while most staff had completed safety intervention training, site specific training around behaviour support identified as mandatory in the statement of purpose for the centre had not been completed by staff. The inspector was told that this was currently being sourced.

A supervision schedule was in place that showed all staff were receiving formal supervision on a regular basis and since commencing in the centre the incoming person in charge had met with all staff currently reporting for duty in the centre for formal supervision, and had scheduled upcoming supervisions also.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre and was made available to the inspector. This was reviewed and was seen to have been updated to include the dates on which residents were present and absent from the centre. A sample of four residents information was reviewed in the directory of residents and contained the required information specified in the regulations.

Judgment: Compliant

Regulation 21: Records

A number of records maintained by the provider were reviewed during the course of the inspection. These included records pertaining to residents of the centre, records relating to complaints and fire safety, and copies of important documents kept in the designated centre including the current statement of purpose, residents' guide and copies of previous inspection reports. The directory of residents was also reviewed and was seen to have been updated to include the dates on which residents were present and absent from the centre. This was an issue which had been addressed in

the previous inspection. It was also noted that restrictive practices that were noted as not recorded during the previous inspection had been removed.

The sample of records viewed during this inspection provided evidence that the registered provider was ensuring that records of the information and documents specified in Schedule 3 and Schedule 4 of the Regulations were being maintained and were available for inspection.

Judgment: Compliant

Regulation 22: Insurance

The provider had in place insurance in respect of the designated centre as appropriate. Evidence of this was submitted as part of the application to renew the registration of the centre and this was reviewed by the inspector. This meant that residents, visitors and staff members were afforded protection in the event of an adverse event occurring in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear governance structure in place and the centre was resourced to provide a good quality service to residents in the operating unit in line with the statement of purpose in place at the time of this inspection. While clear improvements were noted during this and the previous inspection, resource issues continued to impact the delivery of services to residents. One unit of the centre remained unoccupied, and one resident whose full time residential services had transferred to another designated centre due to resource issues in 2021 was still unable to return to the centre on a full time basis.

Management systems were in place to ensure that the service provided was appropriate to residents' needs. While the post of Quality and Risk manager remained vacant at the time of this inspection, arrangements were in place to provide for interim oversight in this area. The local management team, consisting of the assistant director of services and the person in charge, were seen to have the capacity to maintain good oversight of this centre. Documentation reviewed by the inspector during the inspection such as resident information, team meeting minutes, the annual review, and the provider's report of the most recent six monthly unannounced inspection, showed that the provider was maintaining oversight of the service provided in this centre and that governance and management arrangements in the centre were effective in identifying and addressing issues arising in the

centre.

A number of actions had been taken since the previous inspection to address non compliance with the regulations. For example, some premises issues had been addressed, the information contained in the directory of residents had been updated and some improvements were noted in relation to personal plans. The inspector reviewed a tracker and action plan used to document the actions required and completed by the person in charge and saw the minutes of monthly person in charge meetings and these also indicated that issues were being identified and responded to in a timely manner.

An annual review had been completed in respect of the centre and the inspector reviewed this document. This included evidence of consultation with residents and their family members. The most recent unannounced six-monthly visit had been conducted in the centre in November 2024 by a representative of the provider. Such unannounced visits are specifically required by the regulations and are intended to review the quality and safety of care and support provided to residents. A report of this unannounced visit was reviewed by the inspector and it was seen that an action plan was in place and being completed to address any issues identified.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that the terms on which residents shall reside in the designated centre were agreed in writing with each resident, or their representative, where appropriate. Contracts of care were in place in this centre and had recently been reviewed. The inspector reviewed a sample of five of these and saw that they had been appropriately signed by the resident and that details of fees and charges were included as appropriate and these had been updated to reflect changes as appropriate. These contracts set out clearly what constitutes respite or residential care as outlined in the providers' policies.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in place a statement of purpose that contained all of the information as specified in Schedule 1 of the regulations. This was reviewed by the inspector prior to the inspection and an updated statement of purpose was submitted and reviewed following the inspection also. This was seen to contain all of the required information.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had in place a complaints procedure. Easy-to-read guidance in relation about how to make a complaint was available to the residents and was viewed by the inspector on display in the centre.

The compliments and complaints log was reviewed by the inspector. It was seen that a number of complaints were recorded as appropriate in this log, including any actions taken of foot of the complaint, the outcome of the complaint and the satisfaction of the complainant.

