



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

## Issued by the Chief Inspector

Name of designated centre:	Longlands
Name of provider:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	19 February 2025
Centre ID:	OSV-0002391
Fieldwork ID:	MON-0037450

## About the designated centre

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

Longlands is a designated centre operated by St. Michael's House and is based in a suburban area of North County Dublin. It comprises a large two-storey house. Residents have their own bedrooms, and the communal spaces include a kitchen and dining area, two sitting rooms, bathrooms, a utility room, and a garden. The centre provides a full-time residential for six adults with intellectual and physical disabilities. It aims to provide a homely environment where individuals are supported to live as independently as possible and make choices about their lives. The centre is managed by a full-time person in charge and the staff skill-mix comprises of social care workers.

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

Number of residents on the date of inspection:	6
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 19 February 2025	10:00hrs to 16:00hrs	Michael Muldowney	Lead

## What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre and to help inform a decision on the provider's application to renew the registration of the centre. The inspector used observations, conversations with residents and staff, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre.

The inspector found that the centre was operating at a good level of compliance with the regulations inspected (some minor areas for improvement were identified under three regulations). It was well resourced and managed to meet the objectives of the service. Residents were happy and safe, and received person-centred care and support, that was in line with their individual needs and wishes, to maintain a good quality of life.

There were six residents living in the centre. In advance of the inspection, staff had supported residents to complete surveys on what it was like to live in the centre. Their feedback was positive, and indicated that they felt safe, had choice and control in their lives, got on with their housemates, and were happy with the services available to them in the centre. Their comments included: "I love living in Longlands", "I like all the staff", and "I get along with everyone". They also complimented their bedrooms and the food in the centre.

The inspector met all six residents. One resident was retired and spent the morning relaxing in the centre, before going out with staff for lunch. The resident did not communicate their views with the inspector, but they smiled at the inspector and appeared to be relaxed in their home. The other five residents attended day services and returned to the centre in the afternoon. One resident chose not to speak with the inspector. One resident briefly engaged with the inspector and said that they liked going to the pub. One resident showed the inspector a piece of art that they made in their art class.

Two residents spoke more in depth with the inspector. They said that "life is good" and that they were "happy with everything" in the centre. They described their bedroom as "lovely" and said that they had enough space for their belongings. They had active lives, and enjoyed attending day services, visiting family, and going to the nearby shopping centre, cinema, and on "bus trips". They told the inspector that staff "work hard" and helped residents. For example, they comforted residents if they were ever upset. They described the food in the centre as "gorgeous", and said that they chose their meals which included occasional takeaways and meals out. They also told the inspector that they can spend their own money on whatever they wish to buy. They had participated in fire drills, and knew to evacuate the centre if the fire alarm sounded.

The inspector found that effective arrangements were in place to support residents to communicate their wishes, and make decisions about their home and the care

they received. For example, residents attended regular house meetings. The inspector viewed a sample of the minutes from meetings in January and February 2025. The topics discussed included menu planning, fire safety, complaints (all the residents reported that they were happy and had no complaints), activity planning, the upcoming HIQA inspection, finances (the residents said that they were happy with the support they received to manage their finances), safeguarding (the residents said that they felt safe), and human-rights principles such as 'privacy' and 'decision-making'. Residents were also supported by staff to plan and achieve personal goals. For example, one resident was going on an upcoming hotel break with staff, and one resident's questionnaire noted "I got my room done up as part of my goals".

The provider also consulted with the residents through annual reviews and six-monthly unannounced visit reports on the centre. Their feedback in the most recent review and reports was very positive, and indicated that they were happy living in the centre.

During the inspection, the inspector also spoke with the sibling of one resident on the phone. They told the inspector that the centre provided a brilliant service, the house was "lovely", and that residents were safe and well cared for. They said that staff were excellent and knew the residents well, and that the centre was like a "second family". They had no concerns, but said that they would feel comfortable speaking with the person in charge or staff team if they had.

