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:	Forest View
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	20 February 2025
Centre ID:	OSV-0008173
Fieldwork ID:	MON-0046033

About the designated centre

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

Forest View consists of a detached bungalow located in a rural area within close driving distance to some nearby towns. The centre provides full-time residential support for a maximum of three residents of both genders over the age of 18 with intellectual disability and Autism who present with behaviour which challenges. Each resident had their own individual bedroom and other rooms in the centre include a kitchen-dining-living room, a conservatory, a multipurpose room, bathrooms and a staff office. Residents are supported by the person in charge, social care staff and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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
Thursday 20 February 2025	08:35hrs to 17:25hrs	Conor Dennehy	Lead
Thursday 20 February 2025	08:35hrs to 17:25hrs	Lisa Redmond	Support

What residents told us and what inspectors observed

All residents living in this centre were met during this inspection but none engaged significantly with inspectors. Staff members on duty interacted with residents in a caring and respectful way. The premises where residents lived was seen to be clean and well-furnished but some environmental restrictions were evident due to the needs of residents.

Three residents were living in this centre. Upon inspectors' arrival at the centre two of the residents were up with one briefly greeting the inspectors when encouraged by staff. Inspectors were then directed to wait in the centre's multipurpose for a few minutes as the person in charge wanted to let all residents know that the inspectors were present. Inspectors followed this direction. After waiting for a number of minutes, an inspector asked one staff member if it was okay for the inspector to go to the communal areas where residents were. The inspector was told that it was ok the inspector went into these areas. Before he could enter, the person in charge advised the inspector that that one resident was bed and they still needed to tell this resident that inspectors were present. Therefore the inspector was requested to return to multipurpose room. The inspector followed this request but then shortly after this, inspectors were advised to go to the staff office on the first floor of the centre.

Inspectors proceed to go to the staff office and on the way there inspectors briefly saw a second resident who did not interact with inspectors at this time. Soon after, one of the inspectors commenced an introduction meeting with the person in charge while the second inspector carried out a period of observation with residents and staff. In line with the supports needs of residents, this inspector requested to review the residents' behaviour support plans to ensure that their presence had little impact on residents, and to ensure that they were aware of behavioural triggers that may cause residents any stress or anxiety. During this time residents were being supported with breakfast and personal care. When one resident finished their breakfast, they were observed rinsing their dishes in the sink.

Staff members on duty were observed by the inspectors and overheard to engage with residents in a caring and respectful manner. Residents also appeared comfortable in the presence of these staff. Staff spoken with advised the inspector that each resident was provided with 1.1 staffing support, and that when two residents were present in a communal area, a minimum of two staff members should be present to provide support and supervision to residents. On one occasion on the morning of the inspection, an inspector observed a period of approximately two minutes where two residents were present in a communal area in the presence of one staff member. When asked by the inspector, they staff member acknowledged that a second staff member should have been present at this time, but noted that they could call them for support if required.

Early into the inspection, two of the residents left the centre separately with staff to

go for walks. The third resident, who came to staff office during the introduction meeting to retrieve their tablet device, remained in the centre a little longer before leaving with staff to attend a nearby day services operated by the same provider. As no residents were present in the centre, inspectors then spent time reviewing documentation and the premises provided. The premises that made up the centre was enclosed by an electronic gate, hedges and fence. An additional side gate was in place in one hedge which could be used to bring horses from the nearby day services for residents to avail of. There was a garden area outside the premises with a swing. To the rear of the premises was a shed with laundry equipment.

The grounds of the centre and the external of the premises was seen to be well presented on the day of inspection. Internally, the premises was seen to be clean, well-furnished and well-maintained. The multipurpose room, which had been a staff office at the time of the previous inspection of the centre in October 2023, had couches and a television for residents to enjoy. It was indicated to inspectors that, despite encouragement, residents tended not to use this room. The centre also had a kitchen-dining-living room and a conservatory with both having seating and a television for residents to avail of. Each of the three residents had their own individual bedrooms but it was seen that two of these bedrooms were locked and required key codes to enter.

Such locking mechanisms were used to prevent one resident from entering the bedrooms of the other two residents. On previous inspections it was indicated that these two residents knew the key codes to enter their own bedrooms. Similar locking mechanism were present on the door to a pantry and the staff office door. Again such mechanism were in use due to the needs of residents in this centre. The shed with laundry equipment was also locked when one resident was not present in the centre with such matters having been recognised by the provider as being environmental restrictions. In the months leading up to this inspection, another environmental restrictions had been introduced whereby the clothes of one resident were now stored in a store room that could only be accessed via the staff office.

