



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

Issued by the Chief Inspector

Name of designated centre:	Abode Doorway to Life CLG
Name of provider:	Abode Doorway to Life CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	22 August 2023
Centre ID:	OSV-0002411
Fieldwork ID:	MON-0032171

About the designated centre

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

Residential and respite services for up to 10 adults with physical and sensory disabilities are provided in this designated centre. The centre is a purpose-built facility located on the outskirts of Cork City. Each resident has their own bedroom and there are a number of communal facilities available. The service aims to meet the needs of residents who have low to medium support needs. The centre operates 24 hours a day, 7 days a week, all year round. Staff sleep over in the accommodation provided and are on-call for emergencies. The staff team comprises of social care, care and nursing staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 22 August 2023	09:05hrs to 20:30hrs	Caitriona Twomey	Lead

What residents told us and what inspectors observed

This was an announced inspection. The purpose of the inspection was to assess the overall regulatory compliance in the centre. The findings of this inspection, and others completed on behalf of the Chief inspector of Social Services (the chief inspector) since 2021, will inform the response to the provider's July 2023 application to renew the registration of this centre for another three years.

The designated centre was registered to provide a residential service for a maximum of 10 people with physical and sensory disabilities. The centre was located in a purpose-built facility in a suburb of Cork city. Parts of the building were not included in the designated centre. Services provided in these areas included a day service, a training service, and other accommodation where people lived as part of a tenancy arrangement. Overnight accommodation was provided over two floors in the split-level building. This design ensured that those on the first floor could access the outdoors using external doors. At the time of this inspection there were six residents living in the centre on a full-time basis. Respite could be provided in four bedrooms, with one resident accessing respite at the time of this inspection. Each resident had their own bedroom with an ensuite bathroom. Two respite rooms had a studio apartment layout which included an accessible kitchen, dining and living area, a bedroom, and a bathroom.

There were communal areas on both floors of the centre. On the ground floor there was a dining room (with a large television, radio, karaoke machine and supplies of other games and activities) and a studio apartment that had been repurposed as a residents' lounge. The residents' lounge comprised a bathroom, an accessible kitchen, dining and living area, and another smaller room used as an office. As the main kitchen in the centre was a commercial kitchen, not accessible to residents, the availability of this area provided residents with free, independent access to cooking facilities. The inspector was told that the lounge continued to be popular with residents. On the first floor of the building there was a common area with various seating options, a television, a large screen and ceiling-mounted projector, a computer for general use, and some tea and coffee making facilities. Management advised following feedback and input from residents, the layout of this area had been changed recently and new facilities added. The staff roster was also available in this area for residents to reference.

On arrival the inspector met with the person in charge and another member of the management team. After an introductory meeting, the inspector was accompanied by the person in charge on a walk around the designated centre. When upstairs, it was queried whether the use of the common area made some of the bedrooms inner rooms, as residents would be required to pass through this area to exit the building. The majority of the upstairs bedrooms had their own direct exit to an outdoor area should they need to evacuate the building in the case of an emergency. The provider required a competent person to review the fire safety

arrangements in place in light of this query.

When walking around the premises it was noted that maintenance works had been completed in various rooms since the previous inspection in November 2022. These included works in a number of bathrooms and the laundry room. The outside areas had been well-maintained and outdoor furniture had been repainted. There were also more recent photographs on display throughout the centre. The centre was observed to be accessible, clean, bright and well-maintained. The inspector met with one resident in their bedroom and that too was observed to be clean, as well as being personalised to the tastes, needs, and preferences of the resident.

Since the last inspection of this centre, one long-term resident had moved out of the centre and into their own home. Management advised that it was not planned for another resident to move in and instead a respite service would be provided in that resident's former bedroom. Also in that time, one resident had moved from a first- to a ground-floor bedroom. This facilitated them to have access to fixed equipment to support them with transfers. The inspector was told that they had settled in well and were happy with the move.

