Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Edencrest & Cloghan Flat
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Announced
Date of inspection:	18 February 2025
Centre ID:	OSV-0005487
Fieldwork ID:	MON-0045387

About the designated centre

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

Edencrest and Cloghan flat provides full-time residential care and support to adults with a disability. The designated centre comprises a five bedded bungalow and a one bedroom flat located within a campus setting operated by the provider. Residents in the bungalow have their own bedroom and have access to a small kitchenette, dining room, two sitting rooms, a relaxation room, visitors' room and bathroom facilities. Cloghan flat provides self contained accommodation with a bedroom, bathroom, kitchen and living room. Meals are prepared and cooked in a centralised kitchen on the grounds of the campus and delivered at specific times throughout the day. The centre is located in a residential area of a town which is in close proximity to amenities such as shops, leisure facilities and cafes. Residents are supported on a 24/7 basis by a staff team of both nurses and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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	14:25hrs to 18:35hrs	Angela McCormack	Lead
Wednesday 19 February 2025	09:40hrs to 14:20hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the service provided at Edencrest and Cloghan flat was person-centred and to a good quality. There were no regulations found not compliant. However, some areas for improvement were required in staff training, management arrangements during absences, and supporting residents with advocacy. These will be discussed further in the report.

This inspection was an announced inspection to monitor compliance with the regulations and to inform the renewal of the registration of the centre. As part of the announcement, an information leaflet about the name of the inspector that was visiting was provided. In addition, questionnaires were provided so as to establish the views of residents living in the centre. These questionnaires were completed by all six residents and the feedback given was reviewed as part of the inspection. In general, residents were happy with the care and support they received. However, some residents said that Edencrest house could be 'noisy' and 'busy' at times.

The inspection was completed over two half days, during one afternoon and the following morning. Throughout the two days the inspector met with, and observed, all six residents. The inspector also met with six staff members and the local management team, which included the clinical nurse manager 1 (CNM1) and the person in charge. One resident declined to speak with the inspector; however when they were in the house, they were observed relaxing in their sitting-room.

Some residents were observed coming and going on outings throughout the inspection. Other residents were observed relaxing in their home listening to music and watching, and singing along to, music videos. One resident was observed sitting at the front door where they appeared to enjoy watching the comings and goings to their home.

Some residents were non-verbal; however they communicated with the inspector in their own way through facial expressions and gestures. Residents' communications were supported through a variety of means, such as pictures and objects of reference. Communication aids were observed in an accessible location in the hallway where it was observed that each resident had their own communication aids labelled. This meant that all staff and residents had easy access to individual communication aids to support residents' decision-making.

Since the last inspection one resident started attending a day service placement. This service was located in the area where the resident grew up. This supported them to re-connect and maintain ties with their previous community. Staff reported that the resident was enjoying this. While the location involved a drive to up to one hour, staff said that the resident appeared to enjoy the drive to and from this location also.

The inspector spent time talking alone with one resident as was their request. They

spoke about their life, their family and their home. They said that they were happy with the support that they received. This included about how they were supported to manage their money and with the staff members that supported them. Their living space was personalised which showed that they could choose how they decorated their home. It was also clear that their autonomy, privacy and choices were respected with regard to how they lived their life and spent their day.

Through observations, discussions and a review of documentation, it was clear that residents were provided with person-centred care and support. Care plans reviewed were found to be up to date and included clear details on the supports residents required. Staff were observed supporting residents in line with their needs throughout the inspection.

Staff members met with, talked about residents' day-to-day lives. It was clear that staff knew residents, including their individual needs and preferences, very well. Staff completed human rights training. One staff member spoke about how this was a good reminder to ensure residents' choices and autonomy were respected. One staff gave an example of how one resident liked the windows in their preferred sitting-room in the house closed, and they said that their choices about this was always respected. In addition, there were pictures and easy-to-read documents and posters available throughout the house to support residents' understanding of various topics and to keep them informed about the centre. For example; a visual roster of what staff were working on the day was available in an accessible location in the hallway.

Staff members also spoke about residents who were transitioning to new homes as part of the provider's de-congregation plans. There were mixed views by staff members about how residents might adapt to this change. It was evident through discussions that staff cared about residents and their future. However, it was not clear to the inspector about how one resident's voice was heard during these discussions with regard to who was advocating for them. This needed improvements. This will be elaborated on further in the report.