Given the layout of the centre, in the event that a fire were to occur in the staff office while staff or residents were present in the store room, the only evacuation route would be to pass through the staff office. As this did not offer a protected evacuation route in this scenario, prior to this inspection, assurances had been sought from the provider in this area. In response, the provider had indicated that a review of this was to be conducted on 30 January 2025. The report of this was requested but had not been provided before this inspection so was submitted the day after. During this inspection, this matter was queried and it was indicated that recommendations from this review had been made and were being followed up. These recommendations were around installing additional fire detectors in the staff office and storage room along with extra fire extinguishers in the store room. It was also recommended that access to this store room be limited to staff only. An inspector was informed that residents did not access the store room.

Residents began to return to the centre in the early afternoon. After the first resident returned, an inspector observed their interactions with a staff member in the communal areas of the centre. The staff member prepared a cup of tea for the

resident along with some biscuits. The resident had these at the dining table while sitting beside the inspector. The resident did not engage with the inspector at this time but seemed content. The staff member then proceeded to empty the dishwasher in the kitchen area and encouraged the resident o assist in this which they did. Another staff then brought some prescribed medicines to the resident and advised the resident of these medicines before administering them. The resident then returned to emptying the dishwasher and when this was done the first staff member asked the resident to get their empty cup and plate to put into the dishwasher. Again the resident did this and afterwards the staff member turned a television on for the resident. The resident vocalised for a period after this but then settled.

The same staff member then proceeded to cook a dinner in the kitchen area which resulted in a nice smell being present. When the staff member was looking to discard a box that they had used, they asked to resident to dispose of the box in a bin. With some encouragement from the staff member, the resident did this. A second resident then returned to the centre and went into the conservatory of the centre for a brief period before then going to their bedroom without interacting with the inspector. Soon after this both inspectors were in the multipurpose room of the centre, when the third resident returned to the centre. The resident was heard vocalising at this time which continued for over 20 minutes. The vocalisations calmed soon after with inspectors informed that the resident had been given some pain relief. Documentation later reviewed relating to this resident indicated that their vocalisations could be an indication that the resident was experiencing some pain.

Inspectors had remained in the multipurpose room during the resident's vocalisations. After checking with a staff member, who was getting ready to support another resident to leave the centre to go shopping, an inspector was informed that it was okay for him to return to the larger communal areas of the centre. The inspector went to the kitchen-dining-living room where the resident who was had been vocalising was sat at the dining table while another resident was watching television. Two staff were present at this time and neither resident interacted with the inspector. One of the resident left the room to use a bathroom and the other resident then got up and went outside the centre with a staff accompanying them. The latter resident immediately re-entered the centre with the staff member with this resident then forcibly opening the door of another resident's bedroom. This bedroom door was one of the doors that was locked with a key code and the resident's action resulted in noticeable damage to the door. Despite staff attempts, this resident entered the bedroom and took an item of clothing belonging to the other resident from their bedroom.

The resident who had entered the bedroom soon returned to the kitchen-dining-living room and was vocalising for period before seeming to settle as a staff member gave them a head massage. The resident who had gone to the bathroom then returned and walked towards the other resident. At this time, the first resident then started to vocalise again before going upstairs. Based on the sounds and the comments of staff at this time, it appeared that the resident was trying to gain access to the staff office. The inspector present then removed himself at this point to the multipurpose room where the other inspector was. A short time later the

person in charge advised that they would close the door to this room to preserve the dignity of a resident and not long after this, inspectors were requested to leave the centre due to the presentation of one resident.

Inspectors followed this request and left the centre to go to the provider's main offices to finish the inspection. As they were leaving the centre it was seen that a third resident was sat in a bus with staff just outside the centre. This was the resident whom it was earlier indicated was getting ready to leave the centre to go shopping. The resident was not seen to be distressed but it appeared that they had been sitting outside in the bus for at least 15 minutes while the incident outlined above was ongoing. The person in charge later informed inspectors that this resident had not been impacted. Inspectors were also informed that a maintenance person had quickly attended the centre to fix the damaged door. Regarding the resident who had been noticeably vocalising near the end of inspectors' time in the centre, it was indicated that they had settled but that their presentation may have been impacted by the extra people in the centre as a result of the inspection.

In summary, the three residents all left the centre for part of the inspection. Such residents did not engage with inspectors but at times some residents were heard vocalising. Due to the needs of residents some environmental restrictions were in use in the centre. One resident was seen to be encouraged to participate in some household tasks.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Monitoring systems were in effect for the centre including audits. Despite these, this inspection did identify a number of regulatory actions. This indicated that aspects of the monitoring systems in use needed improvement.