Opportunities to raise complaints were available to residents through regular resident meetings and the inspector saw some of these records also. From speaking with some of the residents, the inspector was satisfied that residents would be comfortable to raise issues or concerns and were informed about how to make a complaint and their rights in this area. The person in charge and PPIM spoke about how complaints that had been received in the designated centre were responded to and were both knowledgeable about the complaints recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had in place written policies and procedures in relation to the matter set out in Schedule 5. The inspector saw that they were all present in the centre and in date.

Judgment: Compliant

Quality and safety

The wellbeing and welfare of residents in this centre was maintained by a good standard of care and support, provided by a consistent and committed core staff and management team. Findings of this inspection indicated that safe and good quality services were provided to the thirteen residents that lived in this centre and that overall the services provided were in line with the assessed needs of residents. Overall, a good compliance with the regulations concerning the care and support of residents was found during this inspection and many of the issues identified in

previous inspections had been addressed. There was some ongoing action required in relation to the premises, personal plans and positive behaviour support.

The management team present on the day of the inspection, including the person in charge who provided direct supports to residents, spoke respectfully about residents and told the inspector about why they felt residents had a good quality of life in the centre. Residents met with told the inspector about how they were offered choices and the activities that they were supported to take part in while staying in the centre. Residents told the inspector that they were very happy staying in the centre and were provided with good care and support during their time there.

The residents in the centre were supported by a small, familiar and consistent staff team who were reported to be flexible and committed to ensuring that the service operated to the benefit of residents. For example, despite the small staff team, the inspector was told by a resident and by management in the centre that the centre had not closed due to staff illness or shortage in some time. Emergency procedures were in place to provide guidance in the event of an adverse event such as a power outage or flooding and the centre had remained closed for a period during a red weather event in the weeks prior to this inspection for the safety and wellbeing of residents and staff.

One to two staff supported residents by day and a sleepover staff was available by night. Staff and resident numbers in the centre at any one time were planned around the assessed needs of the residents using the centre and consideration was given to providing residents with opportunities to access the service alongside other people that they were friends with and got along well with. Transport was available to residents and this, along with the location of the centre, meant that residents had opportunities to be active in their community and take part in community based recreation and activities of their choosing.

All residents spoken to during this inspection confirmed that they felt safe in the centre and were happy with the staff that supported them. Management of the centre spoke knowledgeably with the inspector about any recent safeguarding concerns that had arisen in the centre and how these were being managed to ensure that residents were safe in the centre. For example, a vacancy for a psychologist had been recently filled within the providers' multidisciplinary team and management told the inspector about supports received and planned from both the psychologist and from other external professionals for residents whose changing needs, such as dementia and mental health concerns, were impacting on themselves or their peers.

Records reviewed in relation to weekly residents' meetings showed that residents were consulted with and informed about issues in this centre. Topics discussed during these meetings included activities and food choices, health and personal development, fire safety and complaints. Easy to read guidance about a number of matters was used to assist some residents in communicating around these matters.

Individualised plans were in place for residents and these were seen to updated at least annually and to overall provide good guidance for staff to ensure that residents

were appropriately supported. An ongoing body of work was being completed to ensure that all plans fully reflected resident's aspirations and goals. Residents were observed to be active in their community and had a bus and a car available to them to attend day services, leisure activities and healthcare appointments as preferred. Residents reported that they were provided with choices about a variety of aspects of their stay including meals and activities.

Regulation 17: Premises

Overall, the registered provider had ensure that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents on an ongoing basis. A walk around of the premises, comprised of two units, was completed by the inspector. The premises was seen to be well overall adequately maintained and of a suitable size to meet the needs of the residents that received supports at the time of the inspection. Although track hoists were present in the centre, these were not in use by the current cohort of residents that used the centre, and this was clearly identified.

Previous inspections of the centre had identified a number of issues in relation to the maintenance, oversight and upkeep of some parts of the premises. This inspection found that further improvements had been made, although some areas of the premises required ongoing attention. Some new furniture had been purchased and was viewed. For example, new seating was observed in the sitting room of the unit that was in regular use. Some painting had been completed in the centre, and some more was planned, alongside carpet and flooring replacements. There were indications that regular visits were occurring to the unoccupied premises. The visitors' book had been signed at least on a weekly basis by management and staff during these visits and the premises presented as being cleaned and ventilated regularly and regular Legionnaire's flushing was documented.