The centre was found to be well resourced to meet the needs of the residents. Residents had aids and appliances as needed. Staffing levels and access to vehicles supported residents to do individual activities. The inspector was informed that the service was getting a new vehicle which would meet residents' needs more effectively. This showed how residents' needs were monitored and any change in need addressed.

Through a review of documentation and discussions on the day, it was clear that residents were supported to take part in activities that were meaningful to them. Day-to-day activities included going for drives in the service vehicles to local amenities, having lunch out, going for walks, getting massages and attending music sessions. Residents were also supported to identify personal goals for the future. A sample of three person-centred plans were reviewed. These plans recorded goals that residents set and these were then monitored to ensure that they were achieved. Some goals in progress included; equine therapy, going "glamping', going

to music sessions, monthly massage therapy and gardening projects.

The feedback given through the questionnaires completed showed that residents generally were happy with their home, the food, their choices and that they felt safe. Activities that residents reported to enjoy included; sea swimming, 'walks in the woods', eating out, going on home visits, going to 'Mass' and going to music concerts. In one questionnaire completed a resident said that they were happy with their transport and said that staff supported them to go where ever they wished. However, feedback given by two residents was that the house could be 'busy' and 'noisy' at times. Two other residents indicated that the food 'could be better'; however they also noted that alternative options were available to them.

From a walk around of the centre, the homes were observed to be clean, homely and personalised. The premises promoted accessibility with wide doorways, hand rails and ramps. There were several communal rooms for residents to relax in private if they wished. This included a room that had been designed as a 'sensory room' recently. Bedrooms were personalised and nicely decorated. One resident who had their own individual living area had it decorated with framed photographs and personal effects throughout. The main house was also nicely decorated and well maintained. There were some wear and tear on flooring in one room and an issue with dampness in another location: however these were known by the management team and they were in progress of being addressed.

In addition, there were ample bathroom facilities available for residents which included level access showers and a Jacuzzi bath. There were suitable laundry facilities in each location for residents to launder their clothes as they wished. Edencrest house had a small kitchenette with cooking equipment and well stocked cupboards and fridge. Residents' main meals were delivered from a centralised kitchen on the campus, where residents got to choose from two options each day. Residents also had the option of preparing meals in the kitchenette.

Overall, the inspector found that residents were supported with their needs and were provided with a person-centred service.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and about how governance and management affects the quality and safety of the service provided.

Capacity and capability

In general, this inspection found that there were good systems in place for the management and oversight of care provided in the centre. The centre was found to be in compliance with the regulations assessed. However, some areas for improvement were required. These related to strengthening the management structures when absences occurred, and ensuring that all staff receive refresher

training in a timely manner.

The centre was staffed with a skill mix of nurses and healthcare assistants. There were the numbers and skill mix of staff in place to meet the needs of residents. Staff were supported in their role through ongoing training and annual meetings with their line manager.

There were were good auditing arrangements in place to monitor and oversee the care and support provided in the centre. These included regular audits completed by the local management team. Actions were then tracked through a quality improvement plan. However, there were gaps in some audits being completed at a time when there were absences within the local management team. This, however, did not appear to have a medium to high risk to residents.

The centre was also subject to regular monitoring by the provider. This included six monthly unannounced visits as required in the regulations. The disability services manager also completed an unannounced visit to the centre in January 2025 to review practices, and where areas for improvement were identified. An annual review of the service was completed as required and included consultation with residents and their family representatives.

In summary, this inspection found that the management team had the capacity and capability to manage the service effectively. The systems in place ensured that a good quality service was provided to residents.

Registration Regulation 5: Application for registration or renewal of registration

The provider ensured that a complete application to renew the designated centre's registration was completed within the required time frame.

Judgment: Compliant

Regulation 15: Staffing

The centre's planned and actual rosters from 23/12/2024 to 19/02/2025 were reviewed as part of the inspection. Rosters were well maintained in general, although there was inconsistent use of the 24 hour and 12 hour clock when recording shift patterns. This was addressed on the day.

