Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Woodbeg
Name of provider:	St Catherine's Association CLG
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	04 March 2025
Centre ID:	OSV-0003409
Fieldwork ID:	MON-0037567

About the designated centre

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

Woodbeg is a designated centre operated by St. Catherine's Association in Co. Wicklow. Woodbeg provides full-time residential care for two young adults with a diagnosis of autism and intellectual disabilities. The centre is a four-bedroomed bungalow set on a large site with a garden to the front and rear. A full-time person in charge is appointed to the centre and they are supported in their role by a deputy manager and social care workers. The person in charge divides their time between this centre and one other designated centre. Transport resources are assigned to the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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 4 March 2025	10:30hrs to 15:30hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection scheduled to inform decision making in respect of an application to renew the centre's certificate of registration. The inspection took place over one day and the inspector had the opportunity to meet one of the residents who lived in the centre. The other resident was unwell on the day and therefore the inspector respected the resident's wishes to not engage with them as part of the inspection.

The inspector used conversations with residents and staff, observations of care and support and a review of documentation to inform decision making in respect of the quality and safety of care. Overall, the inspector saw that the provider had enhanced the governance and management and the staffing arrangements and that this was having a very positive impact on the lives of the residents. Residents were in receipt of person-centred care from a consistent and suitably-trained staff team. This had resulted in a significant reduction in incidents of behaviours or concern and peer safeguarding incidents.

The designated centre is located in Co. Wicklow and provides full-time residential care and support to two residents. The inspector met one of the residents on arrival to the centre. They were sitting at the kitchen table, having some breakfast, and asked the inspector to sit with them. The resident told the inspector about their interests and their plans for the day. They planned to go for a drive and later to return to the centre to have pancakes as it was "Pancake Tuesday". The resident was familiar with the staff on duty, telling the inspector their names and some information about them.

The other resident was in bed when the inspector arrived. The inspector was told later in the day that the resident had become unwell and so would be unable to meet with her. Staff were seen spending time in the resident's bedroom, wearing the appropriate personal protective equipment to prevent a spread of infection. Kind and caring interactions were heard. For example, staff were heard providing reassurance and support to the resident.

The inspector completed a walk around of the house with the person in charge. The house was designed and laid out in a manner suitable to meet the needs and number of residents. It was clean, homely and comfortable. Residents had access to their own bedrooms and bathrooms. They also shared a communal sitting room, conservatory, utility, kitchen and a "chill out" room. The "chill out" room was a smaller sitting room that contained a swinging chair, comfortable armchairs and a television. Photographs of the residents decorated the walls of the sitting room and the "chill out" room. The inspector did not go in to the bedroom of the resident who was unwell but was told that it was decorated in line with their personal preferences. The inspector saw that the decoration of the other resident's bedroom reflected their personal interests in sports.

Two photograph albums were in the sitting room. These albums showed activities that the residents had engaged in over 2024. The inspector saw that residents had enjoyed many holidays and day trips. There were photographs of residents celebrating birthdays with their families, meeting sports stars and going on fairground rides. Residents looked happy and relaxed in the photographs.

The inspector spoke in some detail with two staff members in the centre. Staff told the inspector that they were very happy with the new management arrangements for the centre. They reported that the person in charge and the deputy manager were very responsive and supportive. Staff also told the inspector that the provider had reviewed the recruitment process for new staff to the centre in line with their recommendations. This was ensuring that new staff possessed the required competencies to support the residents.

Staff members told the inspector that the new management and staffing arrangements were enhancing the consistency of care provided to the residents and that this had a positive impact on residents' wellbeing. Staff described how there was a team approach and good communication among the team. The result of this was that there had been a reduction in incidents of behaviours of concern and of safeguarding incidents in recent months.

Staff spoken with told the inspector that they had received training in a human rights based approach to care. They described how having sufficient, suitably-trained staff and access to two service vehicles ensured that residents had choice and control over their daily activities. There were no limitations placed on residents accessing their preferred activities in the community and staff described how residents led busy and active lives.

Overall, this inspection found that there were effective governance and management arrangements and that these were resulting in residents receiving a very good quality of care within a safe service. The next two sections of the report will provide more information on the governance systems and the impact that these had on the quality and safety of care.