Maintenance logs reviewed in respect of the centre showed that maintenance required was being identified and addressed. For example, recent plumbing works had been completed in the vacant unit. Also, there was evidence that works had been completed to address mould identified in the previous inspection. The centre was observed to be clean on the day of the inspection. Some issues requiring further attention included:

-Some areas of carpet and flooring damaged and worn

-Some further paintwork required in some areas of the centre

-Bedroom furnishings such as lockers and wardrobes in some bedrooms were worn and chipped.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had ensured that there was an appropriate resident's guide was in place that set out the information as required in the regulations. This document was submitted as part of the application for the renewal of registration for the centre and was also present in the centre on the day of the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place in this centre at the time of this inspection. Appropriate containment measures were in place. Fire doors were observed throughout the centre and seen to be operating correctly and the inspector was told during the walk-around that some doors had been replaced since the previous inspection.

Fire safety equipment such as emergency lighting, fire alarms, fire extinguishers, fire blankets, break glass units and fire doors were present and observed by the inspector to be operating correctly during the initial walk-around of the centre. Labels on the fire-fighting equipment such as fire extinguishers and a schedule of alarm servicing and testing viewed identified that there was regular servicing and checks carried out to ensure this equipment was fit for purpose and appropriately maintained.

Individualised personal emergency evacuation plans (PEEPs) were viewed and were seen to be in place for all residents. Records reviewed showed that regular fire drills had been completed in the centre, including a drill that simulated night time staffing arrangements. Following an issue identified during a fire drill, it was seen that additional work was carried out with a resident to ensure that they could and would evacuate safely. Daily, weekly and monthly fire safety checks were being completed in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that appropriate assessments were completed of the health, personal and social care needs of residents and that the centre was suitable for the purposes of meeting the needs of each resident. Residents had personal plans in place and these were reviewed regularly. A resident that had

recently been admitted to the centre was seen to have a personal plan in place and a brief transition plan was also viewed.

The inspector was told that there was ongoing work occurring in the centre to update and improve the quality of the personal plans in place for residents. Person centred plans had been reviewed and the findings communicated to the staff team. The inspector saw evidence of this, with a recently updated plan seen to be well laid out, comprehensive and include meaningful goals that were in line with what the resident told the inspector. There was evidence of 1:1 keyworker meetings occurring for this resident that documented ongoing progress and also indicated that the resident had changed their mind about one goal and was supported to change their plan to reflect this. Pictures included in the plan provided evidence that previous goals had been completed and achieved.

The inspector also reviewed 5 other personal plans in the centre. These were seen to identify residents' support needs, healthcare information and goals that residents had set. The plans viewed had all been reviewed within the previous year but in some plans the goals were noted to continue to reflect activities of daily living and did not outline the supports required to maximise the resident's personal development in accordance with his or her wishes.

It was also identified that a personal plan in place had not been updated to reflect a recent change that had occurred for a resident to ensure that all of the information was relevant and up-to-date.

Judgment: Substantially compliant

Regulation 6: Health care

Resident files viewed indicated that residents' healthcare needs were considered as part of the planning process. Health action plans identified healthcare needs and provided staff with guidance on supporting residents to manage those needs. There was evidence that residents were referred for allied health services if required, such as speech and language, psychology and mental health supports. Hospital passports were in place in the event that residents transferred to acute services during a stay in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had not fully ensured that staff had up to date knowledge and skills to respond to behaviours of concern and support residents to manage their

behaviour.

The inspector reviewed three behaviour support plans in place for residents. For one resident who had a positive behaviour support plan, it was identified in this residents' file that they had received a diagnosis of Alzheimer's Disease in late 2023. Notifications received from this centre indicated that on two occasions issues had occurred in the centre that had caused distress to the resident and information received in relation to these incidents indicated a link to this diagnosis and that recommendations had been made in relation to psychology input. The positive behaviour support plan in place at the time of the inspection was dated June 2021, prior to this diagnosis, and this indicated that this plan did not provide up-to-date and fully relevant guidance to staff working with this resident. Another positive behaviour support plan was dated January 2022 and was completed for the day service. This did not include any reference to how to support the resident in the respite setting.

The inspector was told that the provider had recently filled a vacant psychologist post and that it was planned that all positive behaviour support plans would be reviewed and updated by the end of March 2025.

Also, staff were overdue some mandatory training in this area. This has been covered under Regulation 16: Staff training and development.