Rosters reviewed showed that there were the numbers and skill mix of staff to meet the assessed needs of residents. While some agency staff were used to fill gaps due to absences for example; this was kept to a minimum . In general regular agency staff were used which helped to ensure continuity of care. Staff spoken with said that they felt that there were ample staff to support residents with their individual

needs and preferred activities. In addition, one resident spoken with said that they were happy with the staff that supported them and it was clear that they were familiar with the staff members.

Judgment: Compliant

Regulation 16: Training and staff development

This inspection found that two staff were overdue refresher training in behaviour management. The timely refresher of this training was important as these staff members worked alone with residents who required supports with behaviour management.

All other mandatory training reviewed was found to be up to date. These included training in infection prevention and control (IPC), wheelchair clamping, fire safety, safeguarding and manual handling.

Judgment: Substantially compliant

Regulation 19: Directory of residents

There was a directory of residents maintained in the centre. This included all the information required under the regulations for each resident. This was found to be regularly monitored and kept up to date.

Judgment: Compliant

Regulation 22: Insurance

The provider ensured that the centre had insurance in place as required.

Judgment: Compliant

Regulation 23: Governance and management

Since September 2024, key members of the local management staff were on various unplanned leave. This included the absence of a person in charge for six weeks. The inspector found that this gap in management roles meant that there were gaps in

some audits and team meetings being completed. This affected the monitoring of the centre. This was rectified by the time of this inspection, with a new person in charge appointed since 28/01/2025.

Gaps were found in the following areas:

- Regular staff team meetings were not occurring. These were due to held every two months; however there was no meeting held between August 2024 and January 2025.
- There were gaps in audits being completed in line with the time frames of the centre's annual schedule. For example, infection prevention and control (IPC) audit, which was due to be completed every quarter had not been completed since July 2024. In addition, the quarterly restrictive practices audit for October 2024 was blank.
- One resident's risk assessments had not been reviewed since June 2024. These were to be reviewed quarterly.

These gaps did not appear to pose a moderate to high risk to residents. However, there was a risk that an issue would be missed that could impact negatively on residents due to these gaps in the monitoring system.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider ensured that the statement of purpose was reviewed annually and as required, and included all the information that was required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge, or their delegate, ensured that all notifications that are required to be sent to the Chief Inspector of Social Services in line with the regulations, were completed.

Judgment: Compliant

Quality and safety

This inspection found good compliance with the regulations relating to the quality and safety of care of residents. Residents were provided with good quality, person-centred care. However, improvements were required in ensuring that residents who were moving to new homes had access to an advocate at all times. This will be elaborated on under Regulation 25: temporary absence, transition and discharge of residents.

Systems in place in the centre ensured that residents' needs were assessed on an ongoing basis. Clear, comprehensive care plans were in place to guide staff. These plans included input from the multidisciplinary team (MDT) where required. Residents' support needs were kept under ongoing review, through key staff members and MDT meetings. Care plans were updated as required.

Residents' rights, protection and safety were promoted through the implementation of various policies that the provider had in place. There were also good arrangements in place for the management and review of risks.

Feedback from questionnaires showed that residents felt safe and liked their homes. However, two residents said the house could be noisy and busy at times. There were plans for two residents to transition to a new home in the coming months. This was part of the provider's de congregation plans for the campus. This would reduce the numbers in the house and go someway in addressing the issue of noise and a busy environment.

Overall, this inspection found that the service provided was person-centred, safe and to a good quality, with some improvements required as noted in throughout the report.

Regulation 10: Communication

Residents communicated through a variety of means, such as verbal communication, gestures, pictures and the use of objects of reference. Staff were observed communicating with residents in line with their preferred communication methods. Communications aids were in an accessible location in the centre.

Residents who required supports with communication had individual support plans in place. These plans outlined residents' preferred communications and described what particular communications meant. Communication was kept under ongoing review at MDT meetings, where the speech and language therapist was available for support and guidance. This meant that residents' communications styles were kept under ongoing review so that they were supported to make their choices and wishes known more effectively.

Residents had access to music players, televisions, mobile phones and technological devices in line with their needs and wishes. Some residents enjoyed regular communication with family members through video calls and mobile phone

applications.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to do activities that were meaningful to them and that met their general welfare and developmental needs and stage of life. These included getting massages in a local hotel, going to music sessions and concerts, going for woodland walks and going out for dinner to nearby towns. Residents also had opportunities for leisure and recreation within their home; with access to a sensory room, music players, televisions and a nice outdoor space.