This centre is run by St Joseph's Foundation. Due to concerns in relation to overall compliance levels from inspections of St Joseph's Foundation's designated centres and other regulatory engagement throughout 2024, the Chief Inspector of Social Services is undertaking a targeted inspection programme in the provider's designated centres. All inspections conducted for the duration of this programme will be unannounced and will have a focus on specific regulations. These regulations are Regulation 5 Individualised assessment and personal plan, Regulation 7 Positive behavioural support, Regulation 8 Protection, Regulation 9 Residents' rights, Regulation 10 Communication, Regulation 16 Training and staff development, Regulation 23 Governance and management, Regulation 31 Notification of incidents, and Regulation 34 Complaints procedure. These regulations were reviewed on this inspection and this inspection report will outline the findings under each regulation.

Due to concerns raised by information of concern received in advance of this inspection, Regulation 26 Risk management procedures was also reviewed.

Previous inspections of this centre had occurred during 2023. In the first of these in March 2023 concerns were raised relating to the governance of the centre and the compatibility of residents. Improvement was found during a subsequent inspection in October 2023 although a number of regulatory actions did remain. In December 2024, the provider submitted an application to the Chief Inspector in to renew the registration of the centre for three years beyond the centre's current registration date in June 2026. As such the current inspection was conducted with a view to informing a decision on this application and also as part of the targeted inspection programme referenced earlier. On the current inspection, a number of regulatory actions were found. These included relating to the notification of incidents. While monitoring systems, such as auditing, were in operation for this centre, the overall findings of this inspection, indicated that improvement was needed to ensure that all matters were identified and addressed in a timely manner.

Regulation 16: Training and staff development

Under this regulation all staff working in a centre are to be appropriately supervised. During the introduction meeting for the inspection it was indicated that all staff were to receive formal supervision on a quarterly basis and that all staff supervisions were up-to-date. The report of a provider unannounced visit from December 2024 indicated that all staff had received supervision in the previous quarter. Documents relating specifically to supervision were provided included a supervision schedule and supervision records for individual staff members. Such documentation indicated that some staff had received formal supervision within the past three months. However, for other staff, based on the documentation provided, they had not received formal supervision for over four months. When speaking with a staff member, they informed inspectors that they had not had formal supervision in a while and that their supervision was "well out-of-date". It was also noted that in the supervision schedule provided, the majority of staff listed on this did not have a future date indicated for when their next supervision was scheduled.

Judgment: Substantially compliant

Regulation 23: Governance and management

An organisational structure was in place for this centre as outlined in the centre's statement of purpose. This provided for lines of accountability and reporting from staff working in the centre to the provider's board of directors. As part of this organisational structure a person in charge was in place who oversaw the front-line staff team working in the centre. This person in charge held an area manager remit

within the provider and so was involved with other designated centres. Despite this, discussions with staff members during this inspection indicated that the person in charge was regularly present in the centre and also attended monthly staff meetings. It was also indicated during this inspection that the provider was hoping to appoint a new dedicated person in charge for this centre during March 2025.

- The provider had monitoring systems in operation for this centre based on documentation reviewed. Such monitoring systems included:
- Regular audits in areas such as residents' finances, medicines, safeguarding and cleaning.
- Conducting an annual review that assessed the centre against relevant national standards and provided for resident and family feedback. The most recent annual review for the centre had been completed in January 2024 with a copy available in the centre. A more recent annual review had yet to be completed.

Representatives of the provider conducting unannounced visits to the centre every six months. Reports of these visits were also provided to inspectors. Three such unannounced visits had been completed since the October 2023 inspection, mostly recently in December 2024. Based on the reports these unannounced visits considered areas related to the quality and safety of care and support provided to residents such as safeguarding and restrictive practices while action plans were put in place to address any issues identified.

While the presence of such monitoring systems was noted, the current inspection found a number of regulatory actions across the regulations reviewed including areas of non-compliance. Some of these findings, particularly under Regulation 7 Positive behavioural support and Regulation 9 Residents' rights, did raise concerns around aspects of the quality and safety of care and support provided to residents. This indicated that the monitoring and managing systems in operation needed improvement to ensure that all matters which had the potential to impact residents were identified and addressed in a timely manner.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The Chief Inspector must be notified of certain events or matters occurring in a designated centre within specific time periods in order to comply with this regulation. This had been a recurrent area where this provider had not complied with over recent years across its designated centres. This included the two previous inspections of this centre in 2023 where it was found that some restrictive practices in use had not been notified. On the current inspection, it was found that all restrictive practices in use had been appropriately notified.