The inspector also met and spoke with staff working during the inspection, including the person in charge, deputy manager, and a service manager. They said that residents were safe, happy and had a good quality of life. They had no concerns, and were satisfied with the arrangements in place to meet the residents needs. It was clear that they knew the residents well as they spoke warmly and respectfully about the residents and described their individual personalities and needs. The inspector also observed staff engaging with residents in a kind and familiar manner.

The centre comprised a large two-storey house in a mature neighbourhood close to many services and amenities. The inspector carried out a walk around of the house with the person in charge. The house was bright, clean, warm, homely, comfortable, and nicely decorated. Residents' bedrooms were personalised to their tastes and interests. For example, residents had chosen their furniture, and family photos were on display. The communal spaces included two sitting rooms, bathrooms, an open-plan kitchen and dining room, a utility room, and a rear garden. Notice boards displayed information for residents on the staff rota, menu, upcoming HIQA inspection, complaints, advocacy, and infection prevention and control matters. Some minor upkeep was required to the premises, and had been reported to the provider's maintenance department.

The inspector observed good fire safety systems, including fire detection and fighting equipment throughout the house, and easy-to-open exits to aid a prompt evacuation. The inspector observed residents freely using their home. There was one restrictive practice in place for one resident. The rationale for the restriction was clear; however, improvements were needed to better demonstrate that the resident

affected had consented to the restriction. The premises, fire safety, and restrictive practices are discussed further in the quality and safety section of the report.

Overall, the inspector found that residents were happy living in the centre, and were in receipt of a good quality and safe service that was delivered by a committed staff team. However, some minor improvements were required under regulations 7, 16 and 24 and are discussed further in the next sections of the report.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## **Capacity and capability**

The inspector found that there were effective management systems in place to ensure that the service provided to residents living in the centre was safe, consistent, and appropriate to their needs. The provider had ensured that the centre was well-resourced. For example, staffing levels were appropriate to residents' needs, residents could access the provider's multidisciplinary team services, and there was a vehicle to facilitate community activities. However, some improvements were required in relation to staff training and the maintenance of residents' contracts of care.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and found to be suitably skilled, experienced, and qualified for their role. The person in charge was based in the centre and committed to ensuring that residents' needs were being met. For example, they had arranged for residents to access multidisciplinary team services as they required. The person in charge was supported by a deputy manager, and reported to a service manager. There were effective arrangements for the management team to communicate with each other.

The registered provider and person in charge had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and six-monthly reports, and a suite of audits had been carried out in the centre. Actions identified from audits and reports were monitored to ensure that they were progressed.

The provider had established a written effective complaints procedure that was in an easy-to-read format for residents. There were no recent or open complaints, and residents spoken with and a resident's sibling were very complimentary about the centre and told the inspector that they had no complaints.

The staff skill-mix consisted of social care workers. The person in charge was satisfied that it was appropriate to the assessed needs of the current residents. The inspector viewed the recent staff rotas, and found that they clearly showed the staff

working in the centre and the hours they worked. There was one part-time vacancy, however it was managed well to reduce any adverse impact on residents.

There were arrangements for the support and supervision of staff working in the centre, such as management presence and formal supervision meetings. Staff could also contact an on-call service for support outside of normal working hours. Staff also attended team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents.

Staff were required to complete training as part of their professional development. The inspector reviewed the staff training log with the person in charge and found that some staff were overdue refresher training. The inspector also found that pertinent information about staff training was not reflected on the training log and had to be retrieved by the management team from the provider's training department during the inspection. For example, the dates of when staff training had expired was not available on the log for all training programmes, and therefore it was difficult to ascertain how long certain staff training was overdue.

Contracts of care had been prepared for the residents. The inspector reviewed three contracts, and found that they did not specify the fees to be paid by residents. This required improvement to ensure that residents were supported to understand and agreed to the fees charged to them.

#### Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge who was based in the centre. The person in charge was suitably skilled and experienced for their role, and possessed relevant qualifications in social care and management.

