



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

Issued by the Chief Inspector

Name of designated centre:	Teach Shingán
Name of provider:	Co Wexford Community Workshop (Enniscorthy) CLG
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	24 February 2025
Centre ID:	OSV-0002125
Fieldwork ID:	MON-0037674

About the designated centre

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

Teach Shingán aims to provide respite for five service users with intellectual disabilities varying from low support needs to high support needs to aid service users to achieve their full potential. Teach Shingán is a bungalow located on the outskirts of a busy town in Co. Wexford. The respite team, comprising of the respite team leader, nursing and care staff, are committed to the provision of a quality driven respite service. The respite team leader and staff endeavour to build up a relationship with people who attend respite and their families in order to provide the best possible service to suit the needs of all.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Monday 24 February 2025	09:20hrs to 16:45hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

From what residents told them and what the inspector observed, it was evident that residents were in receipt of a good quality of care and support in this centre. This inspection had positive findings, with the majority of regulations reviewed found compliant. However, some improvements were required in relation to fire containment, the premises and residents' assessments and personal plans.

The designated centre comprises a five bedroom bungalow located on the outskirts of a large town in Co. Wexford. There are five resident bedrooms, two ensuite bathrooms, three bathrooms, a laundry room, two staff offices, a kitchen come dining room and a conservatory. At the front of the house, there is a garden with parking facilities. At the back of the house there is a patio area with seating and a large area of grass. There is a vehicle available to support residents to attend day services and activities in their local community.

In Teach Shingán respite care is provided for up to five adults with an intellectual disability. During the inspection, the inspector of social services had the opportunity to meet and speak with a number of people about the quality and safety of care and support in the centre. This included meeting the four residents availing of respite, two staff supporting them, the team leader, the person in charge, a person participating in the management of the designated centre and a member of the provider's human resources team. Documentation was also reviewed about how care and support is provided for residents, and relating to how the provider ensures oversight and monitors the quality of care and support in this centre.

When the inspector arrived they were greeted at the door by one resident who welcomed them and checked their identification. They brought the inspector to the kitchen to meet everyone else. The four residents were having a hot drink while waiting to go home or to day services. They had spent the weekend in respite and told the inspector about some of the places they had gone and the activities they had enjoyed. Residents spoke about choosing which activities they wished to take part in. They spoke about where they were from, where they went to day services and how they liked to spend their time.

Residents told the inspector they were happy using respite and said things like "it couldn't be better here", "the food is lovely", "staff are lovely" and "I'm happy here". Residents spoke about enjoying the company of people they shared their respite break with. During the inspection residents were observed helping themselves to drinks and snacks or being supported by staff to get them. There were in a number of easy-to-read documents and social stories available for residents should they require them.

Later in the morning, one resident showed the inspector around the house. They spoke about picking which bedroom they stayed in while in respite. They showed the inspector what personal belongings they had brought with them to respite,

including a photo album of places they had been, activities they had taken part in and events and parties they had attended with their family and friends.

Residents' communication support needs were detailed in their personal plans. Throughout the inspection, staff were observed to be aware of the four residents' communication preferences and warm, kind, and caring interactions were observed between residents and staff. Staff were observed taking time to chat with, listen to residents and to respond appropriately. Residents were sharing stories with staff and talking about the important people in their lives. They told members of the local management team about what they had done over the weekend and spoke about how much they had enjoyed their respite break.

The house was nicely decorated and appeared homely and comfortable. There were a number of photographs of residents enjoying activities while they were in respite on the walls. There were numerous communal areas where residents could choose to spend their time. There was WiFi available for residents to use during their stay. There was a maintenance list in place and outstanding maintenance jobs had been escalated to the provider. This will be discussed further under Regulation 17: Premises.

Residents and their representatives' opinions on the quality of care and support in the centre were sought by the provider in a number of ways. These included family and advocate satisfaction surveys and resident questionnaires, respite exit interviews and through the complaints and compliments process. The inspector reviewed a sample of 14 surveys and questionnaires for 2024. The feedback was overwhelmingly positive about the house, residents' access to activities, residents' rights, the complaints process, staff supports, and food and mealtimes. Areas for improvement were also included with the majority of surveys indicating that residents and their representatives wanted more respite breaks. There were also some feedback about required garden and premises works, and the requirement for new furniture in the centre.