However, this regulation requires any allegation of abuse, suspected or confirmed,

to be notified within three working days. While eleven such notifications had been submitted since the October 2023 in a timely manner, during this inspection an incident record was reviewed from October 2024 which highlighted how one resident had entered the bedroom of a peer, taken some of their peer's clothes and tore them up. The nature of this incident raised potential safeguarding concerns but this matter had not been notified to the Chief Inspector despite it amounting to an unauthorised interference with the personal possessions of the resident impacted. Other documentation reviewed and discussions with the person in charge indicated that this was not an isolated incident (as discussed further under Regulation 9 Residents' rights) but notifications received from this centre did not reflect this. As such, inspectors were not assured that all safeguarding matters had been notified to the Chief Inspector as required.

Judgment: Not compliant

Regulation 34: Complaints procedure

In a hall area of the centre, a sign was on display on a noticeboard that gave information on the complaints procedures for the centre. This sign was presented in an easy-to-read format and indicated that if residents wanted to complain about something, staff would help them, residents could call the person in charge or contact the provider's complaints officer. A photograph of the complaints officer was shown on this sign along with their contact details. In addition to this sign, complaints was indicated as being discussed with residents during residents' meetings that took place in the centre based on meeting notes reviewed. The provider did have an electronic system for recording any complaints made and how they were responded to. An inspector was shown this electronic system by the person in charge and no complaints were entered on this since December 2022. The provider's six monthly unannounced visits to this centre since the October 2023 inspection, also indicated that there had had been no complaints in the centre for some time.

Judgment: Compliant

Quality and safety

Recommendations from a previous compatibility report had been implemented. However, improvement was identified regarding positive behaviour support plans in place. Regulatory actions were also relating to safeguarding and residents' rights.

The October 2023 inspection highlighted that not all recommendations from a compatibility report had been implemented. Such recommendations included

providing a second vehicle for this centre which had since been provided while a dedicated multipurpose room was also now present in the centre. The compatibility assessment had been conducted due to concerns previously raised around whether this centre was suitable to meet the needs of residents. Given such needs, residents had positive behaviour support plans but, when reviewed by inspectors, these were found to lack guidance in certain areas. Following such positive behaviour support plans was referenced in active safeguarding plans for the centre. While incidents of residents impacting others had been processed as safeguarding concerns, incidents of a resident tearing the clothes of others had not. Such instances were also impacting the rights of impacted residents regarding their personal and living space.

Regulation 10: Communication

Internet access was provided within the centre while it was seen that multiple televisions were present in the centre. This indicated that media access was provided for with the centre. Aside from this, when reviewing residents' personal plans it was seen that information and guidance was contained within them around supporting the residents with communication. One of the residents in this centre did have some verbal communication ability and an inspector was informed that residents were generally able to indicate what they wanted. It was noted from reviewing one resident's positive behaviour support plan, that it was indicated that the resident needed to learn a formal way to communicate as they did not have such a means of communicating. The positive behaviour support went on to say that because of this, the resident defaulted to physical contact for communication. An inspector was informed that a form of assistive technology for communication has been previously tried with this resident but was unsuccessful. It was also indicated that assistive technology had been tried for another resident but had also been unsuccessful.

Judgment: Compliant

Regulation 26: Risk management procedures

The month before this inspection, this centre had been impacted by some adverse weather. While adverse weather was referenced in the centre's safety statement as a likely situation to occur, there was no guidance for staff on to respond to such situations nor was there any risk assessments in this area. It was acknowledged though that staff spoken with during this inspection indicated that they had been well-supported during the period of adverse weather. Management of the centre told inspectors that a review meeting around the provider's response to the adverse weather was to take place.

When reviewing matters related to the adverse weather, the centre's risk register

was also reviewed. This contained risk assessments relating to identified risks the centre. Such assessments outlined control measures to mitigate such risks and the control measures were seen to be in place during the inspection. It was noted though that the risk ratings applied to one identified risk in the relevant risk assessment did not reflect the frequency at which related incidents were occurring.

