



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

## Issued by the Chief Inspector

Name of designated centre:	Burren Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	05 February 2025
Centre ID:	OSV-0004990
Fieldwork ID:	MON-0037243

## About the designated centre

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

Burren Services can provide a full-time residential service for up to nine adults with high support needs in the context of their disability. These needs may include medical, communication, mobility and sensory needs. The provider aims to provide residents with a home for life and the age range of the residents who can be supported is from 18 years to end of life. The centre comprises of two adjacent houses in a pleasant, rural but populated area. One house can accommodate up to five residents and four residents can be accommodated in the second house. To support the range of needs that the service aims to meet, the staff skill-mix includes nursing staff, support workers, social care and housekeeping staff. There are staff on duty at all times including at night when there is one staff on waking duty in each house.

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

Number of residents on the date of inspection:	9
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Wednesday 5 February 2025	10:15hrs to 17:40hrs	Jackie Warren	Lead
Wednesday 5 February 2025	10:15hrs to 17:40hrs	Carmel Glynn	Support

## What residents told us and what inspectors observed

This was an announced inspection, carried out following receipt of an application to renew the registration of the centre and to monitor compliance with the regulations. The designated centre comprised of two adjacent houses, situated in a rural area with several villages nearby. The inspection was facilitated by the person in charge. The inspector also met with five staff who worked in the centre, and the person participating in management. On the day of inspection, there were nine residents living in Burren Services, five in one house and four in the other house. The inspectors met with four residents during the inspection.

As a home-based service was being provided to residents in this centre, staff were available in both houses to support residents at all times throughout the day. This gave these residents the opportunity to take part in a range of activities in their home, and in the community. Throughout the inspection, inspectors found that residents' needs were supported by staff in a person-centred way.

On arrival, inspectors met one resident who lived in an individualised self-contained apartment, before they left for work. The resident invited inspectors in to see their apartment and showed inspectors around. The apartment was clean and tidy, and decorated to the resident's liking, with their photos and artwork displayed on the walls. The resident told inspectors that they loved living here but would like to live in their own house with people their own age. The resident was aware that the provider was working to address this.

The resident spoke to inspectors about their job in a local shop where they worked two days a week and about an upcoming interview they had for a college course. They also spoke about their birthday party which was taking place the following night, and showed inspectors their new outfit for the party. They also discussed other activities that they were involved in, such as attending a day service, relationships, going to concerts, a trip to England last year, and plans to go on a sun holiday to Spain this year. Later in the day, this resident returned from work, said that they had had a good day and spoke to staff about preparing decorations for their birthday party. This resident told inspectors that they had a good relationship with staff and that they trusted them. They knew who was in charge in the centre and knew that they could raise any issue or make a complaint and that it would be taken seriously. They also explained that they had attended fire drills and that the fire alarm was very loud and would waken them if they were asleep. They demonstrated what they would do in the event of a fire, and showed inspectors how they would unlock the external doors, and where to exit.

Inspectors briefly met another resident who was having a nap in the living area, and another resident who was preparing a cup of tea. These residents were non-verbal and could not communicate with inspectors. However, they appeared happy and smiled, and inspectors observed their interactions with staff who were kind, and clearly understood their gestures and non-verbal communication. Later in the day,

inspectors met another resident in the house, who was having a cup of tea, and being supported by staff. These three residents carried out their daily routines as normal. Residents in this house were retired and it was evident that they lived a slower pace of life and were supported to do so. Staff were familiar with their needs and communication styles. The atmosphere in the house was happy and relaxed. The three residents went out with staff for several hours, to a local town for a walk at the lake and for a cup of tea.

An inspector visited the second house and met the staff. Three residents had gone to their day services, and two residents were resting in bed. The inspector observed one of the residents who was relaxing in their room watching TV.

Overall, it was clear that the management team and staff promoted a person-centred approach, and supported residents to live a life of their choosing, with a good quality of life being supported.

The next two sections of this report will discuss the governance and management arrangements in place and how these ensured and assured the appropriateness, quality and safety of the service.

## Capacity and capability

This announced inspection was carried out as part of ongoing regulatory monitoring of the centre, and following receipt of the provider's application to renew the registration of the centre.

The findings from this inspection indicated that the provider was delivering a good quality service, which was focused on residents' needs and preferences. This inspection indicated good compliance with the regulations reviewed, with some improvements required in the areas of staff supervision and written policies and procedures.