Capacity and capability

The registered provider had in place effective management systems and suitably-qualified staff to ensure oversight of the centre and to meet the residents' needs in a person-centred manner. One area for improvement at provider level was to ensure that applications for registration renewals were submitted in a timely manner and in line with the Health Act 2007 (as amended).

The registered provider had submitted an application to renew the centre's certificate of registration; however it was submitted late and this meant that the provider did not have the protections of Section 48 of the Health Act (2007). The prescribed information reviewed by the inspector as part of the application renewal

was found to be accurate and to meet the requirements of the regulations. For example, an up-to-date statement of purpose and residents' guide was submitted. These provided information on the services provided in the designated centre.

The provider had made changes to the governance and management arrangements in recent months. A new person in charge and deputy manager had been appointed. It was evidenced, through speaking to staff and reviewing documents, that these arrangements were effective in ensuring oversight of the centre. Additionally, there were a suite of audits and scheduled meetings which allowed risks to be identified and escalated to the provider level.

The provider had also commissioned and completed additional audits and reviews in line with risks identified. For example,a fire audit, a placement review and a financial audit were completed in respect of associated risks. These audits resulted in reports and action plans which were in progress at the time of inspection. This demonstrated that the provider was effective in self-identifying and responding to risks and in driving service improvements.

The provider had reviewed the recruitment and induction process for new staff for the centre. Staff members spoken with told the inspector that this was effective in recruiting suitable staff with the necessary competences to meet the needs of the residents. Staff spoke positively of the team dynamic. They reported that they felt well-supported in their roles. The inspector saw that staff had access to suitable training and that they were performance-managed and supervised.

Complaints were responded to quickly and a complainant told the inspector that they were satisfied with how the complaint had been managed. However, the provider's complaints policy was out of date and required review. The inspector was told that this was in process at the time of inspection.

Registration Regulation 5: Application for registration or renewal of registration

An application to renew the centre's certificate of registration was not received by the Chief Inspector within the required time frame.

This meant the provider was not adhering to Section 48 of the Health Act 2007 (as amended).

In addition, the provider's failure to submit a full and complete application within the required time frame and in a correct manner meant the provider was unable to avail of the protections of Section 48 of the Health Act (2007).

Judgment: Not compliant

Regulation 15: Staffing

The inspector reviewed the staff rosters for February and March 2025 and saw that staffing levels were maintained in line with the statement of purpose. There were sufficient staff on duty to meet the needs and number of residents in a person-centred and rights-informed manner.

The inspector was told by two staff members how changes to the staffing arrangements had resulted in enhanced consistency of approach for the residents and a reduction in incidents of behaviours of concern. Staff members described working as a collaborative team to ensure that residents had choice and control in their daily lives.

Staff members and the person in charge told the inspector that they had met with the provider's human resources department and had given advice on the required competencies for staff working in the designated centre. This had enhanced the recruitment process and ensured that suitably-qualified and experienced staff were available to meet the needs of the residents.

The centre was operating with it's full staff complement and any gaps in the roster were filled by a small number of consistent relief staff. This was supporting continuity of care for the residents.

The schedule 2 files of two staff members were reviewed and were seen to be maintained in line with the regulations. For example, a copy of each staff member's qualifications and employment history were available for review.

Judgment: Compliant

Regulation 16: Training and staff development

Two staff members spoken with told the inspector that they felt very well supported. They said that they were happy with the new management arrangements and felt that the new person in charge and deputy services manager were responsive to staff concerns and supportive of staff initiatives.

Staff members were in receipt of regular supervision and support through monthly team meetings and individual supervision sessions. The inspector reviewed the meeting records of the last two team meetings and last two supervisions for three staff. The inspector saw that these meetings covered topics relevant to staff roles and ensured that staff members were informed of their responsibilities and were performance-managed effectively.

A training matrix was also reviewed on the day of inspection. The inspector saw that there was a very high level of compliance with mandatory and refresher training in

the centre. All staff were up to date with training in key areas including safeguarding vulnerable adults, fire safety and managing behaviour that is challenging. All staff had also completed training in human rights. One staff told the inspector of how they ensure residents' rights are upheld by offering residents choice and control in respect of their daily activities. Staff spoke about having an appropriate number of staff on duty and access to two vehicles to ensure that residents could access preferred activities at a time of their choosing.

Judgment: Compliant

Regulation 22: Insurance

A copy of the provider's insurance policy was submitted with their application to renew the centre's certificate of registration.