Residents were supported to maintain contact with their families and communities in line with their wishes. One resident was supported to visit family graves which was noted as important and meaningful for them. Other residents were supported to keep in contact with family who lived far away through technology. Other residents enjoyed visits to family members at various times throughout the year. One resident spoke fondly about their siblings and the visits that they enjoy with them.

Some residents had access to a day service and other residents could choose to do activities from their home, or to join various classes in a nearby 'hub' in the community.

Judgment: Compliant

Regulation 17: Premises

The premises were found to be clean, spacious, and well maintained. There was some wear and tear observed on a floor in Edencrest which did not appear to have any impact on residents. The management team were aware of this and this was noted on an action plan. In addition, the management team spoke about an issue with dampness in another area of the centre that they were in the process of addressing.

The centre promoted accessibility with ramps and handrails located throughout. Residents were observed comfortably moving around their environment. Residents had access to various aids and appliances as required. There were suitable arrangements for waste disposal and laundry management.

Judgment: Compliant

Regulation 20: Information for residents

The provider ensured that there was an up to date 'residents' guide' in place that included all the information that is required under this regulation.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

While one resident had been supported to access independent advocacy services, it was not clear how, and if, an advocate was involved in the transition meetings. This was important to support the resident's voice to be heard when decisions affecting their life were being discussed. The person in charge undertook to follow this up with the relevant agency, to ensure that the resident had timely and regular access to an advocate.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There was a policy and procedure in place for risk management. In addition, there were safety statements and emergency plans in place to support the management of a range of health and safety risks.

Risks that were identified in the centre were assessed, documented and kept under ongoing review and monitoring. These included centre related risks that were recorded on a centre 'risk register', and risks affecting individual residents.

The person in charge demonstrated a clear understanding of risk management. They spoke about some current risks that were under review and talked about the control measures that were being implemented to mitigate risk of harm to residents.

Judgment: Compliant

Regulation 27: Protection against infection

There were good arrangements in place to promote infection and prevention control (IPC). These included access to personal protective equipment (PPE), colour-coded cleaning mops and cloths, suitable waste and laundry arrangements and access to

hand washing/ hand sanitiser and paper towels throughout the homes. Staff undertook training in relevant IPC modules, and were observed adhering to good IPC practices.

Audits were completed on IPC arrangements and there were arrangements for regular cleaning of the centre to occur. The homes were observed to be clean, ventilated and in a good state of repair overall. Some issues had been identified by the management team and were in progress for completion. These are noted under Regulation 17: premises.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A sample of three residents' files were reviewed. The inspector found that residents had a comprehensive assessment completed of their health, personal and social care needs. Care and support plans were developed for any identified need. These were found to be kept under ongoing review and updated where changes occurred. In addition, regular MDT meetings occurred, where residents' needs were discussed and reviewed. This meant that the most appropriate supports could be identified and provided in a timely manner. On the day of inspection, there was inconsistent information given about if residents had feeding, eating and drinking (FEDs) plans in place. This was rectified by the end of inspection, where the person in charge provided assurances that all staff were aware of each resident's FEDs plan.

Annual review meetings occurred to review residents' care and support. These were attended by residents and their representatives, as relevant. Residents were supported to identify personal goals for the future. Goals identified were found to be kept under review to ensure that they were completed. These goals were developed into individual 'person-centred plans' that were accessible to residents and included photographs of residents' various achievements.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were policies and procedures in place for behaviour support and for restrictive practices. Staff received training in behaviour management. Staff spoken with were found to be knowledgeable about the specific supports that residents required with behaviour management and stress reduction.

Behaviour support plans were developed as required with input from MDT. Two behaviour management plans and protocols were reviewed as part of this

inspection. These were found to be comprehensive and clearly outlined how best to support residents with any source of distress. It was evident that every effort was made to establish the causes of behaviours such as ruling out possible physical causes of upset. In addition, residents who required individual supports were facilitated to attend meetings with a psychologist. One resident spoke positively about this.

There were a number of restrictive practices in use in the centre for health and safety reasons. These had been assessed and the protocols in place provided clear rationales on their use, including the risk of not using them. These were kept under ongoing review by the local management team to ensure that they were the least restrictive option for the shortest duration.