In the course of this inspection, the inspector spoke with a number of staff and met individually with four residents. They also spent time in the dining room while other residents, including the one who was accessing respite at the time, were present. Residents had been told in advance about the inspection and had been invited to speak with the inspector if they wished.

The inspector met with one resident in their bedroom. This resident was very skilled at using a digital communication system and this was used throughout the brief meeting. They had prepared what they wished to discuss in advance. This resident was very positive about the staff support they received in the centre and was concerned that staff were working too hard and queried if they received enough holidays and management support. They responded positively when asked if they liked their room and living in the centre. They were also positive about management's interactions with them and reported feeling safe in the centre.

The inspector was told that it was one resident's birthday. When meeting with them, they spoke of plans they had made to go for dinner in a local pub. They advised that all other residents were welcome to join them and spoke about how birthdays were celebrated in the centre. They described the centre as a positive place to live and referenced what they felt were positive changes made in the previous 12 – 18 months. They described a more relaxed atmosphere in the centre and that improvements were ongoing. They spoke warmly of the relationships they had with their peers and the staff team, describing it as a community. They regularly attended the resident meetings in the centre and spoke about a suggestion they made for members of the board to meet with the residents. This meeting was scheduled for the month following this inspection. This resident advised that they would be comfortable raising any issues about the service they received, and described feeling safe in the centre. They also spoke about their, and other residents', involvement in planning and enjoying activities and outings, referencing

places they had gone and popular in-house activities.

Another resident who met with the inspector also referenced what they described as a 'significant change' in the atmosphere in the centre. They believed that this was experienced by everyone, saying that residents and staff were happier. The resident also described feeling less anxious which they put down to changes and improvements made. They advised that management had an 'open door' and they found them very approachable. This resident spoke about enjoying spending time with their peers and also having 'me time' alone. They advised that the layout and the facilities available meant that it was possible to easily do both while in the centre. They told the inspector that they felt safe, well-supported, and much more confident in themselves. They spoke about activities they enjoyed and increased access to transport facilities. They were looking forward to participating in the upcoming mini-marathon. This resident had a job and was also involved in one of the recently established committees. Before leaving the meeting, they reiterated that things were 'so much better than they were'.

The fourth resident who met with the inspector also had a job. They too described management as approachable and said that they mingled with everyone. They described how they liked meeting people and were happy with the return of a respite service in the centre. This resident had an interest in sport and spoke about a recent match they had gone to locally and looking forward to the upcoming rugby World Cup. They also planned to participate in the mini-marathon and spoke of other activities they enjoyed. They liked to spend time watching films on the big screen upstairs in the centre and told the inspector it was easy to use. They were also positive about the staff support they received and advised that they'd feel comfortable raising any complaints or concerns.

As this inspection was announced, feedback questionnaires for residents and their representatives had been sent in advance of the inspection. Six were returned to, and reviewed by, the inspector. Due to the timing of this inspection, the feedback gathered was also used to inform the provider's annual review process. Overall, the feedback received was very positive. Residents were happy with the centre's facilities, with many referencing the various communal places available, and the residents' lounge specifically. Respondents were also positive about the activities available to them and their opportunities to make choices and enjoy their independence. It was stated in one questionnaire that their experiences in the centre had improved their confidence a lot. Some responses also referenced improvements made in the centre in the previous 12 months. Anyone who had made a complaint was happy with how it had been addressed. Staff were praised and described as 'incredibly supportive', 'friendly', 'helpful', 'very kind', and 'too good', with one respondent reporting they were treated 'like an adult and with respect' when in the centre.

While most respondents said there was nothing they wished to change in the centre, some areas for improvement were also flagged. Respondents referenced a wish to go out more and to try new places, for their room to be painted, and for the computer to be fixed. There had been follow-up regarding these matters on the day

of inspection with some addressed and others in progress.

