

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

## Issued by the Chief Inspector

Name of designated centre:	Highfield House
Name of provider:	The Rehab Group
Address of centre:	Longford
Type of inspection:	Announced
Date of inspection:	16 September 2024
Centre ID:	OSV-0002669
Fieldwork ID:	MON-0036404

## About the designated centre

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

Highfield House is located close to a town in Co. Longford and comprises of one large two-storey dwelling. The centre provides residential care for up to five male and female adults with disabilities and other healthcare related needs. Each resident has their own bedroom. Communal areas include a sitting room, a fully equipped kitchen, a dining room, a relaxation room, a number of bathroom facilities, a utility room and a secure garden area. There is also an office for staff and a large private garden to the front and rear of the property with adequate space for private parking. There is a separate area linked to the main house and accessible through the utility room and through a separate front door, which is used for day programmes for some residents. This area contains an activities room, kitchen/dining area and a sensory room upstairs. The centre is staffed on a 24/7 basis by a person in charge, a team leader and a team of support workers.

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

Number of residents on the date of inspection:	5
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Monday 16 September 2024	08:50hrs to 16:00hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

This inspection took place over the course of one day and was to monitor the designated centres level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). It was also to inform a decision on the renewal of the registration of the centre.

At the time of this inspection, there were five residents living in the centre and the inspector met with four of them briefly. Written feedback on the quality and safety of care from both residents and family representatives was also viewed by the inspector as part of this inspection process. Additionally, on the day of this inspection the inspector spoke with one family representatives over the phone so as to get their feedback on the service.

The centre comprised of a large five bedroom detached house (two ensuite), a self-contained one bedroom apartment and an activities room to the rear of the property which could be used to provide day service activities for some of the residents.

On arrival to the centre the inspector observed that it was clean, homely and inviting. Prior to this inspection, the property had undergone significant renovations however, the majority of that work had been now been completed. Notwithstanding, some minor issues remained with the external part of the property and, the internal flooring also required attention.

One resident shook the inspectors hand and smiled. They appeared in good form and were preparing to go to their day service. This resident appeared very settled in their home and comfortable in the company and presence of staff.

The inspector observed another resident making their own breakfast. They also appeared in good form although they did not speak directly to the inspector. After their breakfast they had a cup of coffee and sat in the back garden at a pic nic table whilst drinking it. It was a warm sunny morning and the resident appeared very happy and content in their surroundings.

All residents had their own bedrooms (two being ensuite). They were decorated to the individual style and preference of the residents and some had personal items and/or pictures on display that were important to them.

From reviewing two residents personal plans/files the inspector observed that residents were being supported to participate in recreational, social and learning activities of their preference and, to try out new activities that they might be interested in.

For example, some residents had decided to experience a glamping holiday this year. The inspector saw photographs of the residents on this holiday and they

appeared to have enjoyed it very much. On this holiday they also went for meals out and enjoyed forest walks.

Whilst at day services residents engaged in activities such as reflexology, arts and crafts, were in knitting clubs, attended pottery classes, dance classes, went on train trips and shopping outings to Dublin and Sligo. Residents also liked to go to the hairdressers, buy new clothes, attend concerts and music festivals, avail of hotel breaks and have tea/dinner out. One resident was also a member of the local library and, was also availing of a work experience programme.

Another resident enjoyed activities such as a Jacuzzi, working with horses and dogs, going on country walks, trips to the zoo, having Sunday lunch out and to attend the beauticians. The inspector also observed that residents were supported to keep in regular contact with their families.

Feedback on the service from residents and family representatives was positive and complimentary.

For example, it was reported in the annual review for 2023 that residents were observed to be happy in their home on the day the auditor visited centre, and all appeared in good spirits. One resident had been home for the weekend and they were smiling when talking to the auditor about this. The auditor also observed positive interactions between staff and residents and that residents appeared at ease in their environment.

Written feedback from one family representatives on the quality of service provided was also positive. For example, they reported that they were very happy with the service, staff were very good and their relative appeared happy in the house. They also said that their relative visited home every weekend however, also looked forward to going back to the designated centre at the end of each visit. They reported that if they had any issues they would have no problem speaking with management and/or the staff team, they were kept up-to-date on their relatives progress and, they had no suggestions for improvement.

The inspector also spoke with one family representative over the phone on the day of this inspection so as to get their feedback on the quality and safety of care provided in the service. The reported that they were very happy with the service, it was top class and they had no complaints. They also said that staff were great and their relative was very well looked after. Additionally, they reported that they could visit the centre any time they wished to and that there were being kept up-to-date about their relatives overall health and well-being. They said that their relative was very happy in the service, had a great social life, their healthcare-related needs were being provided for, they had no complaints and were overall very happy with the quality and safety of care provided in the centre.