Judgment: Compliant

Regulation 23: Governance and management

The provider had enhanced the management systems of the designated centre within recent months and this was resulting in an overall positive impact on the quality and safety of care being provided in the centre. A deputy services manager had been appointed for this centre only. Previously this role had involved providing oversight of a second designated centre. The deputy service manager had access to management hours and had defined responsibilities including completing local audits to ensure oversight of areas such as medication management, fire safety, residents' meetings and transport vehicles. The inspector reviewed these audits and saw that action plans were implemented and that actions were progressed. This demonstrated that these systems were effective in quickly responding to local level risks.

The provider had also appointed a new person in charge for the service who had oversight of an additional designated centre. They were employed in a supernumerary position and there were structures in place to support them in having oversight of both centres. The person in charge had defined responsibilities including for the supervision of staff. They also had systems in place to ensure that risks could be escalated to the provider level. For example, monthly meetings were held with the senior management team to receive updates from the organisation and to discuss risks or deficits. Regular meetings were also held between the person in charge and the operations manager regarding the running of the centre.

The person in charge spoke positively about the provider's quality team and their service improvement leads who assisted in identifying areas for improvement and in

driving service improvement. The person in charge told the inspector that an action planner was developed as a result of audits and that were able to track progression and implementation of actions.

The provider had reviewed the processes for recruitment and induction of staff for the centre at the request of staff and the person in charge. This was resulting in the recruitment of staff members with the required competencies to meet the needs of the residents. New staff members had a longer induction period and period of "shadow shifts" to ensure they were familiar with residents' needs and preferences before being rostered on as part of the whole time equivalent.

The provider had also completed a number of reviews in respect of risks that had been identified in the centre. For example, a compatibility assessment of both residents was completed due to a number of peer to peer related incidents in the centre. This review was informed by a number of stakeholders including independent advocates and will be discussed further under regulation 8. Additionally, the provider had reviewed one resident's finances and demonstrated that they had followed up with relevant parties following a concern being identified. This will be discussed under regulation 12.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was submitted with the provider's application to renew the centre's certificate of registration. The inspector reviewed the statement of purpose and saw that it contained all of the information as required by the regulations. For example, information on the services and facilities provided was detailed.

A copy of the statement of purpose was also available in the designated centre for review.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints procedure was available in the centre in an accessible format for the residents. The inspector reviewed the complaints log and saw that there were a high number of complaints recorded in the first half of 2024. These complaints were mostly made by staff on behalf of residents due to the impact of one resident's behaviours of concern on the other resident.

The inspector saw that complaints were responded to by the provider and that systems were implemented to enhance the quality of service. For example, a

staffing review and compatibility assessment was completed. Staff spoken with, who had made some of the complaints, told the inspector that they were satisfied with how the provider had responded and that they felt that residents were now in receipt of a good quality service; however, the provider's complaints policy was out of date since June 2020 and so the inspector could not verify that the complaints had been responded to in line with policy. The inspector was told that the policy was under review at present and that a new version was expected to be published in the near future. This finding has been actioned under regulation 4.

Judgment: Compliant

Regulation 4: Written policies and procedures

Two of the provider's Schedule 5 policies which were reviewed by the inspector were found to be out of date. These policies were in respect of complaints and restrictive practices. The inspector was told that these were under review at the time of inspection and that updated versions were due to be published in the coming weeks.

Judgment: Substantially compliant

Quality and safety

This section of the report provides information on the quality of the service and how safe it was for the residents who lived there. This inspection found that residents were living in a homely and comfortable environment which was endeavouring to offer residents a good quality of life and ensure that they were safeguarded from abuse.

Residents were seen to be living in a very clean and well-maintained house which had been enhanced in recent months. Additional facilities had been added to provide the residents with more adult-appropriate spaces for relaxation and recreation. The designated centre was seen to have equipment required to detect, contain and extinguish fires. The provider had contracted an audit of their fire management systems and was in the process of completing some minor remedial works at the time of inspection.

Residents were supported with their finances in line with their needs and wishes. One resident had restricted access to their bank account at the time of inspection. This restriction had been implemented by the bank. The inspector saw records of the provider engaging with the necessary stakeholders in order to address this restriction. In the interim, the provider had supported the resident by funding their

activities and day to day expenses.