The inspector also reviewed four questionnaires which had been sent out prior to the inspection taking place. Feedback in these questionnaires was positive with residents indicating they were happy with the house, their access to activities, their safety and security, the staff supporting them, visiting arrangements and the complaints process. Examples of comments in the questionnaires included, "It's a right place here", "I loved it when I went to see the Ireland rugby team play in Dublin", "I think this is a lovely place and I am happy here", "staff are very good and very helpful", "I love my friends here", "lovely place, couldn't be better", "If I have any complaint I will talk to staff", and "I'm happy and safe when I come here".

In summary, residents were being supported to engage in a variety of activities at home and in their local community while in respite. They were in receipt of a service which promoted and upheld their rights. The next two sections of the report present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of residents' care and support.

Capacity and capability

This announced inspection was carried out to assess the provider's regulatory compliance and to inform a recommendation to renew the registration of the designated centre. Overall, this inspection good levels of compliance with the regulations reviewed. The provider was identifying areas of good practice and areas where improvements were required in their own audits and reviews. They were implementing the required actions to bring about these improvements. However, further improvements were required in relation to fire safety, maintenance and repairs, and residents' assessments and plans. These areas will be discussed further under the relevant regulations.

There centre was not fully staffed in line with the statement of purpose but this was not found to be impacting on residents' continuity of care and support. Staff were supported to carry out their roles and responsibilities through probation, supervision, training, and opportunities to discuss issues and share learning at team meetings.

Regulation 14: Persons in charge

The inspector reviewed Schedule 2 documentation for the person in charge in advance of the inspection and found that they had the required knowledge, skills and experience to meet the requirements for this regulation. They were also identified as person in charge of two further designated centre operated by the provider which were close to this one. During the inspection, the inspector found that they were present in this centre regularly and had systems to ensure oversight and monitoring in this centre.

It was evident from their interactions with residents on the day of the inspection that residents knew them well. Through discussions and a review of documentation, it was clear that they were motivated to ensure that each resident was in receipt of a good quality and safe service. They had a clear focus on quality improvement initiatives.

Judgment: Compliant

Regulation 15: Staffing

The provider had recruitment policies and procedures and from a review of a sample of three staff files, it was clear that every effort was made to ensure staff had the skills, experience and qualifications to fulfill the job specifications of their role. The

three staff files were found to contain the information required under Schedule 2.

There was one staff vacancy on the day of the inspection. The provider had completed interviews and advertised the post on seven occasions. Further interviews were scheduled on the week of the inspection.

The inspector reviewed planned and actual rosters for eight weeks. These rosters were well maintained and indicated that all the required shifts were filled. They also indicated that the provider was minimising the impact of the current staff vacancy by ensuring the required shifts were covered by the same four regular relief staff.

The inspector reviewed the staff induction folder for 2024 and 2025 and found that new staff, including relief staff, were in receipt of a thorough induction. New staff were also afforded the opportunity to complete a shadow shift with regular staff. During this time they had an opportunity to review resident files and the provider's policies, procedures and guidelines.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the training matrix and a sample of 20 training certificates for three staff was completed. This demonstrated that staff had access to training identified as mandatory in the provider's policy including the safe administration of medicines, epilepsy awareness, managing behaviour that is challenging, manual handling, safeguarding and first aid. Staff had also completed additional training in areas such as human rights, advocacy, IPC, person centred planning and the Assisted Decision Making (Capacity) Act 2015.

80% of staff in the house had completed training in a human-rights based approach to health and social care. Two staff who spoke with the inspector highlighted some of the ways that they promoted residents' rights on a day-to-day basis. They spoke about how important it was to them to support residents to maintain their independence and to advocate for themselves and make their wishes and preferences known. They spoke about making sure that information was presented to residents in a way they could understand.

There was a supervision schedule in place which demonstrated that staff had received supervision at least three times in 2024 and once to date in 2025. A sample of supervision records for seven staff were reviewed and the agendas were found to be focused on staff roles and responsibilities, safeguarding, fire safety, medicines management, staff values and attitudes, the welfare and resilience of staff, and staff training. From the sample reviewed, the talents and strengths of staff were recognised as was areas for further development or areas where they required support.

The minutes of two staff meetings were reviewed. These were well attended by

staff and agenda items included areas such as incidents, fire safety, restrictive practices, safeguarding, risk management, residents feedback, and complaints and compliments. There was an action plan for each meeting which included a list of actions assigned to named person(s) with a date for completion. These action plans were reviewed at the start of the next meeting.