As well as spending time with the residents in the centre and speaking with staff, the inspector also reviewed some documentation. It was evident that the majority of actions outlined in the compliance plan submitted following the last inspection had been fully completed within the stated timelines. There was one exception to this and the inspector was informed of a three month delay due to the availability of an external professional. Documents reviewed included the most recent annual review, and the reports written following the two most recent unannounced visits to monitor the safety and quality of care and support provided in the centre. These reports will be discussed further in the 'Capacity and capability' section of this report. It was identified that the provider had not met the requirements of the regulation regarding volunteers working in the centre. The centre's complaints log was reviewed, as were planned and actual rosters, and staff training records. The inspector also looked at a sample of residents' individual assessments and plans. These included residents' personal development plans, healthcare and other support plans. While there were improvements noted in the plans developed for those accessing respite services in the centre, additional input was required in the areas of healthcare and risk assessment. These and other findings will be outlined in more detail in the remainder of this report.

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 to each resident living in the centre.

Capacity and capability

Overall, good management practices were seen. As referenced previously, there was evidence of progress in all areas of the compliance plan submitted following the last inspection completed on behalf of the chief inspector. The provider had continued to adequately resource and staff the centre. As was reported at the time of the last inspection, volunteers had been recruited to support additional activities at the weekend. However, when reviewing the implementation of the regulation regarding volunteers, significant areas for improvement were identified. The provider responded to these immediately.

The management arrangements in the centre were unchanged since the last inspection. There were clearly-defined management structures in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. Social care workers, nurses, and care staff reported to the person in charge. Staff meetings continued to take place monthly in the centre and there were regular one-to-one supervision meetings. The person in charge worked on a full-time basis in this centre only and their role was fully supernumerary. They were very knowledgeable

about the residents' assessed needs and the day-to-day management of the centre.

There had been some changes to the staff team and all vacancies had been filled. The inspector reviewed a sample of planned and actual staff rosters. It was acknowledged that at times the person in charge or other management staff provided direct support to residents to ensure that there were sufficient staff on duty to meet residents' assessed needs. However, this arrangement was not always reflected in the actual rosters reviewed by the inspector. Management provided assurances to the inspector regarding the identified days where this support would have been required. From the sample reviewed, the inspector assessed the staffing was routinely provided in the centre in line with the staffing levels outlined in the planned roster and statement of purpose.

The provider collected information in order to improve the quality of life of residents. A number of audits were being routinely completed in the centre. Some of these were completed by management staff and others were delegated to various members of the staff team. It was noted when reviewing a sample of the staff meeting minutes that it had been identified through audits that improvements were required in some areas, including paperwork and cleaning. There had been individual meetings and an open team discussion regarding these issues and a collaborative approach was taken as to how to address these shortcomings. Management advised the inspector that the findings of subsequent audits indicated that this approach had been effective and emphasised the importance they put on open communication in the centre. There was also evidence of learning from adverse incidents. The introduction of an identified shift lead had resulted from an adverse incident notified to the chief inspector. There was evidence that this system remained in place from a review of the rosters.

Management systems ensured that all audits and reviews as required by the regulations were also being conducted. The provider had completed an annual review and six-monthly unannounced visits to review the quality and safety of care provided in the centre, as required by the regulations. The annual review was completed in July 2023 and involved consultation with residents and their representatives, as is required by the regulations. This feedback was referenced in the opening section of this report. Unannounced visits had taken place in December 2022 and June 2023. Where identified, there was evidence that actions to address areas requiring improvement were being progressed or had been completed.

While in the centre the inspector also reviewed the centre's complaints log, staff training records, and a sample of the written service agreements in place between the provider and residents. The provider met the requirements of the regulations in these areas.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of this centre in