There was a clearly defined management structure in the centre. There was a suitably qualified and experienced person in charge who worked full-time, and was also responsible for two other designated centres. The person in charge had traditionally been supported by two team leaders, one in each house, however, at the time of this inspection there were no team leaders as one was on planned extended leave and the other had left this service. The person in charge reported that the provider was actively recruiting for a Clinical Nurse Manager 2 (CNM2) post, who would support across both houses, and that interviews were being held on the day of the inspection. In the interim, the person in charge explained that she was present in the centre more often, usually several days per week, to manage the service in the absence of a team leader. The person in charge was supported by an area manager, and there were on-call management arrangements in place for out-of hours.

The provider was completing ongoing audits of the service, including audits by staff and unannounced audits by the provider, the most recent of which had been completed in November 2024. An action plan was developed from this with required improvements, which corresponded with the information provided by the person in charge.

The majority of staff had completed all required training, and any newer staff were booked in for required training in the coming weeks. The person in charge reported that formal staff supervisions had not been taking place in the absence of the team leaders, but she was supporting staff while present in the house and over the phone. A CNM2 was in the process of being recruited who would take over the staff supervisions.

Improvement was required in ensuring that policies were kept up to date, and that the most up-to-date policies could be easily accessed by staff. This will be discussed further under Regulation 4 Written policies and procedures.

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

The prescribed documentation and information required for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services. The inspector reviewed this documentation and found that it had been suitably submitted.

Judgment: Compliant

#### Regulation 14: Persons in charge

The provider had appointed a suitable person in charge to manage the designated centre.

The inspector read the information supplied to the Chief Inspector in relation to the person in charge. This indicated that they had the required qualifications and experience for this role. Throughout the inspection, the person in charge was very knowledgeable about the individual needs of each resident who lived in the centre, and was also aware of their regulatory responsibilities. It was clear that the person in charge was very involved in the running of the service and was well known to residents. The person in charge worked closely with staff and the wider management team.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff who worked in the centre had received training appropriate to their roles. This ensured that they were equipped to deliver appropriate care to meet residents' assessed needs. However, support and supervision meetings for staff were not being carried out as planned.

An inspector viewed the training matrix for both houses. The majority of staff were up to date with all required training, such as fire safety, safeguarding, positive behavioural support (Studio 3) and manual and people handling. Any newer staff with outstanding training to be completed were scheduled to complete the training in the coming weeks and months. Any staff who were due refresher training in the coming weeks were booked in for this training.

Staff supervision records were not available to be viewed on the day of inspection. The person in charge reported that the supervisions with staff had previously been carried out by team leaders in the houses, and as there were currently no team leaders in the centre, formal staff supervision was not up to date. Plans were in place to address this as the provider was recruiting for a CNM2 post who would cover both houses, and interviews were taking place on the day of the inspection. The person in charge reported that when filled, the CNM2 would be responsible for formal staff supervisions. The person in charge explained that in the interim, she was attending the centre more often to support staff, and that the staff are supported through meetings with the person in charge regularly in the houses, and over the phone, and staff could bring any concerns to her as required. This gap in formal supervision did not appear to have any negative impact on residents and staff told inspectors that they felt very well supported by the person in charge and management team.

Judgment: Substantially compliant

## Regulation 22: Insurance

The provider had ensured that the centre was suitably insured against risk of loss or damage to property and or injury to residents.

The inspector viewed the centre's certificate of insurance which was submitted to the Chief Inspector as part of the centre's registration renewal process and found that it was up to date and suitable.

Judgment: Compliant



## Regulation 23: Governance and management

From the evidence reviewed during the inspection, there were effective management systems in place to ensure the provision of a good quality and safe service to residents.

The issues identified in the compliance plan from the previous inspection of this centre had largely been addressed. While the plan to develop one of the provider's other designated centres into a new service for younger people had been delayed due to the changing needs of residents in that designated centre, the provider reported that they had identified another house which would be developed into a service for younger people, and it was hoped that this would be completed by the end of this year. Additional supports had been put in place in the interim to support the young individual to remain living in this designated centre, such as 1:1 staffing, review of restrictive practices, and regular input from the multidisciplinary team. Incidents and behaviours of concern had decreased hugely.

While the designated centre did not currently have any active team leader due to staff leave and a secondment, the provider had acknowledged this deficit and was in the process of recruiting for a CNM2 that would support both houses in the interim. The person in charge reported that she had increased her presence in the centre during the absence of a team leader. The person in charge reported that formal supervisions with staff had previously been completed by team leaders, and in the interim, she was supporting staff by being regularly present in the centre, and addressing any concerns from staff in person and over the phone.

