

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

## Issued by the Chief Inspector

Name of designated centre:	Solas Na Gréine
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	18 February 2025
Centre ID:	OSV-0002990
Fieldwork ID:	MON-0038002

## About the designated centre

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

This is a residential service providing full-time care and support to three adults with disabilities. The centre comprises of a large two storey dwelling in a mature housing estate in Co. Louth. Communal facilities include a spacious fully furnished sitting room, a well equipped kitchen cum dining room and a separate laundry facility. Each resident has their own bedroom, which are decorated to their individual choice, style and preference. Communal bathroom facilities are provided on both floors of the house. There are mature gardens to the front and back of the premises and ample private and on street parking is available. The centre is in walking distance to local facilities such as shops, pubs and restaurants. It is also close proximity to a number of large towns and villages. Private transport is provided and a local bus service is available to residents who wish to avail of trips further afield or avail of community based facilities in Dublin, Drogheda and Dundalk. The staffing arrangements for the centre consist of a person in charge, who is an experienced and qualified Clinical Nurse Manager III (CNM III). There is also a house manager, who is an experienced and qualified CNM 1, staff nurses and a team of qualified and experienced social care professionals/health care assistants. There are also systems in place to ensure the residents social and healthcare needs are comprehensively provided for and as require access to a GP and other allied healthcare professionals form part of the service provided. Residents are also supported to have meaningful and important roles in their community and have a range of work options and day service placements available to them. This service operates in a culture of person centeredness and consultation with the residents, is responsive in the meeting their assessed needs and residents very much see it as their home

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

Number of residents on the date of inspection:	3
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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
Tuesday 18 February 2025	09:35hrs to 17:05hrs	Raymond Lynch	Lead
Tuesday 18 February 2025	09:35hrs to 17:05hrs	Karena Butler	Support

## 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 registration of the centre. At the time of this inspection, there were three residents living in the centre and the inspectors met with all of them over the course of the day. Written feedback on the quality and safety of care from both residents and family representatives was also viewed by the inspectors as part of this inspection process. Additionally, one of the inspectors spoke with a family representative over the phone so as to get their feedback on the quality and safety of care

The centre comprised of a detached bungalow in a residential area close to a large town in Co. Louth. Garden areas were provided to the front and rear of the property for residents to avail of in times of good weather. Each resident had their one individual bedroom decorated to their individual style and preference. Communal facilities included a TV/living room, a kitchen/dining room, two bathrooms, a utility room and a staff office.

On arrival to the centre the inspector observed that the house was compact, clean, warm and welcoming. One resident was at their day service and two residents were in the kitchen. They invited the inspectors to sit down with them and have a cup of tea. Both residents were in good form and appeared happy and settled in their home. They also appeared to enjoy being in the company and presence of staff.

One resident told one of the inspectors that staff were nice and that they got on well with them. They also said that they felt safe in their home and reported that if anything was bothering them they would tell the inspectors and tell a member of the staff team.

This resident invited one of the inspectors to see their bedroom. They had recently bought a new television for their room and told the inspector they were delighted with it. Their room was observed to be decorated to their individual style and preference. For example, they had pictures and posters on their walls of their favourite football team.

The other resident spoke to the inspectors about specific topics of interest such as particular TV programmes they liked to watch and about some of their friends. They attended a day service three days a week and showed the inspectors some pictures of themselves with their friends while at the day service. They appeared happy in these pictures and one staff member informed an inspector that the resident enjoyed going to their day service. They also participated in a number of social and learning activities of interest at their day service such as keep fit classes, dance classes and arts and crafts. When asked where they happy in their home the

resident said that they were.

On review of a sample of residents' person centred plans the inspectors noted that they were being supported to engage in activities of their choosing and interest. For example, two residents attended a day service on a number of days each week where they met up with their friends and participated in social events outside of their home.

Later in the day the inspectors met with the third resident. They sat for a while in the kitchen with the inspectors and when staff asked them how their day went they said it was lovely. This resident also appeared content and happy in their home and relaxed and comfortable in the company and presence of the staff team. The resident liked to be involved in the upkeep of their home and on the evening of this inspection they wanted to wash the house vehicle and water the plants. Staff supported the resident with these activities and when they were completed, the resident showed one of the inspectors the cleaned vehicle. They appeared happy and proud with the work they had completed. Staff also informed the inspectors that this resident had a paper round in the local community each Friday evening and enjoyed this work very much.

From viewing a sample of files, the inspector noted that a number of staff had undertaken training in human rights. One staff member spoken with and the person in charge said it was important to respect and support the small day-to-day choices and preferences of the residents. The staff member also said that some time back, one of the residents had to undergo surgery and that the assisted decision making co-ordinator had undertaken a piece of work with them so as to ensure the resident knew about what the surgery entailed and to ensure the will and preference of the resident was respected. This was achieved by using easy-to-read information and pictures with the resident. The person in charge also said that one resident may decide not to engage in activities however, staff continued to offer alternative opportunities regarding activities to the resident.