line with the requirements outlined in this regulation.
Judgment: Compliant
Registration Regulation 8 (1)
Since the last inspection the provider had made an application to vary a condition of the registration of this centre in the form determined by the chief inspector.
Judgment: Compliant
Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities
The registered provider had paid the annual fee outlined in this regulation.
Judgment: Compliant
Regulation 14: Persons in charge
The person in charge was employed on a full-time basis and had the skills and experience, as required by this regulation, to fulfill this role.
Judgment: Compliant
Regulation 15: Staffing
The provider had ensured that the number and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. Improvement was required to ensure that the actual roster was properly maintained and reflected when management staff provided direct support to residents as a result of staffing shortages or gaps in the roster.
Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge demonstrated good oversight of staff training needs. The staff team had recently completed the majority of training identified as mandatory in the regulations. Two recent recruits to the service required training in fire safety. This was scheduled for the month following this inspection. Management ensured that staff who had completed this training were rostered to work in the centre at all times. All of the staff team had also completed a course regarding a human rights-based approach in health and social care. As outlined in the report, human rights was a standing agenda item in both staff and residents' meetings held in this centre and many residents who spoke with the inspector appeared very knowledgeable about their rights.

Judgment: Compliant

Regulation 23: Governance and management

The management structure in place ensured clear lines of authority and accountability. The provider had sufficiently resourced the centre. An annual review and unannounced visits to monitor the safety and quality of care and support provided in the centre had been completed. There was evidence that where issues had been identified in these and other audits, actions were completed to address these matters. Management were based in the centre which provided staff with opportunities for management supervision and support, as is required. Some improvement was required in the maintenance of documentation, consistent review of residents' goals, and further development of respite residents' personal plans. The oversight that had resulted in volunteers who had not been Garda vetted working in the centre posed a risk to resident safety. Management responded to this immediately on the day of inspection.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There was a written service agreement in place for all residents who lived, or availed of a respite service, in the designated centre. The inspector was informed of a plan to review the costs associated with living in the centre, as outlined in these agreements, to ensure their accuracy. This process was underway and was due to be completed in the weeks following this inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the centre's statement of purpose. This is an important document that sets out information about the centre including the types of service and facilities provided, the resident profile, and the governance and staffing arrangements in place. Some minor changes were required to ensure all information outlined was clear and accurate. This was addressed during the inspection.

Judgment: Compliant

Regulation 30: Volunteers

A vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 was not available for the volunteers working in this centre. The provider took immediate action to ensure that volunteers did not attend the service again until this was obtained. It was also identified that further detail was required in the written descriptions of volunteers' roles and responsibilities. Management committed to addressing this.

Judgment: Not compliant

Regulation 34: Complaints procedure

An effective complaints procedure was in place. A review of the complaints log demonstrated that the two complaints made since the centre was last inspected were investigated promptly, measures required for improvement were put in place, and both were resolved to the satisfaction of the complainants.

Judgment: Compliant

Quality and safety

As was the case in the last inspection, residents reported that they were happy living in this centre. It was clear that residents' rights were promoted and that they were encouraged and supported to be involved in activities they enjoyed and in the

running of the centre. Residents appeared at ease and there was a warm and friendly atmosphere in the centre on the day of this inspection.

Residents' feedback documents made reference to activities they enjoyed participating in while in the centre. These included going out at weekends, bingo, movie nights, going out for meals, karaoke, playing cards, and boccia. Boccia was a weekly activity. When in the dining room, the inspector overheard a light-hearted discussion about the previous evening's competition. Residents also spoke with the inspector about the things they liked doing. At the time of this inspection a group were looking forward to participating in a mini-marathon together. The inspector also saw photographs from one resident's overnight stay in a neighbouring county where they had also enjoyed going to see a stand-up comedian.

Residents' meetings took place monthly in the centre. Initially these meetings had been facilitated by the person in charge before this role was delegated to another member of the staff team. The inspector reviewed the minutes taken at these meetings. It was evident that a wide range of topics were discussed and residents' input was both sought and acted upon in the running of the centre. Findings of audits, inspections, and drills were discussed, as were proposed changes and improvements to the service provided to residents. Any changes to staffing were shared. These meetings were also used to share information, suggest and plan outings, activities, celebrations and events.