Judgment: Not compliant

Regulation 9: Residents' rights

The registered provider was ensuring that each resident's privacy and dignity was being respected in relation to their living arrangements and efforts were being made to ensure that each resident had the freedom to exercise choice and control in his or her daily life. Residents' had their own bedrooms and could choose which room to stay in during their respite stays.

The inspector spoke with five residents and a family member of another resident and all of these indicated that residents' rights were respected in the centre. Residents were supported to exercise their rights and the inspector was told by staff and management about how residents were supported with choices and to participate in meaningful activities of their own choosing during respite stays in the centre. There had been some occasions where a residents' privacy had been impacted by another resident and follow up actions had been completed to address and reduce the impact of this. Management were observed to speak to and interact respectfully with residents and the management present in the centre spoke about residents in a manner that was rights focused.

House meetings were documented. These took place weekly and minutes of these reviewed showed that that residents were being consulted with about things such as what they wished to see on the menu during their stay, the activities they would like

to do, household duties, fire safety and any concerns they might have. Feedback following residents' stay was also documented and this provided residents with an opportunity to raise concerns and to discuss any positive or negative aspects to their stay in the centre or any problems that arose during the stay.

There was a very low level of restrictions in place in the centre at the time of this inspection and these were not of a nature that would impact on residents' rights to move freely about their home or access any areas of their home.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Castletownbere Residential OSV-0002108

Inspection ID: MON-0037396

Date of inspection: 04/02/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A review of the appropriateness of training will be conducted within quarter 2 of 2025 in conjunction with the appropriate multi-disciplinary team and this will inform an update of the Statement of Purpose for the designated centre. A systematic three-monthly review by the Person in Charge of the Training Matrix will be implemented to ensure that all noted trainings are within date and awareness of training due for reviewal. A Standing Agenda Item for Training has been implemented into the Person In Charge Monthly Meetings.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Focused recruitment campaigns are being devised and implemented in conjunction with the needs analysis of the area alongside ongoing consultations with residents and families. Full time Human Resource Manager will commence in April 2025 to assist in the recruitment process.	

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
A Facilities Manager has been recruited within CoAction, who will have oversight of all buildings works and maintenance within the designated centre. Ongoing maintenance work is identified through the Work Order System within the organisation and prioritised appropriately. All maintenance work for the designated centre will be completed as appropriate through this system. Carpets have been ordered and are awaiting fitting.

A review of furnishings such as lockers and wardrobes will occur in consultation with the residents.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

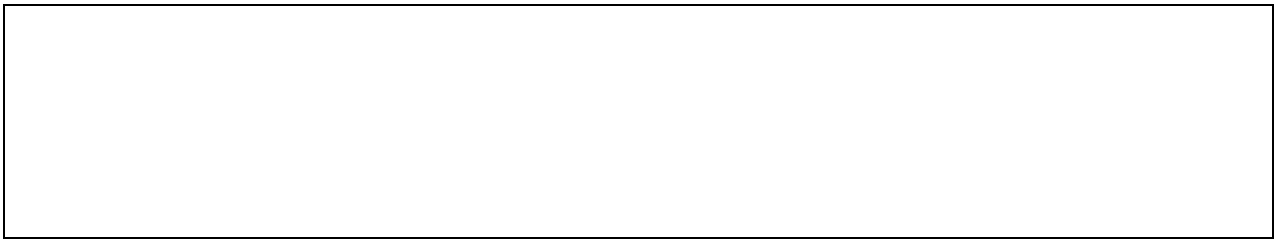
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
A review of the suite of personal plan documentations is scheduled organisationally for quarter two and three of 2025. Through this process supporting documentation for the people supported and organisation will assist in the ongoing improvement of personal plans.

In the event that there is an identified change in information for a resident, this will be updated within their plans within a two-week period.

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
CoAction's psychologist is in the progress of reviewing all behavioural support plans through a priority caseload management system. Priority Categories 1's will be reviewed and updated as a matter of urgency.

A Review Meeting between day service and residential service with psychology has occurred on the 25th of March 2025 to review all plans and make amendments as required.



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	30/06/2025
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2025
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/06/2025
Regulation 23(1)(a)	The registered provider shall	Substantially Compliant	Yellow	30/06/2025

	ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.			
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	30/06/2025
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	30/05/2025
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate	Not Compliant	Orange	30/06/2025

	to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.			