They had worked in the centre for many years, and demonstrated an excellent understanding of the residents' individual personalities and needs. They were ensuring that residents received a quality, safe and person-centred service in the centre.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix of social care workers was appropriate to the number and assessed needs of the residents living in the centre at the time of the inspection.

There was one staff vacancy; however, it was not impacting on residents as permanent staff worked additional hours to ensure residents received consistent



care.

The person in charge was satisfied with the staffing arrangements. They said that the staff were experienced and had a good understanding of the residents' needs. Some of the residents spoken with told the inspector that staff "worked hard" and provided good care and support. The inspector observed staff engaging with residents in a kind, familiar, and respectful manner.

The person in charge maintained planned and actual staff rotas. The inspector viewed the rotas for January, February and March 2025, and found that they clearly showed the names of the staff working in the centre during the day and night, and the hours they worked.

The inspector reviewed the Schedule 2 files for two staff working during the inspection. The files contained the documents and information specified under the schedule, such as copies of written references, evidence of identification, qualifications, and vetting disclosures.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff were required to complete training as part of their professional development and to support them in the delivery of appropriate care and support to residents. The inspector found that improvements were required to the organisation of staff training to ensure that they completed refresher training in a timely manner.

The provider's training programmes included safeguarding of residents, emergency first aid, administration of medication, manual handling, supporting residents with modified diets (FEDS), infection prevention and control, manual handling, positive behaviour support, and fire safety. The training records viewed by the inspector showed that most staff were up to date with their training requirements. However, three staff required manual handling refresher training, one staff required medication management refresher training, one staff required FEDS refresher training, and four staff required positive behaviour support refresher training. The manual handling refresher training was scheduled for May and June 2025; however, some staff were already long overdue this training. For example, one staff was already overdue the refresher training by approximately over 15 months.

The person in charge provided good support and supervision to staff through a mix of informal support and supervision, formal supervision sessions, and regular team meetings. Staff spoken with told the inspector that the person in charge and service manager were very supportive and they were happy with the supervision they received.

Judgment: Substantially compliant

## Regulation 23: Governance and management

There were good management systems in place to ensure that the service provided in the centre was safe and effectively monitored. The inspector also found that the centre was well-resourced in line with the statement of purpose. For example, staffing arrangements were appropriate to the residents' needs, they could access the provider's multidisciplinary team services, and there was a vehicle to facilitate their community activities.

There was a clearly defined management structure in the centre with associated lines of authority and accountability. The person in charge was full-time and supported by a deputy manager. The deputy manager's duties included completing audits, overseeing plans, providing guidance to staff, and acting for the person in charge when they were on leave.

The person in charge reported a service manager who in turn reported to a Director of Care. There were good arrangements for the management team to communicate, including scheduled formal meetings, regular phone calls, and sharing of comprehensive governance reports. The inspector viewed the recent management meeting minutes and governance reports, and found that they were wide in scope to inform the management team on the running of the centre. The person in charge also had the opportunity to attend 'cluster' and 'person in charge' meetings with other managers for shared learning purposes.

The provider and person in charge had implemented good systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews and six-monthly reports (which had consulted with residents) were carried out, along with a suite of audits in the areas of health and safety, medication, safeguarding, and infection prevention and control (IPC). The audits identified actions for improvement where required, which were monitored by the management team to ensure progression.

There were effective arrangements for staff to raise concerns. Staff spoken with told the inspector that they could raise any concerns with the management team, and there was an on-call service during out of normal working hours. In addition to the support and supervision arrangements, staff attended team meetings which provided a forum for them to raise any concerns.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

The inspector reviewed three residents' contracts of care with the deputy manager. The contracts were in an easy-to-read format to make them easier for residents to understand. However, all three contracts required a review from the provider to ensure that they were fully completed as they did not include the fees to be paid by the residents.