Human rights was a standing agenda item at all staff meetings and also been introduced to the agenda of residents' meetings. Management spoke with the inspector about the practical approach taken to this topic where attendees were encouraged to reflect on and share personal examples, or to share occasions where they had supported others to exercise their human rights. Examples where people felt their rights weren't respected were also shared. These examples informed discussion and awareness among the groups and, where appropriate, informed actions to be taken. This appeared to be an effective approach as a number of residents referenced their rights when speaking with the inspector.

A respite service had resumed in the centre in May 2022. At the time of this inspection there were 16 residents accessing the service and a number of them had stayed in the centre on more than one occasion. The inspector was told that most often respite stays lasted seven days. The respite service was available throughout the year with the exception of public holidays and a two week period at Christmas. Management advised that they continued to receive applications to access the service and were looking forward to continuing to increase the number of respite residents who stayed in the centre at a time. The inspector reviewed feedback given by some of these residents following their stays in the centre and for the most part this was very positive. All long-term residents who spoke with the inspector were also positive about the return of the respite service in the centre.

The inspector reviewed a sample of the residents' assessments and personal plans. These provided guidance on the support to be provided to residents. Information was available regarding residents' interests, likes and dislikes, the important people in their lives, and daily support needs including personal care, healthcare and other

person-specific needs such as mobility support plans. A multidisciplinary review of personal plans had been completed in the previous 12 months, as is required by the regulations. However it was identified that the recommendations from these reviews had not always been followed up or reflected in the residents' personal plans, as is required. When reviewing personal plans it was also noted that some contained duplicate support plans or plans no longer in use. Residents who required one had a behaviour support plan in place. These were to be reviewed further in the coming months with input from a registered psychologist.

Residents' physical healthcare needs were well met in the centre. Residents had an annual healthcare assessment. Where a healthcare need had been identified a corresponding healthcare plan was in place. There was evidence of input from, and regular appointments with, dentists and medical practitioners including specialist consultants where required. There was also evidence of input from, and referrals made to, health and social care professionals such as dietitians and speech and language therapists. Residents who had assessed needs in the area of feeding, eating, drinking and swallowing had recently reviewed assessments and recommendations in this area. Some improvements were required to healthcare documentation, for example, one resident's allergy to a type of medical equipment was not included on their hospital passport. Some healthcare management plans also required review to reflect recent hospital admissions. When reviewing respite residents' personal plans it was noted that although healthcare needs had been identified, for example asthma, corresponding healthcare management plans were not always in place. Management advised that it was planned to develop these. It was noted that protocols for the administration of emergency medications were in place for all residents where required.

Residents' personal plans also included plans to maximise their personal development in accordance with their wishes, as is required by the regulations. Personal development goals outlined what each resident wanted to achieve in the year. Examples included setting up and managing their own bank account, and activities they wished to do, such as play pool or go to the cinema. These goals were personal to the residents and reflected what was important to them. There was evidence of residents' success in achieving their goals, however this was not consistent. As was identified previously, regular reviews of all goals were not documented. It was therefore not always possible to determine what, if any, progress had been made in achieving some goals.

At the time of the last inspection it was identified that increased oversight and improved practice was required in the area of medication management. Since then a number of changes had been implemented and improvements were noted during this inspection. Actions taken included more frequent audits, including some completed by a pharmacist. The inspector reviewed these audits and saw that there had been a reduction in the number of areas identified as requiring improvement over time. Measures had also been introduced to ensure that the temperature in the room where medication was stored was in line with the recommended storage conditions. While these appeared to be effective it was noted that this would require ongoing vigilance as there were times recorded where corrective action was required. On the day of this inspection it was noted that by the time the inspector

was leaving the room where medicines were stored the temperature had increased to the upper limit of the recommended range.