The provider had a system for recording incidents that occurred in the centre. This is an important part of a risk management systems While this system was in use, it was noted that there noticeable variance in the amount of details in some incident reports compared to other for incidents of a similar nature. It was also observed that there appeared to be delays in when some incident reports were reviewed and closed off. For example, one incident report from 19 December 2024 was indicated as being reviewed and closed off two hours after this inspection commenced.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Under this regulation the health, personal and social needs of residents should be subject to a comprehensive assessment of needs. Such assessments must be conducted on an annual basis and the outcome of these should be reflected in an individualised personal plan for each resident. The purposes of these plans is to set out the needs of residents and provide guidance for staff in meeting these needs. During the course of this inspection, the personal plans of all three residents were reviewed by inspectors. When reviewing these, documentation contained within the personal plans, highlighted specific assessments for various areas, such as personal care, sleep, education, and travel. Where a need was identified in any of these areas, a specific support plan was put in place for such needs. The assessments and support plans reviewed were found to have been reviewed in recent months. Residents' personal plans were also available in accessible format and subject to multidisciplinary review based on further records reviewed. During the personal planning process, goals for residents to achieve were also identified which were aligned to community access. Examples of these, included getting a haircut in a local barber and going to the cinema. One resident also had a long-term goal to go to Disneyland, and as a result their short-term goals related to engaging in full day trips with their peers in day service and going to a theme-park.

While personal plans set out the health, personal and social needs of resident, this regulation also requires suitable arrangements to be in place and that the designated centre is suitable to meet these needs. As referenced earlier, compatibility concerns had been raised about the current resident during the March 2023 inspection. Following that inspection a compatibility assessment was conducted for the centre which made a number of recommendations. By the time of October 2023, some of these recommendations had been implemented but some had not. Recommendations not implemented at that time included revising the use of some rooms in the centre and getting a second vehicle for the centre. On the

current inspection, it was found that a previous staff office on ground floor had been changed into a multipurpose room and a second vehicle was available for the centre. The availability of the second vehicle was highlighted by staff in particular as being a positive development.

However, while the implementation of the outstanding recommendations highlighted was positively noted, there remained some indications, as discussed under Regulation 8 Protection and Regulation 9 Residents' rights, that residents living this centre could negatively impact one another. To lessen such potential impacts, some environmental restrictions were used. These included the locking of one resident's bedroom door, which was already locked via a key code, with a traditional key and lock mechanism depending on the presentation of another resident. While an inspector was informed that the resident whose bedroom was locked did not like having their bedroom locked with a key, this was done with a view to preventing their peer entering the resident's bedroom. It was also indicated though that presentation of the peer could change very quickly and that there might not be time to engage the traditional key and lock mechanism and prevent the entering of the bedroom. This was something that was observed during this inspection.

Aside from this, when reviewing personal plans related to two residents, it was read by inspectors in recently completed assessments on the residents' independence and rights that an answer of 'No' was indicated for a question about if residents had been able to choose where and with whom they lived them. When this was highlighted to management of the centre, it was indicated that this answer might not have been appropriate and that it was more likely that residents did not understand the question. Inspectors were also informed that two of the three residents had been previously separately which had caused upset to both residents involved. While such information was noted, given the findings of this inspection and previous compatibility concerns raised, the provider would need to give careful consideration to ensure that this designated centre continued to remain a suitable setting to meet the needs of residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

As referenced elsewhere in this report, some restrictive practice were in use in this centre. Documentation reviewed during this inspection indicated that these restrictions were subject to multidisciplinary review and had been discussed with residents. Such restrictions were used in the centre due to the assessed needs of residents. Given such needs, it was important that staff working in this centre had relevant training and also had up-to-date knowledge to respond appropriately to the behaviour of residents. Records provided indicated that staff had completed relevant training in de-escalation and intervention as required under this regulation. This regulation also requires staff to have up-to-date knowledge so support residents with their behaviour. To provide guidance for staff in this area residents had positive

behaviour support plans which are intended to outline strategies to adopt with residents depending on their presentation.

During the course of this inspection, the positive behaviour support plans of all three residents were read by inspectors. While such plans had been reviewed in recent months and did contain guidance on adopting some strategies with residents, a number of issues were noted by inspectors. These included:

- The positive behaviour support plans for two residents, did not have certain strategies outlined in them for how to respond to residents in particular situations. As such these plans did not clearly outline how staff were to respond in the event that these residents displayed specific behaviours. This was particularly notable for one resident as a safeguarding plan related to this resident made reference to implementing their positive behaviour support plan. It was acknowledged though that for the same resident, a protocol for PRN medicine (medicines only taken as the need arises) did outline some additional strategies. When queried with the person in charge, the absence of such strategies from positive behaviour support plans was put down to "an oversight".
- The only specific strategy in a third resident's positive behaviour support plan on how to respond in the event that this resident displayed specific behaviours was the use of a restrictive practice. It was also identified that guidance on the use of this restrictive practice provided for the staff to observe the resident from the staff office. However, it was noted that due to the change of location of the staff office, this was no longer appropriate and required review.
- It was noted that a restrictive practice whereby an internal door was locked to prevent one resident from accessing the other two residents was used in response to the presentation of a resident in October 2024. The record of the restrictive practice being used did not include a rationale for its use nor the alternative measures utilised before the restrictive practice was implemented. Inspectors reviewed the incident report relating to this incident and identified that the incident report did not state that a restrictive practice had been used.
- Use of a tablet device had been identified as a trigger for one resident. Despite this, there was a lack of clear guidance around how staff were to support the resident with this particularly around how long the resident could spend on their device before their access was restricted. Staff spoken with outlined a different approach related to this then the resident's positive behaviour support plan provided for. In particular, such staff outlined a different approach related to this then the resident's positive behaviour support plan provided for.
- One resident's positive behaviour support plan, which had been reviewed in January 2025, made explicit reference to using a visual schedule with the resident in communal areas. However, no such visual schedule was present with a similar observation having been made during the October 2023 inspection. When queried with the person in charge, it was indicated that the resident did not like visuals and that reference to the use of visual schedule should not have been included in the resident's positive behaviour support

plan.

- The same resident's positive behaviour support plan, made a recommendation for a named procedure to be considered with the resident in response to a particular behaviour from the resident. However, management of the centre were unsure as to what this procedure was when asked by inspectors although it was suggested that this recommendation was linked to behavioural support input for the resident.

At the time of the October 2023 inspections residents had been engaged with specific behavioural support. However, such support had been intermittent for much of the time since then. Residents though had been reviewed by a psychologist to provide support in this area while at the feedback meeting for the inspection, it was indicated that new behaviour support personnel would be employed by the provider during March 2025.

Judgment: Not compliant

Regulation 8: Protection

Since the October 2023 inspection, the Chief Inspector had received notifications of a safeguarding nature which highlighted residents in this centre impacting one another. Documentation reviewed during this inspection indicated that, in keeping with relevant policies, such matters had been screened and referred to the relevant Health Service Executive (HSE) Safeguarding and Projection Team. Safeguarding plans were also put in place, where required, in response to such matters which outlined measures intended to prevent negative interactions between residents re-occurring. These safeguarding plans had input form the provider's assigned designated officer (person who reviews safeguarding concerns) who was due to review the centre's active safeguarding plans during March 2025. A poster identifying the designated officer and giving their contact details was on display in the centre. Staff members spoken with during this inspection demonstrated an awareness of the designated officer and any active safeguarding plans in the centre. All staff working in the centre had also completed relevant safeguarding training based on a training matrix provided.

While such matters were positive aspects from a safeguarding perspective, as referenced under Regulation 31 Notification of incidents, an October 2024 incident raised potential safeguarding concerns. However, this matter had not been sufficiently considered from a safeguarding perspective based on information provided during this inspection. As discussed further under Regulation 9 residents' rights, there were clear indications that the October 2024 incident was not an isolated incident. This meant that there had been further instances of unauthorised interferences with the personal possessions of some residents. As such, inspectors were not assured that all safeguarding matters had been sufficiently considered as such nor screened and referred to the relevant HSE Safeguarding and Projection

Team.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Throughout the inspection, staff members on duty interacted with residents in a respectful way. Documentation reviewed also indicated that residents were consulted through weekly meetings that happened on a 1:1 basis where topics such as complaints, safeguarding, meals, and activities were recorded as being discussed. Individual residents also had monthly meetings with their assigned key worker (a particular staff member assigned to support individual residents) to discuss goals for residents. It was also noted that residents each had an extra key worker meeting during January 2025 to explain to residents how adverse weather at that time had impacted them. However, despite such positive aspects, there were some areas identified during this inspection which required improvement from a rights perspective.

As referenced, under Regulation 31 Notification of incidents, in October 2024 an incident had occurred where one resident had entered the bedroom of a peer, taken some of their peer's clothes and tore them up. It was noted that the incident report stated that the resident was not impacted as they were not aware that their personal belongings had been damaged. Staff spoken with advised that the resident had not been informed that their clothes had been damaged. Although this incident had occurred over four months before this inspection, the resident who had their clothes tore up had not been reimbursed. When the delay in reimbursing the resident was queried, an inspector was informed by the person in charge that this was due to "logistics". In response, it was indicated that there had been "two or three incidents" from the last six months where residents had yet to be reimbursed after their clothes were damaged by a peer.