There were management systems in place to ensure the service was effectively monitored. The person in charge completed a quarterly review of accidents, incidents and risks in the centre, and other audits were taking place such as in medication management and infection prevention and control. An inspector viewed last year's annual review, as the person in charge reported that this year's annual review was in the process of being completed. This review included consultation with residents and their representatives.

The provider was completing unannounced six monthly visits to the centre, with a written report and action plan, which stated actions to be taken and updates on progress made to date. The most recent visit had been completed in November 2024, the report was comprehensive and identified areas for improvement, which corresponded with areas as described by the person in charge. The review included consultation with the families of residents and with staff.

Judgment: Compliant

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

Suitable service agreements had been agreed with residents who lived in the centre.

An inspector reviewed a sample of two service agreements for two of the residents. The person in charge reported that they were reviewed every year with changes made as required. The agreements detailed the person's accommodation type, payment of fees, and the care and support to be provided. Residents who did not have the capacity to sign the agreement had their admission agreed in writing by their next of kin representative on their behalf. There had been no new admission to the centre since the end of 2022.

The action from the compliance plan submitted following the previous inspection that more suitable accommodation would be arranged for the younger individual living in the apartment was still in progress. The resident stated that they would like to live in their own house with people their own age, but they also reported they loved living in this centre and from the evidence reviewed, they were being supported to achieve their desired goals through a person centred approach.

Judgment: Compliant

### Regulation 3: Statement of purpose

A suitable statement of purpose had been prepared for the service, and it was available to view in the centre.

The inspector read the statement of purpose and found that it met the requirements of the regulations, was up to date, and was being reviewed annually by the person in charge.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Although the provider had made a range of policies available to staff, improvement was required as some of the policies were out of date. Policy records were disorganised and up-to-date policies could not be easily accessed by staff.

Policies required by schedule 5 of the regulations were available in the centre on an online system, to which all staff had access. An inspector viewed these policies and found that while all schedule 5 policies were present, some had not been reviewed within the past three years as required by the regulations. For example, the complaints, intimate care and medication management policies that were available on the system were out of date. Furthermore, up-to-date and out-of-date versions of some policies were being presented to staff on the system. This presented a risk that staff may find it difficult to access up-to-date guidance and information when

required.

Judgment: Substantially compliant

## Quality and safety

Based on these inspection findings, there was a high level of compliance with the regulations relating to the quality and safety of care and, the provider ensured that residents received a person-centred service. A good quality and safe service was being provided to residents who lived in this centre. The management team and staff were very focused on maximising the community involvement and general welfare of residents. Inspectors found that residents received person-centred care and support that allowed them to take part in activities and lifestyles that they enjoyed. The provider had good measures in place to ensure that the wellbeing and health of residents was promoted, that residents had autonomy and independence and that they were kept safe. However, while the provider had good processes in the centre to manage the risk of fire, improvement to an aspect of fire drills was required.

As this was a home based service, there were flexible arrangements around residents' activity choices. Residents could take part in a range of social and developmental activities both at the centre and in the community. Some residents also chose to take part in some day service activities. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs. Residents were involved in a range of activities such as shopping, going to the barber, day trips, attending entertainment, voluntary work, sporting events and going out for something to eat. Family contact and involvement was seen as an important aspect of the service, and this was being supported.

The centre suited the needs of residents. The centre consisted of two houses in a rural area, close to a village. One of the houses included a self-contained apartment which could accommodate one resident. Inspectors found that the dwellings were comfortable, and were decorated, furnished and equipped in a manner that suited the needs and preferences of the people who lived there. The houses and apartment were kept in a clean and hygienic condition and had access to garden areas. Well-equipped kitchen facilities were available for food preparation, and residents could choose to take part in grocery shopping and food preparation at a level that suited their assessed needs. Since the last inspection, the centre had been redecorated to a high standard. There was a separate building at the rear of the centre where residents could take part in activities such as arts and crafts during the day if they wished to. The location of the centre gave residents good access to a wide range of community amenities and activities, and sufficient transport vehicles were available for residents to access the local community and for outings.

Comprehensive assessments of the health, personal and social care needs of each resident had been carried out and were recorded. Individualised personal plans had been developed for residents based on their assessed needs. Annual review meetings took place at which plans and goals for the coming year were developed and agreed. These plans and goals were person centred and meaningful to residents.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of health care. Staff supported residents to achieve good health through ongoing monitoring of healthcare issues, and encouragement to lead healthy lifestyles and take exercise. All residents had access to a general practitioner and other healthcare services as required.