Staff had supported the residents to provide written feedback on the quality and safety of care provided in the centre. This feedback was both positive and complimentary. The residents reported that they were happy where they lived, happy with their accommodation, their choices regarding daily routine and meal options were respected and they felt safe in their home. They also said that they were happy with the support that they received with one reporting everything was fine and another saying that staff were like a family. None of the residents had any complaints about the quality or safety of care at the time of this inspection and said that if they had any issues, they would speak with a staff member.

Written feedback from three family representatives was also positive and complimentary. They reported that staff were courteous and helpful, were supportive of residents in achieving their goals, their relatives personal possessions were looked after and residents had a choice of activities to participate in. Family representatives were also satisfied that residents had as required access to GP services and a range of other allied healthcare professionals. Additionally, they also reported that the service met with their expectations and they would recommend it.

One said that the service provided was excellent with another saying that they had a very good relationship with the staff team.

One family member was also spoken with 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 house. They said that their relative was very settled and happy living in the house. They also said that the whole family were very happy with the care and support their relative received and that they had no complaints about the quality or safety of care provided. They also said that the house was lovely, the staff team were great, their relative was very well cared for and that they got on very well with the staff team.

While some issues were identified on this inspection pertaining to Regulation 10: Communication and Regulation 28: Fire precautions, residents appeared very happy and content living in their home on the day of this inspection. They also appeared to enjoy being in the company and presence of the staff team and staff were observed to be person-centred and kind in their interactions with the residents. Additionally, staff were observed to be respectful of the individual choices and preferences of the residents and feedback from both residents and family representatives on the quality and safety of care was 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.

The centre had a clearly defined management structure in place which was led by a person in charge and house manager. The person in charge was a qualified nursing professional, (who was a Clinical Nurse Manager III) and demonstrated a good 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 from January 2025 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.

Additionally, from a sample of training records viewed, the inspectors found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. Staff spoken with had a good knowledge of residents'

individual care plans.

The inspectors observed that a number of staff had undertaken training in human rights. Examples of how staff put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

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 2024 and, a six-monthly unannounced visit to the centre had been carried out on January 15, 2025. On completion of these audits, a quality enhancement plan was developed and updated as required to address any issues identified in a timely manner.

#### Regulation 14: Persons in charge

The person in charge has the appropriate qualifications and experience necessary to manage the day-to-day operations and administration of the centre.

They were a qualified nursing professional who also held an additional qualification in management.

They had systems in place for the oversight and supervision of their staff team and were aware of the assessed needs of the residents living in the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

The staff team consisted of a staff nurse, a social care worker and six healthcare assistants. They were supported and supervised in their role by the person in charge and a house manager (who was a clinical nurse manager I).

A review of a sample of rosters for the month of January 2025 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:

- two staff members worked 8am to 9pm each day
- one staff member worked live night duty from 9pm to 8am each night

The person in charge also maintained copies of actual and planned rosters in the centre.

The documents for staff members as required under 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 (the Regulations) were reviewed and found to meet the requirements of the Regulations.

Judgment: Compliant

### Regulation 16: Training and staff development

From reviewing the training matrix and two staff files, the inspectors found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included

- safeguarding of vulnerable adults
- Children's First
- Infection prevention and control (to include donning and doffing of personal protective equipment and hand hygiene)
- fire safety
- manual handling
- basic life saving
- positive behavioural support
- safe administration of medications (for non nursing personnel only)
- epilepsy/administration of rescue medication (for non nursing personnel only)
- communicating effectively through open disclosure

A number of staff had also undertaken training in human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

It was observed that some staff required refresher training behavioural support and manual handling however, the person in charge was aware of this and had dates booked for staff to attend this training.

Two staff spoken with by the inspectors had a good knowledge of residents' individual care plans.

Judgment: Compliant

### Regulation 23: Governance and management

There were clear lines of authority and accountability in this service. The centre had

a clearly defined management structure in place which was led by a person in charge and house manager. The person in charge was a qualified nursing professional, (who was a Clinical Nurse Manager III) and the house manager was a clinical nurse manager I.

The person in charge and house manager were responsible for the day-to-day management of the centre and they were supported in their role by a member of the senior management team.

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 2024 and, a six-monthly unannounced visit to the centre had been carried out on January 15, 2025. On completion of these audits, a quality enhancement plan was developed and updated as required to address any issues identified in a timely manner.