It was notable also that a resident's positive behaviour support plan (which had been reviewed in January 2025) stated that "other residents regularly have their clothes ruined". Incidents reports reviewed also referenced incidents where one resident had entered another resident's bedroom and taken clothes, without tearing them. Such an incident was also observed by an inspector during this inspection. It was acknowledged though that the provider was attempting to limit the frequency and impacts of such incidents by using environmental restrictions. However, the nature of these incidents and the delays in reimbursing residents for torn clothes, indicated that residents' rights were not being fully promoted regarding their personal and living space nor their personal possessions.

Environmental restrictions could also be used in the centre to prevent safeguarding incidents. While the reasons behind this were noted such uses could restrict residents' access to their own home. There was also some incidents that the presentation of some residents could potentially impact other residents' rights in

their home. For example, one incident report outlined how due to the presentation of one resident, a second resident had to retreat to the conservatory before going to their bedroom. The third resident who was showering at the time was also asked to be brought straight to one of the centre's vehicles.

Aside from such matters, the following was also identified which needed improvement from a rights perspective:

- When reviewing one resident's personal plan, two different consent documents were provided. While the two documents were in different formats, they were both dated 16 January 2025. One of these documents indicated that consent had been given for the resident's photograph to be used in the provider's newsletters but the other indicated that consent had not been given for this.
- One resident's positive behaviour support referenced how after an incident the resident was not to get access to their preferred activities, treats or attention. This had not been identified as a rights restrictions.
- Limits around the use of a tablet device for the same resident had not been recognised as a rights restriction.

Judgment: Not 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	
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Forest View OSV-0008173

Inspection ID: MON-0046033

Date of inspection: 20/02/2025

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 wishes to assure the chief Inspector that going forward all staff will receive supervision as per policy.

The PIC wishes to confirm with the Chief Inspector that all staff who were working in the centre on the day of inspection 20th February 2025, had received their supervision within the required timeframe; as per St Joseph's Foundation Policy

"Frequency of supervision will be determined by the line manager, commensurate with the role of the staff using the Staff Supervision Schedule and Planner, C4 091, but should be a minimum of four times per year for staff".

The supervision schedule as well as the supervision documentation were provided to the Inspector on the day of inspection to reflect same. Notwithstanding the staff comment that the staff' supervision was "well out of date", this was an error as evidenced by all the supervisions provided -
Dates of last supervision of all staff working on the day of inspection were as follows:
Staff 1 – 19.11.2024
Staff 2 – 19.12.2024
Staff 3 – 14.11.2024
Staff 4 – 21.01.2025

The PIC wishes to assure the Chief Inspector that the supervision schedule for the centre has been updated to show the next scheduled supervision date for each staff member.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The Provider wishes to assure the Chief Inspector that the Provider has appointed a Person In Charge for the centre effective from Monday 7th April 2025 who will implement effective monitoring systems some of which will include the following - daily/nightly check forms, Keyworker monitoring forms, twice weekly incident review on the incident management system (XYEA), PIC duties form.

In addition the Provider can confirm that it has successfully recruited two behavioural therapists, in which one will have responsibility for Forest View centre to support both its residents and its staff. The behaviour therapist will take up their post on 9th April 2025.

The Person In Charge will work closely with the Behaviour therapist to ensure that the PBSPs for all residents within the centre will be reviewed and updated to include current presentation and reactive strategies pertaining to their behaviours, inclusive also of all the assurances outlined in Regulation 7 of this report. Once completed the Person In Charge will communicate the updates of the PBSP's to all staff members within the centre during handovers and in subsequent team meetings and supervisions.

The Provider will ensure that all staff within the centre will undergo Online training - "Introduction to Human Rights in Health and Social Care- Applying a Human Rights-based Approach in Health and Social Care: Putting national standards into practice". The attendance of this training will be monitored by the Person In Charge through the centre's training matrix.
The Person In Charge will ensure that rights will be included for discussion in residents meeting, keyworker meetings and staff team meetings going forward.

Furthermore the Provider wishes to assure the Chief Inspector that the Provider has KPI's in place whereby data is submitted to the management by the Person in Charge to ensure its monitoring and oversight of same. The new Person In Charge of the centre will submit this data upon commencement of their post.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The PIC wishes to assure the Chief inspector that going forward all such incidents regarding unauthorized interference with personal possessions of residents will be notified to the Chief Inspector as required. This was reiterated to all staff members in the centre and was further discussed at the team meeting 18.03.2025.