Recent prescriptions were available and medication administration records had been completed in full. On one occasion it was identified that the maximum dose to be administered in 24 hours for a PRN medicine (medicine used only as the need arises) was not documented. This was not in keeping with the provider's policy. The provider had systems in place for the storage and administration of controlled drugs and there was evidence that these were being implemented. The inspector observed that the majority of medicines, including those to be disposed, were stored and labelled in line with the provider's policy. Many residents' medicines were provided in strip packaging based on the time of administration. It was noted that a discontinued medicine, not contained in the package, was still included on the label of one resident's medication pack. A line had been drawn through the name of the medicine in pen but it was not signed or initialled. It was not clear who and had made this change or when. Management advised that this had been completed by the pharmacy and that they would arrange for this to be addressed so that the label and contents of the pack were consistent.

Management advised that all residents had been assessed regarding their ability to take responsibility for their own medication. The inspector reviewed a sample of these assessments. While the required information had been included on the form, it was not clear how the provider used this information to determine the outcome of the assessment. Management acknowledged this and committed to reviewing the system in place.

Regulation 11: Visits

Residents were free to receive visitors if they wished and both communal and private spaces were available to facilitate this.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access and opportunities to engage in activities in line with their preferences, interests and wishes. Opportunities were provided to participate in a wide range of activities in the centre and the local community. Many residents spoke positively about the recreational activities available to them and photographs on display also indicated that these were enjoyable for many of the residents living in the centre. A number of residents were employed and while mainly independent in this area, if support was required, for example to get to their place of work, this was provided. Some residents were also completing training in areas of interest to them.

Judgment: Compliant

Regulation 17: Premises

The premises were observed to be clean, well-maintained, and accessible to residents. It was noted that maintenance works had been completed in a number of rooms since the previous inspection completed on behalf of the chief inspector in November 2022. Some other minor works were required, for example painting in a bedroom and fixing shelving in a vacant bedroom, and these were planned. The provider had continued to decorate the centre in a more homely manner. Photographs on display were regularly updated and residents continued to personalise their bedrooms in line with their wishes.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide had been prepared and recently reviewed. This required further revision to ensure the information regarding the costs associated with staying in the centre was clearly outlined. This was addressed during the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed a sample of risk assessments. These were subject to regular review and included controls to mitigate against risks posed by identified hazards. As was found in the last inspection, some of the assigned ratings were not reflective of the risk posed by the identified hazards, for example the impact of choking was assessed as moderate although described as a fatal physical injury in the assessment.

Judgment: Substantially compliant

Regulation 28: Fire precautions

This regulation was not inspected in full. Of the personal plans reviewed by the

inspector, all included a recently reviewed personal emergency evacuation plan. Discussions with staff and management indicated that there was learning, and improvements made regarding the use of equipment to aid evacuation, following a recent fire drill. The upstairs of the centre required review by a competent person to assess if some bedrooms were inner rooms and if any associated actions were required to improve the fire safety precautions in the centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Significant improvements were noted in the medication management practices in place in the centre. Despite this, some areas requiring improvement were identified. These included the assessment to be completed regarding residents taking responsibility for their own medication, and ensuring that any changes to the labels of prescribed medicines are made in line with the provider's own policy. The provider was also required to keep the medication storage conditions, specifically the temperature, under constant review.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

An assessment of the health, personal and social care needs of each resident had been carried out at least annually, as is required by the regulations. Personal plans had been developed to reflect these assessed needs. While there was a marked improvement in the personal plans in place for the residents who accessed respite services in the centre, it was identified that that healthcare management plans had not been developed regarding all assessed healthcare needs. There was evidence of an annual review of each residents' personal plan. However, not all recommendations made at the annual multidisciplinary reviews had been followed up. It is a requirement of the regulations that personal plans are amended in light of recommendations made at these reviews. Improvement was also required in the consistent review of residents' personal development goals.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs were well met in the centre. Residents had access to

medical practitioners of their choice. Access to other health and social care professionals was also facilitated. Findings regarding the healthcare management plans for those accessing respite in the centre are reflected in Regulation 5: Individual assessment and personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required one had a recently reviewed behaviour support plan in place. The provider had secured the services of a registered psychologist from September 2023 to further review and revise behaviour support plans. There were very few restrictive practices used in the centre. Management demonstrated a commitment to identifying, reviewing, and where possible removing any restrictions in place.