Judgment: Compliant

Regulation 8: Protection

There was an up-to-date policy and procedure in place for safeguarding. Staff completed training in safeguarding vulnerable adults. There were designated officers for safeguarding in place for the campus. Any concerns regarding adult abuse were screened and followed up in line with the provider's procedures. Where required, residents had safeguarding plans and intimate care plans in place to promote their protection.

Staff spoken with were aware of what to do if there was a concern of abuse. The local management team included safeguarding awareness audits as part ot the centre's audit schedule. This assessed various staff member's awareness about safeguarding and meant that any gap in knowledge could be identified to ensure that residents were protected.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was found to promote a rights based service. Residents were consulted in the running of the centre through regular meetings, where their everyday life choices and input about the centre was sought. Residents were provided with information on rights and advocacy services. In addition, it was clear that residents' religious preferences and spirituality were respected with residents being supported to attend religious ceremonies and visit family graves.

In addition, residents' choices about whether they attended a day service and about how they spend their days were respected. One resident spoke about their day-to-

day life with the inspector. It was clear that they were given the autonomy to make decisions about how they spent their days. It was also clear from communications and observations that staff members strived to establish residents' choices and preferences. For example; residents' bedrooms were all individually decorated and each residents' personality shone through in the decor of their personal spaces.

The provider had in place a Human Rights' Committee, with the most recent meeting minutes reviewed on this inspection. These minutes demonstrated a commitment by the provider to promote a more human rights' based approach to service delivery. For example; at the meeting in November 2024, a discussion was had on creating resident self -advocacy groups. There was also a discussion about the practice of supervision checks on residents at night time, and the committee acknowledged that some residents do not want this. This demonstrated that issues and practices that could affect residents' privacy rights were subject to discussion and review.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Edencrest & Cloghan Flat OSV-0005487

Inspection ID: MON-0045387

Date of inspection: 19/02/2025

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: • The Person in Charge has scheduled Studio III refresher training on 28/04/25 for the 2 staff members that require this refresher training. Date for Completion 28/04/25 • The Person in Charge will continue to monitor staff training on a monthly basis. Date completed 28/02/2025	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The Person in Charge had developed a schedule of meetings for 2025 and this has been adhered to since the named Person in Charge was identified in January 2025. Date completed 20/01/2025 • There is now a schedule of meetings in place within the centre with two governance meetings completed from January 2025: This action is now closed. Date completed 10/03/2025 • The Person in Charge has reviewed all audits with specific emphasis on restrictive practices and Infection Prevention control (IPC) to ensure that they are all fully completed. Date Completed 24/03/2025 • Since the appointment of the named Person in Charge in January 2025 the Disability services audit schedule has been adhered to. All audits have been completed in line with the schedule inclusive of restrictive practices and Infection Prevention control (IPC) . Date Completed 12/03/2025 • The Named Nurse has reviewed and updated all risk assessments of the identified resident. Date Completed 20/03/2025	

• The Person in charge in liaision with the named nurses will ensure that all residents care plans are reviewed quartely as a minimum with particular emphasis on the residents risk assessments. Date Completed 20/03/2025 • The Clinical Nurse Manager 1 has returned from unplanned leave Date Completed 17/02/2025 • A Clinical Nurse Manager II/Person in Charge has commenced in post on a permanent basis. Date Completed 17/03/2025 • The Provider will review any absences for 28 days or more of the Person in charge within the centres in the network area for this centre and will ensure that a named Person in Charge in appointed in their absence. Date Completed 23/03/2025

Regulation 25: Temporary absence, transition and discharge of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents: • The Person in Charge has emailed National Advocacy services in relation to clarifying their continued support of one resident to support the resident's voice to be heard for the transition to their new home. Date Completed 18/02/2025 • The Person in charge will ensure that all residents that are transitioning will have support to ensure that their voice is heard when decisions affecting their life are being discussed. Date for Completion 07/04/2025	

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)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	28/04/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	24/03/2025
Regulation 25(4)(d)	The person in charge shall ensure that the discharge of a resident from the designated centre	Substantially Compliant	Yellow	07/04/2025

	is discussed, planned for and agreed with the resident and, where appropriate, with the resident's representative.			