While some issues were identified with aspects of the governance and management arrangements, premises and fire arrangements, residents appeared happy and content in their home and feedback from family representatives on the quality and safety of care was both positive and complimentary.

The next two sections of the report outline 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 care provided to the residents.

## Capacity and capability

Residents appeared happy and content in their home and systems were in place to meet their assessed needs. However, aspects of the governance and management arrangements required review.

The centre had a clearly defined management structure in place which was led by a person in charge. They were supported in their role by a team leader and regional manager.

The person in charge was an experienced, qualified professional and demonstrated their knowledge of the residents' assessed needs. They were also aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

A review of a sample of rosters for the months of July and August 2024 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection.

From reviewing the staff training records for the centre, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2023 and, a six-monthly unannounced visit to the centre had been carried out in July 2024. On completion of these audits, an action plan was developed and updated as required to address any issues identified.

It was observed however, that aspect of the governance and management arrangements required so as to ensure the auditing process was effective in identifying all areas that required attention in the centre.

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

The provider submitted a complete application to renew the registration of the

centre prior to this inspection.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was a qualified and experienced professional with an additional qualification in management.

The were found to be responsive to the inspection process and were aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

They had systems in place for the oversight and management of the centre to include local audits and supervision of their staff team.

They were also aware of the assessed needs of the residents living in the centre.

Judgment: Compliant

### Regulation 15: Staffing

A review of a sample of rosters for the months of July and August 2024 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection.

For example,

- three to four staff worked each day in the centre (this arrangement was flexible based on what social activities the residents wished to engage in each day and whether or not residents were at home)
- 1 staff worked live waking nights every night

It was observed that on three occasions over the months of July and August 2024, the service had to operate with a shortfall of one staff member during the day however, there was a risk assessment in place for this informing that the service could operate when there was a shortfall of one staff member during the day.

The staffing arrangements were made up of a person in charge, a team leader and a team of care workers.

The inspector reviewed two staff files and found some gaps in the required documentation as by Schedule 2 of S.I. No. 367/2013 - Health Act 2007 (Care and

Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. This issue was discussed and actioned under regulation 23: governance and management.

Judgment: Compliant

## Regulation 16: Training and staff development

From reviewing the training matrix for the staff team with a specific focus on three staff members (the team leader and two care workers), the inspector found that these staff were provided with training to ensure they had the necessary skills and knowledge to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training courses to include:

- manual and people handling
- children's first training
- safeguarding of vulnerable adults
- national standards for adult safeguarding
- management of behaviour
- medication management
- epilepsy awareness and administration of rescue medication
- food safety
- infection prevention and control
- hand hygiene
- donning and doffing of personal protective equipment
- respiratory and cough etiquette
- first aid responder training
- fire safety
- equality and diversity
- assisted decision making
- communications
- autism awareness

It was observed that some refresher training was required in some of the above courses (behavioural support and manual/people handling) for some staff however, the team leader had these staff members booked on the relevant courses which were scheduled to take place by the end of October 2024.

Judgment: Compliant

## Regulation 22: Insurance

The provider submitted a copy of their insurance for the designated centre as part of the application to continue with the registration of the centre.

Judgment: Compliant

## Regulation 23: Governance and management

There were clear lines of authority and accountability in this service. The centre was led by a qualified and experienced person in charge with the support of an experienced team leader and regional manager.

The provider also had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2023 and, a six-monthly unannounced visit to the centre had been carried out in July 2024. On completion of these audits, an action plan was developed so as to address any issues identified.

For example, the auditing process identified that:

- some controls in a risk assessment required review
- a children's first self-assessment was to be updated and included in the safeguarding folder
- one staff supervision meeting was due
- some cleaning schedules required review

These issues had been identified, actioned and addressed by the time of this inspection.

It was observed that a number of other actions arising from the audits were ongoing at the time of this inspection. For example,

- parts of the external premises required attention
- some internal floors required replacing
- input from a dietitian was required for one of the residents
- an additional two relief staff were required for the centre
- a transition plan for one resident to move from the main house to the apartment remained ongoing
- the inspector observed that the current policy on vetting did not include a time line as to when vetting should be renewed for staff working in the centre. However, at the time of this inspection this policy was under review and, from a sample of records viewed, staff had vetting on file.

Again, these issues had been identified by the auditing process and the management team of the centre had plans in place to address them going forward.