Two residents also had tenancy agreements which outlined fees. However, it was unclear if these fees were to be paid as they were not referred to in the residents' contracts of care.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. It was last reviewed in February 2025, and was available in the centre to residents and their representatives. Parts of the statement had been prepared in an easy-to-read format using pictures to make it easier for residents to understand.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had implemented an effective complaints procedure for residents, which was underpinned by a written policy. The inspector viewed the policy and found that it outlined the processes for managing complaints, the relevant persons' roles and responsibilities, and information for residents on accessing advocacy services. The procedure had been prepared in an easy-to-read format and was readily available in the centre.

There were no open or recent complaints, and residents spoken with told the inspector that they had no complaints. Making complaints had also been discussed at residents' meetings to support their understanding of the topic. Minutes from a February 2025 residents' meeting, noted that all residents reported that they were happy and had no complaints.

A resident's sibling also told the inspector that they were very happy with the service provided to their loved one and had no complaints, but was aware that they could make a complaint if need be.

Judgment: Compliant

## Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a high standard of care and support. Residents were safe and had a good quality of life. Residents spoken with told the inspector that they were happy living in the centre and with the services provided to them. The inspector observed a homely environment, and staff engaged with residents and attended to their needs in a kind and warm manner.

Residents had active lives, and were supported to participate in activities in accordance with their interests and needs, such as attending day services, using local amenities and services, and spending time relaxing in the centre. Residents were also supported to maintain important relationships. For example, family and friends could freely visit residents in the centre.

The provider had implemented arrangements to safeguard residents from abuse. For example, staff had received relevant training to support them in the prevention and appropriate response to abuse, and the provider's social work department were available to provide guidance. The person in charge had also ensured that intimate care plans had been prepared to guide staff on supporting residents in a manner that respects their privacy and dignity.

Some residents required support to manage their behaviours of concerns, and associated care plans had prepared to guide staff on the interventions to be followed. There was one restrictive practice affecting one resident. Its rationale was clear, and it had been approved for use by the provider's oversight group. However, it was not clearly documented if the resident affected had consented to the use of the restriction.

Three residents required supported with their diets due a risk of choking. Associated care plans had been prepared, and staff spoken with knew about the choking risks and interventions to be followed. Residents planned their main meals on a weekly basis, but could change their minds if they wished to. Feedback from residents indicated that they were happy with food provided in the centre.

The premises comprised a large two-storey house located in a busy Dublin suburb. The house was close to many amenities and services. The house comprised individual residents' bedrooms, and communal spaces, including sitting rooms, a utility room, an open-plan kitchen and dining room, and bathrooms. The kitchen was well-equipped for residents to store and prepare food, and there was a good selection of food and drinks for them to choose from. There was also a large rear garden, and staff office. Overall, the house was homely, comfortable, and nicely decorated. However, some upkeep was required and had been reported to the provider's maintenance department.

The inspector observed good fire safety precautions. For example, there was fire

fighting and detection equipment throughout the house, and staff had received fire safety training. Individual evacuation plans had also been prepared, and residents spoken with were aware of the evacuation procedure. However, the inspector observed that the lint filter in the tumbler dryer required cleaning (lint build up poses a fire hazard). The inspector brought this matter to the attention of the person in charge. The deputy manager cleaned the filter and put up a notice in the utility room to remind staff to clean the filter after use.

### Regulation 11: Visits

Residents could freely receive visitors, including their family and friends, in the centre and in accordance with their wishes. There was a local visitor policy, and the residents' guide noted that "family and friends are very welcome to visit".

The premises provided suitable communal facilities and private space for residents to spend time with their visitors. Residents told the inspector that they looked forward to their family visiting them.

Judgment: Compliant

### Regulation 13: General welfare and development

The registered provider had ensured that residents had sufficient access to facilities for recreation, and opportunities to participate in activities in line with their interests, capacities, and wishes.

The centre was very close to community services and amenities such as shops and eateries, and there was a vehicle available in the centre to facilitate residents accessing their day services and community activities.