Residents' files also detailed the supports required to meet behaviour support needs and to safeguard residents. Staff were informed of positive behaviour support plans and safeguarding plans. The provider had completed a placement review in order to determine the compatibility of residents. This was informed by the residents and their representatives including independent advocates. While the review had determined that the residents were compatible, the provider had committed to a further review in one year to continue to monitor the placement.

There were a very low number of restrictive practices in the centre and the inspector saw that residents were living in a very restraint free environment. There was one restrictive practice which had been reviewed by the provider's rights committee recently; however, the rationale for maintaining the restrictive practice was not detailed. There had been a reduction in the incidents of behaviour for which the restrictive practice was prescribed for; however, on review, it was not evident that the rights committee had considered reducing the restrictive practice in line with the reduction of incidents of behaviours of concern.

Overall, the inspector found that residents enjoyed a very good quality of life and that the service provided was safe and person-centred. Some enhancements were required to the provider's documentation in respect of restrictive practices.

Regulation 12: Personal possessions

Residents had access to their own possessions in the centre. Records of residents' possessions were maintained in order to safeguard them.

Each resident had their own bank account into which their disability allowance was paid. One resident had a high degree of autonomy in respect of their finances. They were supported by staff to access their preferred banking facility where they had made meaningful connections with staff. They also were supported to have autonomy in respect of their finances, storing their money and bank card in their preferred location. The resident was provided with support to manage their finances in line with their assessed needs. For example, staff provided support to maintain receipts and to check these against bank statements for safeguarding purposes.

The other resident had recently been restricted from using their ATM card by their bank. The inspector was told that this attributed to legal issues by the bank. The inspector saw that the provider had endeavoured to resolve the issue over recent months by liaising with family, the bank and the Ward of Court Office. The provider had also provided funds to the resident in the interim to ensure they did not miss out on social opportunities or personal activities.

Judgment: Compliant

Regulation 17: Premises

The designated centre was seen to be very clean, homely and well-maintained. Works had been completed to the centre within this regulatory cycle to enhance the facilities for residents. For example, a "chill out room" with a swinging chair, armchairs and television was put in place and new play equipment which was suitable for adults had been installed in the garden.

The residents each had access to their own private bedrooms. One of the bedrooms seen by the inspector was clearly decorated in line with the resident's personal tastes. They had decals of their favourite sports on the walls and the room was clean and comfortable. Each resident also had access to their own bathroom. The bathroom seen by the inspector was clean and suitable to meet the resident's needs.

Residents also had access to a large sitting room for which a new, recliner sofa had recently been purchased. Staff told the inspector that residents had started sitting together on the sofa to watch television and were enjoying each other's company. The sitting room had also been painted and walls were decorated with photographs of residents enjoying activities, both individually or with staff and together.

The designated centre provided laundry and cooking facilities. Some works were required to the kitchen floor however there was a plan in place to address this.

Judgment: Compliant

Regulation 20: Information for residents

The provider had submitted a residents' guide as part of their application. A copy of this was also maintained in the centre. The inspector reviewed this and saw that it contained all of the information as required by the regulations. For example, there was information on the complaints procedure and the procedure for residents to be involved in the running of the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire management systems in place in the centre. The provider had recently contracted a fire safety professional to complete an audit of their fire safety systems. This audit had identified that some remedial works were required,

for example to fire doors. Quotes had been received in respect of these works and there was a plan in place to address deficits in a timely manner.

All staff were up to date with mandatory and refresher fire safety training. Regular fire drills were completed, the records of which showed that residents could be evacuated safely. The service manager had recently completed a review of the fire drill procedure when it was identified that one resident had taken longer than usual to evacuate on a number of occasions. There were plans in place to reduce the evacuation time for this resident.

Residents' files contained up to date personal evacuation plans which clearly detailed the supports that they required to evacuate.

The designated centre was fitted with equipment to detect, contain and extinguish fires. Records of the servicing of this equipment were maintained which showed that equipment was maintained and was fit for purpose.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed both of the residents' individual assessments and their associated care plans. Residents' assessments were comprehensive and clearly identified residents' assessed needs. The assessments were informed by the residents, their representatives and the multidisciplinary team. Assessments were written in a person-centred manner and clearly detailed residents' preferences in respect of their care.

Residents' care plans were informed by their assessment. There were care plans in place for assessed needs in areas such as nutrition, mental health and communication. Care plans had been updated and reflected changes to residents' assessed needs.