It was observed however, that aspects of the auditing process required review so as

to ensure it was effective in identifying all areas that required attention in the centre. For example:

- The inspector reviewed two staff files and found some gaps in the required documentation as by Schedule 2 of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. On the day of this inspection it could not be evidenced that staff had the required number of written references on file and the inspector could not ascertain the full employment history of one staff member.
- It was observed that one resident may be susceptible minor bruising due to an identified need and the lay out of their environment. Notwithstanding, the person in charge assured the inspector on the day of this inspection that all incidents regarding this issue were fully investigated and they were satisfied there were no safeguarding concerns. Additionally, a risk assessment was in place relating to this issue. However, additional information was required in the residents individual care plans/risk assessment, detailing this issue with regard to the residents assessed needs and, how the service were assuring themselves there were no safeguarding concerns.
- It was observed that some hospital passports could contain a little more detail with regard to residents overall health-related conditions (e.g. epilepsy) making reference to the relevant protocol in place for same.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations)

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the the Health Information and Quality Authority of any adverse incident occurring in the centre as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

Judgment: Compliant

## Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and choices and, systems were in place to meet their assessed needs. However, some issues were found the fire safety arrangements and premises.

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to achieve goals to suit their assessed needs and frequent community-based activities based on their interests.

Residents were also being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals. Hospital appointments were facilitated and where required, residents had healthcare-related care plans/protocols in place so as to inform and guide practice.

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there were no open safeguarding concerns in the centre.

Systems were also in place to manage and mitigate risk and keep residents safe. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being.

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting/signage. Equipment was being serviced as required by the regulations. It was observed however, that a fire door did not fully close on the day of this inspection when the fire alarm panel was activated.

The house was found to be clean, warm and welcoming on the day of this inspection and for the most part in a good state of repair. However, some issues remained ongoing with aspects of the internal and external premises.

## Regulation 13: General welfare and development

Residents' assessed needs were detailed in their person centred plans and from a sample of files viewed, they were being supported to achieve goals to suit their assessed needs and frequent community-based activities based on their interests.

For example, some residents liked to engage in activities such as reflexology, arts and crafts, attend knitting clubs, pottery classes and dance classes, go on train trips and shopping outings to Dublin and Sligo.

Residents also liked to go to the hairdressers, buy new clothes, attend concerts and music festivals, avail of hotel breaks and have tea and/or dinner out.

As identified earlier in this report, one resident was also a member of the local library and, was also availing of a work experience programme. Another resident enjoyed activities such as a Jacuzzi, working with horses and dogs, going on country walks, taking trips to the zoo, having Sunday lunch out and attending the beauticians.

Residents also like to avail of summer holiday breaks and the inspector observed that they were supported to keep in regular contact with their families.

Judgment: Compliant

## Regulation 17: Premises

The premises were found to be clean, warm and welcoming on the day of this inspection and for the most part, generally well maintained.

They comprised of a large detached house with each resident having their own bedrooms (two being ensuite). Bedrooms were observed to be decorated to the individual style and preference of the residents.

Communal facilities included two sittings rooms, a kitchen cum dining room, a separate larger dining room, a utility facility, and a number of communal bathrooms. There was also an apartment within the centre and an activities room the the rear of the property (this room was not in use at the time of this inspection).

There were garden areas to the front and rear of the property and a patio area with ample garden furniture available to the residents.

However, aspects of the premises (both internal and external) required review and upgrading. This was an issue that was ongoing in the centre due to significant remedial works that were required on the premises in 2022/2023. While the majority of this work had been completed at the time of this inspection, some of it remained outstanding.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being.

For example,

- where a resident may be at risk in the community they were provided with 2:1 staff support and all social activities were assessed prior to leaving the centre. Staff also knew the residents well, had training in behaviours of concern and, took the phone with them on all outings.
- where a resident was at risk due to having epilepsy, staff had epilepsy awareness training (to include the administration of emergency medication) and a specific protocol was in place for this resident should they have a seizure. One staff member spoken with on the day of this inspection was familiar with the contents of this protocol and how to respond should the resident have a seizure.
- where a resident was at risk of slips/falls, grab rails were available to them in bathrooms and staff provided support with personal care. Additionally, non slip mats were also available.

Judgment: Compliant

## Regulation 28: Fire precautions

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting.