For example, the auditing process identified the following:

- the statement of purpose required updating
- the concept of safeguarding was to be discussed with residents at their weekly meetings
- the kitchen required an upgrade
- emergency lighting was to be placed outside the front and back door.

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

It was observed that the boiler has been serviced on the day prior to this inspection on February 17, 2025. Arising from that service the engineer made a recommendation that the boiler and oil tank were old and should be replaced. This action had yet to be added to the quality enhancement plan.

The person in charge has a system in place for the supervision of their staff team. This process offered an important channel of communication between management and staff and one staff member spoken with said that they found the process to be supportive to them in their role.

Two staff members spoken with by the inspectors also said that that they would be able to raise a concern (if they had any concerns) with the person in charge about the quality and safety of care and support provided to the residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspectors 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

<p>the residents.</p> <p>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 the regulations.</p>
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
<p>The person in charge/house manager was aware of their legal remit to notify the Office of Chief Inspector of any adverse incident occurring in the centre in line 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).</p>
Judgment: Compliant
<b>Quality and safety</b>
<p>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, aspects of Regulation 10: Communication and Regulation 28: Fire precautions required review.</p> <p>Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and engage in social/recreational activities of their preference and choosing. However, it was observed that additional support could be explored for some residents with regard to their individual communication needs and preferences.</p> <p>Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals. Residents were also supported to experience positive mental health and where required, had access to psychiatry and behavioural support.</p> <p>Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. Systems were also in place to manage and mitigate risk and keep residents safe in the centre. There were also systems for the safe ordering, storing, administration, return and disposal of medicines.</p> <p>The centre had a fire alarm system, emergency lighting, fire extinguishers and fire doors in place however, aspects of the fire precaution arrangements required</p>

review.

The premises were also found to be compact, warm, homely and laid out to meet the assessed needs of the residents.

Overall this inspection found that the individual choices and preferences of the residents were promoted and residents appeared happy and content in their home. As stated above however, aspects of Regulation 10: Communication and Regulation 28: Fire precautions required review.

### Regulation 10: Communication

While staff were respectful of the individual communication preferences of the residents, it was observed that additional input and support from a speech and language therapist could be explored.

For example, staff were supporting a resident with communication difficulties by using a number of signs, symbols and pictures. These were signs and pictures the resident used when they were a lot younger and, staff were attempting to reintroduce them to the resident. However, there was little information on the use of this strategy in the residents communication passport.

The inspectors observed that support and/or input from a speech and language therapist could be explored in this instance so as to better support the resident with their communication needs and support staff in updating the residents communication passport taking into account the work they were doing with the resident.

Notwithstanding, access to phones, television, radio and newspapers were provided to residents and staff were observed to be respectful of the individual communication style and preference of each resident.

Judgment: Substantially compliant

### Regulation 13: General welfare and development

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

For example, as discussed earlier in this report, two residents attended a day service on specific days each week where they got to meet up with their friends and participate in social/recreational and learning activities of their choosing such as

arts, crafts, fitness classes and dance classes.

Some residents were also member of a local club, had gone on aeroplane, completed an archery course, completed an art course, attended concerts, attended musical festivals, went to Scotland, on holidays, and went on a weekend to Belfast. One resident also had a weekly paper round in their local community.

Residents were also supported to keep in regular contact with their family members.

Judgment: Compliant

### Regulation 17: Premises

The centre comprised of a detached bungalow in a residential area close to a large town in Co. Louth. Garden areas were provided to the front and rear of the property for residents to avail of in times of good weather.

Each resident had their one individual bedroom decorated to their individual style and preference.

Communal facilities included a TV/living room, a kitchen/dining room, two bathrooms, a utility room and a staff office.

The house was observed to be compact, generally clean, well maintained and comfortable on the day of this inspection.

Additionally, the kitchen had been recently upgraded and some residents got new bedroom furniture.

The person in charge informed the inspectors that at some stage in the future they would like to upgrade the back garden with raised flower beds and new garden furniture.

Overall however, residents appeared very settled and comfortable in their home and one family member spoken with said it was a lovely house.

Judgment: 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 risk related to falls was identified the following controls were in place:

- access to a physiotherapist and/or occupational therapist was provided for
- handrails were in place in certain parts of the house
- mobility care plans were in place
- residents were encouraged to wear appropriate footwear
- the environment was kept clutter free

Where a risk was identified with regard to a specific healthcare-related condition such as epilepsy was identified the following controls were in place:

- staff had training in basic life saving
- non nursing staff had training in the administration of emergency medication
- the resident attended an epilepsy outreach clinic as required
- a staff member was present in the centre on a 24/7 basis (to include a waking night staff member)

From reviewing the risk matrix the inspectors observed that there were no orange or red rated risks identified in this centre and all documented risks had been recently reviewed by the person in charge.