The inspector spoke with two staff, the team leader and the person in charge and they each said they were well supported in their role. They were complimentary towards the support they received from each other and the management team. They were also aware who to raise any concerns they may have in relation to the day-to-day management of centre or residents' care and support in the centre.

Judgment: Compliant

Regulation 22: Insurance

The contract of insurance was available in the centre and reviewed by the inspector. A copy was also submitted with the provider's application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place. The person in charge reported to and received supervision and support from the day and residential services manager. The person in charge was supported to carry out their day-to-day role by a team leader who was full-time in this centre. There was also an on-call service available to residents and staff out-of-hours.

The provider's systems to monitor the quality and safety of service provided for residents included; unannounced provider visits every six months, area specific audits, and an annual review. The inspector reviewed the last two six-monthly reviews, the latest annual review, and five area-specific monthly audits completed by the local management team. Through a review of this documentation and discussions with staff, the inspector found that for the most part the provider's systems to monitor the quality and safety of care and support were being utilised and proving effective at the time of the inspection. The provider was recognising that improvements were required in relation to the premises, sourcing new furniture, some aspects of fire safety and that repairs were required to one of the vehicles.

The inspector found that there was a clear focus on ensuring that residents and

their rights were being placed at the centre of any service developments and improvements. For example, as previously discussed their opinions were being sought by the provider in a number of ways

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were 70 people availing of, or offered respite at the time of the inspection. There was an admissions policy in place and the process was also outlined in the statement of purpose. The flow chart for respite referrals and new applicants, a respite allocation form, a prioritisation tool for respite, an active waiting list and the admission and transition documentation relating to the four residents were reviewed. These documents were detailed in nature and demonstrated that residents and their representatives had an opportunity to visit the centre prior to admission.

The person in charge and team leader were attending meetings with the Health Service Executive (HSE) in relation to respite allocations. The centre was operating for three days per week at the time of the inspection. Discussions were ongoing with the HSE around securing resources such as staffing, with a view to operating six days per week.

The contract of care for two residents were reviewed and found to contain the information required by this regulation.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was available and reviewed in the centre. It was found to contain the required information and had been updated in line with the time frame identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of incident reports and completed a walk around the premises. They found that the person in charge had ensured that the Chief Inspector of Social Services was notified of the required incidents in the centre in

line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were supported to enjoy their respite break. They were taking part in activities they enjoyed and were supported to make decisions about how and where they wished to spend their time.

The premises was warm, clean and appeared homely. However, there were a number of areas where improvements were required and these will be detailed under Regulation 17: Premises.

The inspector reviewed three residents' assessment of need and personal plans. These documents were found to positively described their needs, likes, dislikes and preferences. Some improvements were required in relation to the development and review of documentation and this will be discussed further under Regulation 5: Individualised Assessment and Personal Plan.

Residents, staff and visitors were protected by the risk management and fire safety policies, procedures and practices in the centre. However, improvements were required to fire containment measures in the house and this will be discussed under Regulation 28: Fire Precautions. There was a system for responding to emergencies and to ensure the vehicle was serviced and maintained. However, repairs were outstanding to the vehicle at the time of the inspection. The provider was in the process of getting quotes for these repairs.

Residents were also protected by the safeguarding and protection policies, procedures and practices in the centre. Staff had completed training and the two staff, the team leader and person in charge were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

Regulation 13: General welfare and development

As described in the opening section of this report, residents were supported to choose what activities they wished to take part in while in respite. There was a board with pictures of local and nationwide landmarks and activity options available in the dining room. There was also a folder with print outs of upcoming local and national events such as music events, restaurant options, country walks and heritage spots. Over the weekend, the four residents in respite had planned their weekend and some of the activities they took part included, going to the cinema,

shopping for ingredients and preparing a meal, going out for meals and snacks, browsing the shops, going to the beach, going to mass, and going out to watch a rugby match.

There were also options available for house based activities. There was a large sitting room with a television, DVD's, and a music system. There were books, board games, and computer games systems available in the house.

Based on resident feedback, a decision was made that residents had an option not to attend day services during their respite break. Staff reported that this was having a positive impact for residents such as more opportunities for them to travel further distances to enjoy days out. For example, some residents had recently enjoyed a trip to see the Titanic in Belfast.

Judgment: Compliant

Regulation 17: Premises

The inspector completed a walk about the premises with the team leader and person in charge and found that the house was clean, warm and designed and laid out to specifically meet the needs of residents attending respite. For example, there was a ceiling hoist in one of the bedrooms with an ensuite bathroom.