Residents had access to relevant multidisciplinary professionals as required. The inspector met one multidisciplinary professional on inspection. This person told the inspector that they provide regular interventions to the residents. They said that the staff team are very supportive of goals and complete follow through work and recommendations. They reported that the consistent staff team appears to have had a very positive impact on the wellbeing of the residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were a very low number of restrictive practices in the designated centre. The inspector saw that restrictive practices that were in place had been logged when used and were reviewed by the provider's rights review committee. However, further detail was required to these reviews to determine the rationale for keeping some restrictive practices in place without a reduction plan.

For example, one resident required a magnetic harness while on the centre's vehicle. This was due to behaviours of concern which could pose a risk to the resident's and others safety; however, when asked, staff told the inspector that the last incident of a behaviour of concern on the bus had been a number of months ago in September 2024. The centre's service manager told the inspector that they were aware of this and that they had considered a reduction but felt that further time was needed to ensure the risk was mitigated before reducing the restrictive practice. This rationale was not included on the rights' review form seen by the inspector and it was not evidenced that there was a reduction plan being considered.

Staff had received and were up-to-date in training in positive behaviour support. Staff also spoke positively of the input that they had received from the positive behaviour support specialist. Staff told the inspector that the enhanced support along with the suitable and consistent staff team had a positive impact on the residents, as evidenced by the significant reduction in incidents of behaviours of concern and of safeguarding incidents.

Judgment: Substantially compliant

Regulation 8: Protection

There had been a number of incidents of peer to peer abuse in the centre within the last regulatory cycle. The provider had completed a placement review in respect of these incidents to determine the compatibility of residents. This review was informed by the residents, their families, independent advocates and the designated centre managers. The review found that the residents were compatible and committed to completing a further review in one year in order to continue to monitor for compatibility.

The staff team told the inspector that the consistent availability of suitably-qualified staff had also reduced peer to peer incidents and resulted in positive outcomes for the residents. Staff told the inspector that residents had begun to enjoy community outings together and recently had started to watch television together in the sitting room.

Staff had received and were up to date in training in Safeguarding Vulnerable Adults and Children First. Safeguarding plans were available on resident's files. These detailed the impact of residents' behaviours on each other and set out clear measures to mitigate against these. Staff spoken with were informed of the

safeguarding plans. The provider had effected a safeguarding policy which had been recently reviewed and updated.
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	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Woodbeg OSV-0003409

Inspection ID: MON-0037567

Date of inspection: 04/03/2025

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**
Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: 1. St Catherine's Association acknowledge the delay in submitting the S50 application to renew the registration of Woodbeg. Prior to the announced inspection, responsibility for future submissions was delegated by the CEO to the Head of Operations to ensure compliance with Section 48 of the Health Act (2007) for any/all future submission to the Regulator.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: 1. Two Schedule 5 policies reviewed during inspection required review. Both policies are currently in the review process; a. Management of Feedback (Comments, Compliments & Complaints) Policy has been approved by the Senior Management Team, and is tabled for discussion / approval by the Board of Directors [BOD] at the next scheduled board meeting on 23rd April 2025. b. Restrictive Practices Policy has been approved by the Senior Management Team, and is tabled for discussion / approval by the BOD at the next scheduled board meeting on 23rd April 2025. 2. Pending BOD approval, both policies will become effective and will be shared with SCA's staff teams. 3. In line with Reg. 04(3), appropriate review periods are applied to all new/revised	

policies. Policies are reviewed and updated in line with prescribed review dates, or sooner as required by updated legislation, national guidance, etc.

Regulation 7: Positive behavioural support	Substantially Compliant

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

1. For the example identified, the individual in question was reviewed in advance of the six-month review period initially set by the Rights Review Committee. The Person-In-Charge will therefore submit an update to the committee, in line with the original review period, providing details of the change in presentation for the individual and request a recommendation pertaining to a reduction plan. The Right Review Committee is scheduled to meet on 16th April 2025.
2. Moving forward, the Person-In-Charge will ensure that all pertinent information pertaining to the use of a restrictive practices for an individual r1esiding in Woodbeg is submitted as part of the Rights Review process undertaken by St Catherine's Association.

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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Not Compliant	Orange	28/03/2025
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	23/04/2025
Regulation	The person in	Substantially	Yellow	16/04/2025

07(5)(c)	charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Compliant		