Judgment: Compliant

## Regulation 28: Fire precautions

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

Equipment was also being serviced as required by the regulations.

For example:

- the fire alarm systems has been serviced on February 07, 2024, July 17, 2024, and November 11, 2024
- the emergency light system had been serviced on the same dates as above
- the fire extinguishers had last been services on April 09, 2024

Staff also completed as required checks on all fire equipment in the centre and from reviewing the training matrix and two staff files, they had training in fire safety.

Fire drills were being conducted in the designated centre as required. For example:

- a drill conducted on August 15, 2024 informed that it took the staff and residents 55 seconds to evacuate the house with no actions arising
- another drill conducted on February 13, 2025 informed that it took staff and

residents 44 seconds to evacuate the house with no actions arising

Each resident had an up-to-date personal emergency evacuation plan in place which detailed the supports they required in evacuating the house during fire drills.

It was observed that an action arising from the last six monthly audit of the centre (January 2025) pertaining to fire precautions remained open at the time of this inspection. For example, the audit raised a query as to whether a central test unit (CTU) was required with regard to the emergency lighting. This issue was also raised by an external fire consultancy company as far back as January 2024 and while the person in charge informed the inspector a CTU was not required on the day of this inspection, this issue remained live on the centres quality enhancement plan.

Taking the above into account the inspectors requested written assurances that the centre was in compliance with the Fire Regulations. The Director of Nursing Care & Support provided evidence shortly after this inspection that their external fire consultant and security company had signed off on the fire system as per the Irish Standard I.S. 3218:2013. The Director of Nursing Care & Support also confirmed that the current processes for the testing of emergency lighting without a CTU in place allows for full and complete testing of the emergency lighting. They also confirmed in writing that their fire consultant and security company had confirmed there was emergency lighting outside each emergency exit.

Judgment: 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:

- general practitioner (GP)
- dentist
- optician
- physiotherapy
- occupational therapy
- chiropody
- outreach clinics (where required)

Residents also had a annual physical examination with their GP and each of them had a number of healthcare-related plans in place so as to inform and guide practice. One staff member spoken with were familiar with one residents epilepsy care plan.

Hospital appointments were facilitated as required and each resident had a hospital

passport on file.

One resident also had a mens health check with their GP on February 10, 2025.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were supported to experience positive mental health and where required, had access to psychiatry and/or behavioural support.

Positive behavioural support plans were also in place which guided staff on how to provide person-centred care to residents that required support with behavioural issues.

One staff spoken with was aware of how to support residents in a person-centred manner and in line with their positive behavioural support plans.

At all times over the course of this inspection the inspectors observed staff supporting residents in a person centred, caring and kind manner. They were knowledgeable on the assessed needs of the residents and respectful of their individual style of communication.

Judgment: Compliant

### Regulation 8: Protection

Policies, procedures and 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 was no open safeguarding issues.

The person in charge informed the inspectors that all allegations of abuse were dealt with through trust in care and reported to the relevant authorities as required (including the national safeguarding team).

The inspectors also noted the following:

- two staff spoken with said they would have no issue reporting a safeguarding concern to management if they had one. There were also able to name the designated safeguarding officer for the service
- easy-to-read information on advocacy, safeguarding and how to make a complaint was available in the centre
- the importance of safeguarding was discussed with residents at their weekly residents meetings



- safeguarding was also discussed at staff meetings
- feedback from one family member spoken with over the phone on the day of this inspection on the service provided was positive and complimentary.
- in their feedback on the service residents reported that they felt safe in their home
- one resident spoken with by one of the inspectors said that if they had any concerns they would speak to staff
- there were no complaints about any aspect of the service on file for 2024.

Additionally, from reviewing the training matrix and two files, the inspectors observe that staff had training in the following:

- safeguarding of vulnerable adults
- Children's First
- communicating effectively through open disclosure.

Judgment: Compliant

### Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported by management and staff.

Residents were supported to choose their daily routines and engage in activities they liked and enjoyed. For example, on the day of this inspection residents made a number of requests to go to various places such as specific shops and have a coffee out. These requests were facilitated by the staff team.

A number of options and choices about what social activities residents would like to engage in each week was discussed with them at their weekly meetings.

A number of staff had also undertaken in-house training in human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Solas Na Gréine OSV-0002990

Inspection ID: MON-0038002

Date of inspection: 18/02/2025

## 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 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication:  The PIC has referred the two residents in question to Speech and Language Therapist. This will enhance current staff practice in relation to supporting the communication needs of the residents. Staff are currently reviewing the resident's communication passport & capturing how they effectively support the residents in communicating their wishes and desires. In addition to this, the resident's keyworkers have commenced developing picture aid books to assist with resident's communication.	

## 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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	24/06/2025