A number of works had been completed since the last inspection such as, the installation of bathroom equipment, the replacement of white goods in the kitchen and laundry room and some outdoor maintenance. The provider had systems to ensure that the premises was well-maintained; however, these were not proving fully effective. For example, a job with a priority rating of urgent in December 2024 had not been completed at the time of the inspection. The provider had a priority list that they were working through and maintenance and repair requests were submitted. Some of the required works included:

- the replacement of a number of pieces of furniture in the kitchen and sitting room to improve accessibility,
- repairs to flooring,
- the redevelopment of car park at the front of the premises,
- works to the back garden to make it more accessible, and,
- painting in a number of areas.

Judgment: Substantially compliant

Regulation 20: Information for residents

The inspector reviewed the residents' guide submitted prior to the inspection and it

was also reviewed in the centre. It had been recently reviewed and contained all of the information required by the regulations including information on the service and facilities, arrangements for residents being involved in the centre, responding to complaints and arrangements for visits.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management policy was reviewed and found to meet regulatory requirements. The safety statement, risk register, 16 general and 18 residents' individual risk assessments were reviewed. These were found to be reflective of the presenting risks and incidents occurring in the centre. They were also up-to-date and regularly reviewed. For example, once the inspector identified concerns relating to fire containment a risk assessment was developed and the risk was added to the risk register.

There were systems in place to record incidents, accidents and near misses. The inspector reviewed a sample of 10 incidents for 2025 and found that each incident had been reviewed and followed up on by the local management team. Trending of incidents was completed by the local management team, and learning as a result of reviewing incidents was used to update the required risk assessments. It was also shared with the staff team in the sample of two staff meeting minutes reviewed. Incident reviews were also included in the provider's annual and six-monthly reviews.

There were systems to respond to emergencies and to ensure the vehicle was roadworthy and suitably equipped.

Judgment: Compliant

Regulation 28: Fire precautions

During the walk around of the house the inspector observed that emergency lighting, smoke alarms, fire-fighting equipment and alarm systems were in place. There were fire doors; however, the bottom of five of these doors appeared to be damaged and there were no swing closers in place on any of the bedroom doors. The provider had identified that the bottom of the doors required review and there were risk assessments in place; however, the absence of swing closers was not risk assessed. In addition, there were no additional controls in place to mitigate the risk relating to open fire doors. For example, the fire evacuation plan and residents' evacuation plans did not direct staff to close fire doors. The provider updated the inspector after the inspection that the fire doors were for review by their fire safety

expert just after the inspection.

The inspector reviewed records for 2024 to demonstrate that quarterly and annual service and maintenance were completed on the above named fire systems and equipment. A sample of six fire drill records for 2024 and 2025 were reviewed which demonstrated that the the provider was ensuring that evacuations could be completed in a safe and timely manner taking into account each residents' support needs and a range of scenarios. Learning from drills was leading to action. For example, a night drill had been completed the night before the inspection and some outdoor sensors were not working. This was recorded in the risk register, a risk assessment was put in place and an electrician was on site fixing the lights during the inspection. In line with new residents' transitioning into the house and new staff joining the team, additional fire drills were completed, as required.

Personal emergency evacuation plans for the two residents' were reviewed and they were found to be sufficiently detailed to guide staff practice to support them to evacuate safely. In addition, after each drill a record was maintained in each residents' personal plan to show how the drill went and any challenges they faced. This was leading to the update of the required assessments and plans.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the assessments of need and personal plans for three residents. Each resident had an electronic file and paper file. The inspector reviewed two residents' paper files and one online. Overall residents' plans were detailed in nature and guiding staff practice. However, residents assessments required review to ensure details about their care and support needs were easily retrievable. For example, the online system contained numerous sections and you had to click into each to identify their support needs. While you could see audit histories, it was not evident that there had been an annual review which was multidisciplinary, with the involvement of residents and their representatives, if applicable.

Some areas of good practice were identified around consent and residents' rights to access their plans. For example, residents who wished to were furnished with user name and password to read and edit their personal plans.

Judgment: Substantially compliant

Regulation 8: Protection

Staff described some of the systems in place to ensure residents were safe and

enjoying their respite break. These included respite exit interviews which were completed after each stay. The inspector reviewed a sample of nine of these and found that residents had an opportunity to give feedback on whether they enjoyed their stay, if there were any areas where they felt improvements were required and anything else they wish to tell the provider. As part of these reviews residents' were afforded the opportunity to say if they wished to share their respite break with their peers moving forward. Compatibility logs were updated following this, or as any incidents occurred.