A retrospective notification will be submitted in conjunction with this compliance plan to reflect the incident of resident gaining entry to another resident's room and taking an item of clothing on the day of inspection. A safeguarding form has been submitted to the safeguarding team.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The Provider wishes to assure the Chief Inspector that since this inspection it has implemented a Severe Weather Protocol which provides staff guidance on how to prepare, plan, respond and recover to severe weather conditions.
The Person In Charge would like to assure the Chief Inspector that the severe weather protocol and related risk assessment has since been completed and implemented in the centre.

Regarding the risk register and the risk rating applied to the identified risk in the centre – the PIC wishes to assure the Chief Inspector that this risk has since been reviewed to reflect the current frequency of specific incidents occurring.
Going forward the Person In Charge wishes to assure the Chief Inspector that all risk assessments will be reviewed in a timely manner following incidents.

The Person In Charge wishes to assure the Chief Inspector that going forward the incidents reported on the Provider's Incident Management system will be reviewed and closed off in a timely manner.

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
The Person In Charge wishes to assure the Chief Inspector that:
- the behavior support plans for the two residents identified will be reviewed and updated to incorporate reactive strategies that will clearly outline how staff are to respond in the event that the residents display specific behaviours.
- the restrictive practice in place for a particular resident will be reviewed to reflect the change in location for observing the resident.

- the positive behaviour support plan for the resident that uses a tablet will be reviewed by psychology and updated to reflect the resident's current presentation and in turn provide staff with clear guidance on how to support the resident.
- the positive behavior support plan will be reviewed and updated to reflect the resident's current presentation and communication needs.
- a behavior support therapist will be commencing work with the Provider in April 2025; the resident within the centre will then receive the relevant behavior supports and input as recommended in their current PBSP.

The documentation pertaining to the incident whereby an internal door was locked, had some relevant information omitted in error in both the restrictive practice log and the incident report. The Person In Charge wishes to assure the Chief Inspector that this has since been addressed with the relevant staff by the person in charge as a learning opportunity and to prevent a reoccurrence. This was also discussed at the team meeting held on 18th March 2025.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The Person In Charge wishes to acknowledge to the Chief Inspector that previous instances of unauthorized interferences with personal possessions of some residents were not recognized as a safeguarding concern or notified to the Designated Officer or the safeguarding team. To that end the Provider wishes to assure the Chief Inspector that to ensure that all safeguarding concerns and incidents are recognized and reported accordingly the Providers Designated Officer will attend the next scheduled team meeting to refresh the team on all matters in relation to safeguarding.
The Person In Charge wishes to assure the Chief Inspector that safeguarding will continue to be a standard agenda item on all staff team meeting.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The Person In Charge wishes to assure the Chief Inspector that;
- the resident's clothes that were torn have since been reimbursed by the Provider. In the event of any further reoccurrences the Provider will continue to reimburse the residents for any damage to their possessions.
- the consent documents viewed on day of inspection have since been reviewed and corrected. The PIC acknowledges that this was a clerical error and has been brought to the attention of the relevant staff member as a learning.

- the PBSP will be reviewed and updated to correctly reflect the resident's current presentation and maintain their rights regarding not getting access to their preferred activities, treats or attention and limits around the use of a tablet device.
- Also as highlighted under regulation 31 of this report a retrospective notification will be submitted in conjunction with this compliance plan to reflect the incident of resident gaining entry to another resident's room and taking an item of clothing on the day of inspection. A safeguarding form has been submitted to the safeguarding team.

To ensure that the residents rights are promoted within the centre the Provider will ensure that all staff within the centre will undergo Online training - "Introduction to Human Rights in Health and Social Care- Applying a Human Rights-based Approach in Health and Social Care: Putting national standards into practice". The attendance of this training will be monitored by the Person In Charge through the centre's training matrix.

The Person In Charge will ensure that rights will be included for discussion in residents meeting, keyworker meetings and staff team meetings going forward.

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	25/04/2025
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	19/05/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to	Substantially Compliant	Yellow	21/03/2025

	emergencies.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	21/03/2025
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	31/07/2025
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/07/2025
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour	Substantially Compliant	Yellow	31/07/2025

	necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	19/05/2025
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	19/05/2025
Regulation 09(1)	The registered provider shall ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.	Substantially Compliant	Yellow	31/07/2025
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature	Substantially Compliant	Yellow	31/07/2025

	of his or her disability has the freedom to exercise choice and control in his or her daily life.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	31/07/2025