Information was provided to residents. This included information, in user friendly format, about staff on duty each day, residents' rights, how to make complaints, meal plans and local events and activities. There was also an informative residents' guide that met the requirements of the regulations. This was made available to residents in a suitable, easy-read format. The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes. Suitable communication techniques were being used to achieve this and communication passports had been developed for residents who required support to communicate.

There were good measures in place to safeguard residents, staff and visitors from all risks, including the risk of fire. These included policies and procedures to guide practice, staff training, emergency evacuation drills, servicing of fire safety equipment by external experts and ongoing fire safety checks by staff. Fire doors were fitted throughout both houses to limit the spread of fire. An emergency plan had been developed. A recent loss of power during a storm had been appropriately managed in line with the emergency plan and residents were kept safe during this time. A risk register had been developed in which risks specific to the centre and their control measures had been identified. Individualised risk assessment had also been completed for each resident. However, inspectors found the evacuation drills completed were not sufficient to accurately assess residents' evacuation support needs at night.

There were procedures, such as behaviour support plans and involvement of a psychologist and behaviour support specialist, to support a resident to manage behaviours of concern. Measures were also in place to safeguard residents from harm, and interventions which had been introduced had resulted in an improved safe environment for all residents. Furthermore, there were safe practices in the centre for the management, storage and disposal of medication.

## Regulation 10: Communication

The provider had ensured that residents were supported and assisted to

communicate in accordance with their needs and wishes.

Most of the residents in the designated centre were non-verbal, and communicated through gestures and other methods. There were many visual images displayed in the houses. These included a visual schedule, first-then board, visual images displayed on cupboards to identify what is in the cupboard and a pictorial menu on display in the kitchen. Inspectors observed staff interactions with residents and staff appeared familiar with residents' gestures and non-verbal communication. For example, a resident brought over a cigarette to a staff member and the staff member supported them to remove the filter as this is how they liked to smoke it. Inspectors also observed staff supporting residents to make a cup of tea when they went over to the kettle.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were being supported to take part in a range of social and developmental activities both at the centre and in the local community.

During the inspection, inspectors could see that suitable support was provided for all residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs. Residents were supported to take part in developmental activities such as arts and crafts, light housework, food preparation, social farming, going to a gym, special Olympic training and building new friendships. One resident told inspectors of having a part-time job, and that they were currently preparing for an interview for a college course. A resident was also involved in voluntary work in the community.

Social and leisure activities that residents enjoyed included eating out, walks, outings to places of interest, discos, concerts and home visits. Residents also took part in regular community activities such as grocery shopping, going to the hairdresser or barber, and visiting the church as they wished.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was well maintained, clean and suitably decorated.

The centre comprised of two neighbouring houses, one of which included a self-contained apartment, in a rural area. Inspectors visited both houses in the designated centre. They were well maintained, clean and beautifully decorated. Inspectors visited the individualised apartment, which had a kitchen/living area, bedroom and bathroom. It was clean and tidy and decorated with the resident's possessions, photographs and artwork. The centre was served by an external refuse collection service and there were laundry facilities in the two houses. There were large gardens surrounding the centre where residents could spend time outdoors. External surfaces had recently been laid to improve accessibility for residents.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had supplied residents with information that was important and relevant to them. There was a residents' guide that met the requirements of the regulations.

The inspector read the residents' guide supplied to the Chief Inspector as part of the registration process and found that it included the required information. The inspector could see that other information that was relevant to residents was provided in accessible formats. This included photographic information about staff on duty at each shift, the designated safeguarding officer and the management team, and easy read versions of relevant information.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were good systems in place for the management of risks in the centre. The provider's risk management arrangements ensured that risks were identified, monitored and regularly reviewed.

An inspector viewed the risk register and found that it identified a range of risks associated with the service and had documented interventions to reduce these risks. An inspector saw that further individualised risk assessments had been carried out for to identify and manage risks specific to each resident. These risks were being reviewed and risk ratings were being updated as required. An inspector viewed the risk management policy which was up to date, and saw records of servicing by external contractors that the provider had organised to improve safety in the centre. These included maintenance and checks of the heating system, the waste treatment plant, hoists and a pest control service. Staff were also carrying out ongoing safety checks throughout the centre, such as fire alarms, emergency lighting, water

temperature, carbon monoxide monitors and fire exits.

Judgment: Compliant

### Regulation 28: Fire precautions

Overall, the provider had ensured that effective measures were in place to protect residents and staff from the risk of fire, but improvement to as aspect of fire drills was required.