From a review of the staff training matrix, 100% of staff had completed safeguarding training. The inspector reviewed a sample of safeguarding training records for four staff. Two staff who spoke with the inspector named the different types and indicators of abuse. They described what they would do should there be an allegation or suspicion of abuse in line with the provider's and national policy.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that efforts were being made by the provider to embed a human rights-based approach to care and support in the centre. Staff to access training on the core human rights principles of fairness, respect, equality, dignity and autonomy. Residents spoke about how their choices were facilitated. For example, two residents who were in a relationship spoke about choosing and being supported to share their respite break.

The inspector reviewed the complaints and compliments folder. They reviewed a sample of two complaints and nine compliments. The complaints related to residents' care and support and the cancellation of respite, and were followed up on in line with the provider's policy. The compliments related to the high standard of care and support provided for residents, the importance of respite to residents and their representative, staff supports, how residents were supported to make choices and decisions and how their privacy and dignity was respected while in respite care.

There was an easy-to-read folder available with information on national standards, fire safety, restrictive practices, the Assisted Decision Making (Capacity) Act 2015, respect, safeguarding, indicators of abuse, voting, consent and specific healthcare needs. There was information on display about the complaints process and safeguarding procedures, including pictures of the complaints and designated officers.

Residents' meetings were occurring regularly and the inspector reviewed a sample of minutes from 12 meetings. There was a clear focus on residents' rights and safety. Agenda items varied and discussions were held around areas such as, people's roles and contributions, safeguarding, fire safety, advocacy, activities and dignity and respect.

There was an advocacy folder available with information on advocacy and human rights and how to access the supports of an independent advocate. Two residents were supported to seek the support of an independent advocate in the months preceding the inspection. There was also information available on the provider's resident advocacy committee meeting and the upcoming election in March 2025. Candidates were offered the opportunity to make short videos to help their peers choose the most suitable candidate.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Teach Shingán OSV-0002125

Inspection ID: MON-0037674

Date of inspection: 24/02/2025

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	
<p>The provider and person in charge have a priority list in place. A business plan has been submitted twice to the HSE for additional funding for maintenance works outstanding. Maintenance will be prioritised and completed subject to funding/fundraising and grant applications.</p> <p>A new maintenance system is in place for residential. Maintenance required for residential will be emailed to admin support to document on the maintenance log. She will then rate the issue accordingly on priority.</p> <p>The admin support will email the maintenance men a week ahead of the location and jobs that are required to be completed. A traffic light system for rating priority will be put in place. When the job is completed the maintenance persons will sign off on the log. The admin support will audit accordingly and flag and issues.</p>	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	
<p>The Person in charge and provider has linked with MCI OB MCI AT Architectural Technologist for his expertise. The PIC has linked with the fire officer from Wexford county council to complete an assessment on the fire doors. The fire officer has advised door closures to be fitted. The PIC has sourced quotes for door closures and magnets and the funding has been granted from the HSE. There is a red Risk assessment in place. The team leader and PIC have updated the fire evacuation plan in the interim to instruct staff to close doors part of a drill or fire evacuation until the closures are fitted.</p>	
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:	
<p>The PIC and Team leader have linked with the quality and standards officer re Iplanit and retrievability of supports and care needs information for the 70 individuals who</p>	

attend Respite. While there are numerous sections required these can now be filtered to retrieve specific information and can also deliver instant reports for example Multidisciplinary input throughout the year.

The individuals are supported to lead their annual review through initially inviting their full circle of support i.e. Multidisciplinary and representatives in accordance with their wishes and in the best interest of their wellbeing. An easy read document is in place to support some individuals on the importance of Multidisciplinary input. Where Multidisciplinary support decline to attend this is documented on Iplanit and an electronic review of the supports is received.

The team leader and PIC has introduced a standard operation procedure for the individuals primary service and Respite to ensure the full review of supports before each admission to respite.

Each individual has a live snap shot tool identifying their highest risks and support needs. This document guides relief/agency staff along with a lengthy induction and shadowing a senior member of staff.

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 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	20/12/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/04/2025
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	27/03/2025
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a	Substantially Compliant	Yellow	20/12/2025

	review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.			
Regulation 05(6)(b)	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 be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	20/12/2025
Regulation 05(6)(c)	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 assess the effectiveness of	Substantially Compliant	Yellow	20/12/2025

	the plan.			
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