Judgment: Compliant

Regulation 8: Protection

All safeguarding concerns had been addressed in line with the provider's and national safeguarding policies. There was evidence of liaison with the local safeguarding and protection team, as appropriate, and regular review of safeguarding plans. Actions, as outlined in safeguarding plans, were in place on the day of inspection and there was evidence that the provider had acted upon feedback from the safeguarding and protection team. As referenced in Regulation 16, all staff had completed training in relation to safeguarding residents and the prevention, detection and response to abuse. Safeguarding was a set agenda item in both staff and residents' meetings. This involved discussion and role playing of various scenarios that involved safeguarding concerns. This practical, interactive approach assisted and supported residents to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

Judgment: Compliant

Regulation 9: Residents' rights

There were many examples of residents being consulted and participating in their own supports, and in the organisation of the designated centre. Residents meetings and one-to-one keyworker meetings took place monthly. Residents spoken with

were positive about these arrangements and spoke of information shared and actions agreed. There was evidence that matters and suggestions raised in these settings were followed up, for example, the upcoming meeting between residents and members of the board, and participation in various activities. There were also examples of residents being consulted regarding arrangements in the centre such as the resumption of the respite service and others sharing access to the centre's dining room. Residents were also encouraged to become involved in various committees operating in the centre, for example fundraising, and health and safety groups. When speaking with the inspector, a number of residents made reference to feeling respected in the centre and also spoke about the support provided to maintain, and increase, their independence. There was work in progress at the time of this inspection to support some residents to have more control of their finances, in line with their wishes.

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
Registration Regulation 8 (1)	Compliant
Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	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 30: Volunteers	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Abode Doorway to Life CLG OSV-0002411

Inspection ID: MON-0032171

Date of inspection: 22/08/2023

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Management staff covering shifts is now noted in red writing and highlighted with orange with explanatory narrative e.g. on shift. Exact timeframe of shift duties covered is included.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Social Care Workers task sheets in place which include monthly goal reviews and are reviewed monthly by PIC. CNM1 is completing relevant Health Care Management Plans for respite users in conjunction with keyworkers. All rostered volunteer drivers are garda cleared.	
Regulation 30: Volunteers	Not Compliant
Outline how you are going to come into compliance with Regulation 30: Volunteers: All rostered volunteer drivers are garda cleared. All rostered volunteers now have a clear description of roles and responsibilities, and the Volunteer policy has been revised and implemented.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: All risk assessments, including ratings, have been reviewed and amended as necessary.	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The upstairs of the centre was reviewed by a fire consultant. Recommendation to clear upstairs area of all electrical items completed</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: New medication self administration assessments developed and are in process of being re- completed with all residents/ respite users. All staff and perscribing pharmacy reminded of policy on changes to labels. Medication storage area has been amended to provide further ventilation. Staff continue to monitor temperature daily and report any high readings to PIC. PIC audits temperature checks weekly.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: CNM1 is completing relevant Health Care Management Plans for respite users in conjunction with keyworkers.</p> <p>All multi- disciplinary meetings now include action plans.</p> <p>New resident goal review sheets in place and reviewed monthly. Social Care Workers task sheets in place which include monthly goal reviews and are reviewed monthly by PIC.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	23/08/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	29/02/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment,	Substantially Compliant	Yellow	01/11/2023

	management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	30/08/2023
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	29/02/2024
Regulation 30(a)	The person in charge shall ensure that volunteers with the designated centre have their roles and responsibilities set out in writing.	Substantially Compliant	Yellow	29/09/2023
Regulation 30(c)	The person in charge shall ensure that volunteers with the designated centre provide a vetting disclosure in accordance with the National Vetting Bureau	Not Compliant	Orange	19/09/2023

	(Children and Vulnerable Persons) Act 2012 (No. 47 of 2012).			
Regulation 05(4)(a)	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 reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	29/02/2024
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 the plan.	Substantially Compliant	Yellow	31/08/2023
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	30/09/2023