Residents planned their activities during residents' meetings, goal planning meetings, and on a general day-to-day basis. Residents enjoyed different activities depending on their wishes and individual needs. For example, five residents attended day services, while another resident was retired. On the day of the inspection, the retired resident relaxed in the centre and later went out with staff for lunch. Residents spoken with told the inspector about the activities they enjoyed such as attending day services, shopping, art classes, going to the pub, cinema and bowling, eating out, and spending time with their families. The inspector read residents' meeting minutes, and the minutes from a February 2025 reported that residents said that "they get out and about enough and can go wherever they want to".

Residents were also supported to maintain personal relationships. Residents' families and friends were welcome to visit the centre, and residents also visited their families

and friends. One resident told the inspector that they were looking forward to seeing their family soon.

Judgment: Compliant

### Regulation 17: Premises

The centre comprises a large two-storey house in a mature housing estate of a busy Dublin suburb close to local amenities and services. The premises were found to be appropriate to the needs of the residents living in the centre at the time of the inspection.

The premises were found to be clean, bright, homely, warm, and nicely furnished. The communal space included sitting rooms and an open-plan kitchen and dining room. There were sufficient bathroom facilities. The kitchen was well equipped. It was dated in style and beginning to show wear, but was still functional. There was also a utility room and staff office. There was a rear garden with mature trees and furniture for residents to use.

Residents' bedrooms were personalised to their tastes. The inspector also observed that specialised equipment, such as hoist and electric beds, were available to residents and maintained in good working order. Residents spoken with told the inspector that they were very happy with the premises and the space, and described the house and their bedrooms as being "lovely".

Since the previous inspection of the centre in October 2023, there was a new specialised bath for residents to use and a garden shed to enhance the storage facilities. Generally, the centre was well maintained, but some upkeep was required. For example, some of the flooring was marked in the kitchen and upstairs bathroom, and some of the paint was scuffed. The person in charge had reported these matters to the provider's maintenance department, and there were plans for the interior of the house to be repainted later in the year. The inspector also observed that wires and pipes around the sink in the downstairs bathroom needed to be covered, and the person in charge reported this matter to the maintenance department.

Judgment: Compliant

### Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to be involved in the purchase, preparation and cooking of their meals as they wished.

The inspector observed a good selection and variety of food and drinks, including

fresh food, in the kitchen for residents to choose from in the centre. The kitchen was also well-equipped with cooking appliances and equipment.

Residents planned their main meals on a weekly basis, but they could also make decisions on a daily basis. Residents spoken with described the food in the centre as "gorgeous". Residents also enjoyed eating out and having takeaways.

Three residents required modified diets, and associated care plans had been prepared by the provider's speech and language therapy service to guide staff in preparing residents' meals.

Staff had received training in supporting residents with modified diets, and the inspector found that staff spoken with were knowledgeable on the contents of the associated care plans.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had ensured that a residents' guide was available to residents in the centre. The guide was written in an easy-to-read format using pictures. It contained information on the services and facilities provided in the centre, visiting arrangements, complaints, accessing inspection reports, and residents' involvement in the running of the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had implemented effective fire safety precautions in the centre. There was fire detection and fighting equipment, and emergency lights, and it was regularly serviced to ensure it was maintained in good working order. The fire panel was addressable and easily found in the front hallway. The inspector released the fire doors, including the bedroom doors, and observed that all doors closed properly.

There was good arrangements for reviewing the fire precautions. Staff completed daily and monthly checks of the equipment and escape routes, as well as a more extensive quarterly check of the fire systems. The provider's fire safety officer had also carried out an audit in the centre in November 2024.

The person in charge had prepared evacuation plans which outlined the supports residents required to evacuate the centre. The inspector found that the plans were up to date. During the inspection, the person in charge updated the overall fire

evacuation plan to ensure that it referenced the fire panel.

Fire drills, including drills reflective of night-time scenarios, were carried out to test the effectiveness of the fire plans. The inspector also observed that the exit doors had easy-to-open locks to aid prompt evacuation of the centre. Staff had completed fire safety training, and fire safety was also discussed with residents at their house meetings to remind them of the evacuation procedures. Residents spoken with told the inspector that they knew to evacuate the centre if the fire alarm sounded.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Overall, there were good arrangements to support residents to manage their behaviours of concern. Three behaviour support plans had been prepared to guide staff on supporting residents to manage their behaviours. The plans were up to date and readily available in the centre. Staff spoken with were familiar with the plans and told the inspector that they were effective.