Inspectors observed fire safety arrangements in the centre and reviewed records of fire drills, equipment servicing, personal evacuation plans, staff training and fire safety checks in the centre. There were arrangements in place for servicing and checking fire safety equipment and fixtures both by external contractors and by staff, and these were being carried out in line with planned schedules. There were fire doors with automatic closing devices throughout the houses to reduce the spread of smoke and fire. Training records viewed by an inspector confirmed that staff had attended up-to-date fire safety training. Fire evacuation drills involving residents and staff were being carried out frequently and evacuations were being achieved in a timely manner during day time hours. Evacuation drills were also being carried out later in the day with minimum staffing to reflect night time arrangements, and these were being recorded as night drills. However, the late evening drills were not accurately reflecting the night-time scenario such as residents in a deep sleep. Therefore, there was insufficient information to determine if an emergency evacuation at night time could be carried out effectively and in a timely manner. Furthermore, this impacted on the development of accurate personal emergency evacuation plans for residents.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

There were safe practices in the centre for the management, storage and administration of residents' medication.

Residents' medications, including any medications intended for return to the pharmacy, were suitably and securely stored. Clear medication prescribing and administration records were being maintained. Each resident has access to a pharmacist in the community. Risk assessments had also been carried out to assess residents' capacity to manage their own medication, and medication was being administered with varying levels of support for each resident based on the outcomes of these assessments.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of residents had been carried out and individualised personal plans had been developed for residents based on residents' assessed needs.

An inspector viewed two residents' personal plans. These personal plans identified residents' support needs and identified how these needs would be managed. Residents' personal goals for the coming year had been agreed at annual planning meetings and were recorded. Staff who spoke with the inspector were very familiar with residents' personal plans, how achievement of their goals was progressing and how their assessed needs would be met.

Judgment: Compliant

### Regulation 6: Health care

The provider had ensured that appropriate healthcare was provided for each resident.

An inspector viewed the healthcare plans for two residents and found that their health needs had been assessed and they had good access to a range of healthcare services, such as general practitioners and medical consultants. Access to healthcare professionals were arranged as required. Plans of care for good health had been developed for residents based on each person's assessed needs. All residents had access to general practitioners and attended other healthcare assessments in the community such as optical, audiology, dental and chiropody services.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges.

Inspectors saw that there were procedures to support residents to manage behaviours of concern. An inspector viewed the plans that had been developed for a resident who required support to manage their behaviours. These plans were clear and up-to-date, and had been developed by a behaviour support specialist who



worked with the resident. Staff were very clear about the behavior management strategies that were in place and explained to inspectors that the implementation of this plan had resulted in a significant reduction in behaviours of concern and in the removal of a safeguarding plan that had previously been in place. An inspector also viewed the use of restrictive interventions for management of behaviours of concern and found that the interventions in place were the least restrictive options. Review of records and observation in the centre showed that previous restrictions had been significantly reduced. These were under ongoing review and the person in charge and staff were working towards further reduction of these restrictive interventions.

Judgment: Compliant

### Regulation 8: Protection

The provider had arrangements in place to safeguard residents from harm, and to address a previous safeguarding risk.

Since the last inspection of the centre, the provider had introduced strong measures to address safeguarding in the centre. A review of incident records indicated that these measures had been effective and there were now no active safeguarding issues in the centre. To ensure the ongoing protection of all residents, inspectors saw that there was a designated safeguarding officer available in the organisation to support staff and residents, intimate care plans had been developed for residents, and all staff had attended safeguarding training.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Burren Services OSV-0004990

Inspection ID: MON-0037243

Date of inspection: 05/02/2025

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: In order to come into compliance with Regulations 16 The Person in Charge has:  1. The processing of the Clinical Nurse Manager 2 has been completed, and they are expected to begin their role in the coming weeks. Once in position, they will be responsible for staff supervision. 2. Training on Staff Support and Supervision has been organized for Team Leaders on March 26th. The Team Manager will also receive this training.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:  In order to come into compliance with Regulations 4 The Person in Charge has:  1. The policy committee has been notified about the policies requiring review, including the Complaints, Intimate Care and Medication Management Policies. The policy review committee has confirmed that these policies are currently under review.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:  In order to come into compliance with Regulations 28 The Person in Charge has:  1. On February 24, 2025, the fire evacuation plan and procedure was discussed at a	

team meeting. A deep sleep night-time fire drill is scheduled for March 20, 2025, to ensure the emergency evacuation process is carried out efficiently and within the required time frame. Residents egress plans will be reviewed and updated.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/04/2025
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/03/2025
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	Substantially Compliant	Yellow	31/05/2025

	years and, where necessary, review and update them in accordance with best practice.			
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