Equipment was being serviced as required by the regulations. For example:

- in 2024 the emergency lighting was serviced on January 10, March 26, June 10 and September 09.
- in 2024 the fire alarm system was serviced on February 19, June 24 and August 12
- fire extinguishers were serviced in November 2024

Fire drills were being conducted as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and

Adults) with Disabilities) Regulations 2013 with no issues being identified. For example:

- a drill carried out at 7 am on August 08, 2024 informed that all five residents and one staff member evacuated the building in one minute. The drill also reported that all residents were willing to evacuate and no actions were required
- another drill carried out at 19.55 pm informed that all five residents and four staff members evacuated the building in one minute and 20 seconds. Again, it was also reported that all residents were willing to evacuate and no actions were required.

Staff also carried out as required checks on fire doors, fire exits and the fire panel and, each resident had a personal emergency evacuation plan in place. At the time of this inspection, all fire exits were operational and accessible.

It was observed however on the day of this inspection, that one fire door did not close fully when the alarm was sounded. This required attention as the centre had previous to this inspection, a number of issues pertaining to fire doors not closing fully when the fire alarm sounded.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- GP services
- dentist
- dental hygienist
- optician
- chiropody

Care plans/protocols were also in place so as to guide practice. One staff member spoken with was able to guide the inspector through the steps outlined in a protocol for a resident with epilepsy. Additionally, one family member spoken with over the phone was satisfied that their relatives healthcare-related needs were being provided for.

Hospital passports were also in place for each resident and hospital appointments were also being facilitated. It was observed that some hospital passports could contain a little more detail with regard to residents overall health-related conditions (e.g. epilepsy) making reference to the relevant protocol in place for same. This issue was discussed and actioned under regulation 23: governance and

management.

Residents were supported to experience best possible mental health and where required, had access to psychiatry and behavioural support.

Judgment: Compliant

## Regulation 8: Protection

Systems were in place to safeguard the residents in their home and at the time of this inspection, there were no open safeguarding concerns.

There was a safeguarding policy available in the centre which identified that the organisation was committed to safeguarding the welfare and protection of vulnerable adults access services.

The inspector also noted the following:

- the concept of safeguarding was discussed at a staff meeting in July 2024
- from reviewing three staff files the inspector observed that they had training in safeguarding of vulnerable adults and children's first
- one family representative spoken with over the phone on the day of this inspection reported that they were very happy with the quality and safety of care provided in the centre and they had no complaints
- one staff member spoken with said they would have no issue reported a concern to the person in charge/designated officer if they had one
- easy to read information on how to make a complaint about the service was discussed with residents at their residents meeting on August 19, 2024

Additionally, the person in charge informed the inspector on the day of this inspection that any allegation of abuse occurring in the centre would be managed and investigated in line with the trust in care policy, reported to the designated safeguarding officer and steps taken to ensure the safety of the residents. This would include reporting the issue to the national safeguarding team, the Health Information and Quality Authority, and An Gardaí where or if required.

It was observed that one resident may be susceptible minor bruising due to an identified need and the lay out of their environment. Notwithstanding, the person in charge assured the inspector on the day of this inspection that all incidents regarding this issue were fully investigated and they were satisfied there were no safeguarding concerns. However, additional information was required in the residents individual care plans/risk assessment regarding this issue. This was further discussed and actioned under regulation 23: governance and management.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Highfield House OSV-0002669

Inspection ID: MON-0036404

Date of inspection: 16/09/2024

## 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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	
<ul style="list-style-type: none"><li>• All Residents Hospital Passports have since been reviewed. Specific guidance has been added pertaining to health care needs associated with diagnosed conditions.</li><li>• One staff member has since obtained a reference that was missing from their file. A further review of all staff files will be carried out by the PIC, in consultation with HR to ensure full compliance with Schedule 2 of SI No. 367/2013 by 31.12.24.</li><li>• Details relating to one Resident's susceptibility to obtain bruising has been added to their care plan to reflect Risk Assessments and control measures in place.</li><li>• Audit systems in the service will be used to monitor the actions identified in this report and be used to identify areas for action on a weekly, monthly, six monthly and an annual basis moving forward.</li></ul>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	
<ul style="list-style-type: none"><li>• Flooring replacement is currently underway in the centre. All identified floors will be replaced by 31.10.24.</li><li>• A local contractor has been identified to lay tarmac at the front of the centre following the completion of all remedial works. The tarmac will be laid by 31.10.24.</li><li>• All interior painting has been completed since 4.10.24.</li></ul>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• All fire doors and closers were serviced on 02.10.24. All fire doors are currently closing fully.</li> </ul>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/10/2024
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	31/12/2024
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape,	Substantially Compliant	Yellow	02/10/2024

	building fabric and building services.			
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