Generally, there was an open and restraint-free environment in the centre, and the inspector observed residents freely using their home. There was one restriction in place to support a resident's mobility and risk of fall. The restriction had been risk assessed, approved for use by the provider's oversight group, and its rationale for use was clear.

However, it was not recorded in the associated documentation if the resident had given informed consent for the restriction. The management team told the inspector that they believed that the resident had given consent. They said that they would contact the inspector within five days of the inspection if they found evidence of the resident's consent; however, no contact was made.

Judgment: Substantially compliant

### Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse, which were underpinned by a written policy. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns, and there was guidance for them in the centre to easily refer to. Staff spoken with were aware of the procedures for reporting any safeguarding concerns. The provider's social work department also provided guidance and oversight as required. For example, they completed a safeguarding audit in December 2024, and was due to attend a staff



meeting later in the month to provide an information session for staff.

The inspector found that safeguarding concerns in the centre were rare; there had only been one in the previous 12 months. That concern had been appropriately reported and managed. For example, it had been reported to the relevant parties, and a safeguarding plan was put in place.

Residents' feedback indicated that they felt safe in the centre, and safeguarding was discussed with them during residents' meetings. For example, during a recent meeting they were reminded about respecting each others' privacy.

Intimate care plans had been prepared to support staff in delivering care to residents in a manner that respected their dignity and bodily integrity. The inspector viewed three of these plans. Staff spoken with were familiar with the plans, and updated one of the plans during the inspection to ensure that it fully accurate.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Longlands OSV-0002391

Inspection ID: MON-0037450

Date of inspection: 19/02/2025

## 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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>In response to the findings of this report and relating directly to regulation 16 – Training and staff development, the following actions have been taken or have been planned to fulfil compliance:</p> <ul style="list-style-type: none"><li>• The staff member noted to have not completed FEDS online refresher training did so on 28/02/25.</li><li>• PIC emailed Training dept and asked they be notified of any cancelations for manual handling training so that the three staff who are overdue refresher training can attend as soon as possible. Assurances have been offered to the PIC and PPIM that staff will be offered places on this course by the end of Quarter 2 2025.</li><li>• The PIC developed a unit specific training template to include all dates of both online and in person training and their dates of expiry so that refresher training can be completed on time and staff and management can be more accountable for non-compliance if and when it occurs on a future occasion.</li></ul> <p>All actions relating to the findings of this report regarding regulation 16 will be completed by the end of June 2025.</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>In response to the findings of this report and relating directly to regulation 24 –</p>	

Admissions and contract for the provision of services, the following actions have been taken or have been planned to fulfil compliance:

The PIC has updated and supplied all residents with latest version of the Contract of care which details both their Rent and RSSMAC contribution. All residents or their preferred representative have signed off on this documentation.

This action was completed on the 26/02/25

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

In response to the findings of this report and relating directly to regulation 7 – Positive Behavioral Support, the following actions have been taken or have been planned to fulfil compliance:

- The PIC has made a referral to the Physio department and requested them to meet the resident and his keyworker to discuss alternative straps or modifications to his current lap belt that we would that we would hope would ensure that the resident could close and fasten his lap belt independently. Assurances have been offered by the Physio manager that this referral will be seen in Quarter 2 of 2025.
- The PIC has also contacted the clinical psychologist who is attached to the designated center who will arrange to meet with resident to discuss any potential restrictive practices that may need to be put in place should the Physio referral fail to result in the residents fully independent use of his lap belt
- The PIC has met the resident and spoken to about the current situation. He appeared happy with the measure being taken.

All actions relating to the findings of this report regarding regulation 7 will be completed by the end of June 2025

## 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 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	26/02/2025
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic	Substantially Compliant	Yellow	30/06/2025

	<p>interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.</p>			
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