



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

## Issued by the Chief Inspector

Name of designated centre:	Teach Tearmainn
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	28 January 2025
Centre ID:	OSV-0008274
Fieldwork ID:	MON-0037563

## About the designated centre

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

Teach Tearmainn is a 7 day residential centre that provides care for up to four mixed gender adults. Residents are supported by a support staff under the supervision of the person in charge. Residents are supported in a person centred manner to live in an environment that maximises their progress towards independent community living. Each resident has their own bedroom with one being en-suite. Residents have access to an adequately sized front and back garden

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

Number of residents on the date of inspection:	4
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Tuesday 28 January 2025	10:30hrs to 18:45hrs	Karena Butler	Lead

## What residents told us and what inspectors observed

Overall, on the day of the inspection, the inspection findings were positive. Residents were receiving a service that met their assessed needs by a caring staff team who were knowledgeable in their support requirements.

However, some improvements were required and they will be discussed in more detail later in the report. They related to:

- notification of all incidents that are required to be submitted to the Office of The Chief Inspector (The Chief Inspector)
- to ensure that audits completed in the centre are thorough and contain accurate information, and that identified issues in the centre are followed up in a timely manner
- to ensure the accuracy of the training oversight document
- ensuring staff refresher training is completed in a timely manner so that staff to have up-to-date knowledge in order for them to have the required skills to support the residents
- protection against infection.

The inspector had the opportunity to meet with four residents that were living in the centre. There had been two new admissions to the centre since the last inspection. From observations, speaking with the residents, the staff on duty and the person in charge, the residents appeared to be settling in well. All residents said they were happy living in the centre. Residents appeared to be comfortable in each others company and in the presence of the staff. They were observed to move around their home freely.

When two residents were asked if they felt safe in their home they answered 'yes' and said if they had a concern or were not happy with something that they would tell a staff member.

The centre staff and the residents confirmed that activities residents participated in depended on their interests and were chosen by the residents themselves. They included going out for walks, cycles, swimming, basketball and going to a local hotel for drinks and or dinner.

On the day of this inspection, all residents had attended different day service programs and one resident visited a family member prior to returning to the centre. Prior to the end of the inspection, residents were still finalising plans for the evening. Two residents planned to play basketball with one of them also planning on attending a course afterwards. The other two residents hadn't decided what they would like to do and informed the inspector they would probably relax in the house.

The person in charge facilitated the inspection and there was one staff member on duty to support the residents. The inspector observed they supported residents in a

professional and caring manner. For example, in line with a resident's goal, the inspector observed the staff member support them to make the dinner for everyone. This was done in a relaxed manner and the resident was not rushed.

The provider had arranged for staff to have training in human rights. The staff member spoken with communicated how they had put that training into every day practice. They communicated that they now research more information to pass onto residents regarding their healthcare appointments. This was to ensure they were better informed and help ease any anxieties they may have. In the past the staff member felt that they may not have taken as much time in preparing the residents in advance of appointments. They said by taking the time to go through 'the little things' with the residents that it helps them to understand and make informed decisions about their care.

The inspector observed the house to be nicely decorated and it was observed to be tidy. Some areas required further attention to ensure they were clean and also could be cleaned properly and these areas will be discussed in more detail under Regulation 27: Protection against infection.

Each resident had their own bedroom and their rooms had adequate storage facilities for personal belongings. There was an accessible front and back garden for the residents. The back garden had homemade mosaic art work displayed that two residents had made. One resident proudly showed off the artwork to the inspector and informed them that they planned to make more to display in the garden. The bright artwork helped the garden look an inviting space. There was also garden furniture available for use in good weather.

As part of this inspection process residents' views were sought through questionnaires provided by the office of the Chief Inspector of Social Services (the Chief Inspector). Feedback from all four questionnaires was returned by way of the residents themselves and staff representatives supported the residents to record more elaboration on sections when required. Feedback from all four questionnaires was positive and all questions were ticked as 'yes' they were happy with all aspects of the service and the care and support they received. Residents communicated that they were happy living in the centre. For example, one resident said "I am very happy living here in Teach Tearmainn". Another resident stated "I can tell the staff where I want to go and they support me to go"

The person in charge was promoting a restraint free environment and there were no restrictive practices in use in this centre. At the time of this inspection there were no visiting restrictions in place and no volunteers were used in the centre.

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

## Capacity and capability

This inspection was announced and was undertaken following the provider's application to renew the registration of the centre. This centre was last inspected in February 2023 as an infection prevention and control (IPC) inspection only. That inspection found IPC to be not compliant and at the time while there were some arrangements in place to manage infection control risks and some good practices identified, improvement was required in a number of key areas where adherence to national guidance and standards required improvement. From a review of a sample of the identified actions the majority were found to be completed.

The findings of the inspection indicated that the provider had the capacity to operate the service within substantial compliance with the regulations and in a manner which ensured the delivery of care was person centred. However, under this section some improvements were required to training and staff development, governance and management, and notification of incidents.

The inspector reviewed the provider's governance and management arrangements and noted that, for the most part were appropriate systems in place in order to ensure the quality and safety of the service. For example, there was a clearly defined management structure in place; however, some improvements were required to the quality of the audits completed to ensure accuracy. In addition, improvements were required to the notification of all adverse incidents that occurred in the centre to be reported to the Chief Inspector.

The inspector found that while there were systems in place to monitor and facilitate staff training and development some further improvements were required. For example, to ensure training requirements are identified prior to a staff member's training expiring.

The inspector reviewed a sample of rosters and this indicated that there were sufficient staff on duty to meet the needs of the residents. There were arrangements in place for admissions and contract for the provision of services, for instance residents were afforded a contract of care and an opportunity to review and sign it if they were satisfied with it. Additionally, the inspector observed that there were adequate arrangements in place for the management of complaints, for example a complaints procedure was in place in the centre.

## Regulation 14: Persons in charge

The person in charge was employed in a full-time capacity and had the necessary experience and qualifications to fulfil the role. They also were person in charge for another designated centre and they split their time between the two centres.

The person in charge demonstrated that they were familiar with the residents' care and support needs. For example, they discussed with the inspector some of the additional support needs that residents had. For example, with regard to one

resident's healthcare support needs.

One staff spoken with communicated that they would feel comfortable going to the person in charge if they were to have any issues or concerns and they felt they would be listened to.

Judgment: Compliant

### Regulation 15: Staffing

There were suitable arrangements in place at the time of this inspection to meet the requirements of this regulation.

The staffing arrangements in the centre, including staffing levels and skill mix, were effective in meeting residents' assessed care needs. The staff on duty on the day of the inspection was observed to be respectful and knowledgeable with regard to the residents. The four residents spoken with were complimentary with regard to the staff team.

There was a planned and actual roster maintained by the person in charge. A sample of rosters were reviewed over a three month period from November 2024 to January 2025. They indicated that safe minimum staffing levels were being maintained at the time of the inspection to meet the assessed needs of the residents.

The inspector reviewed a sample of three staff members' Garda vetting (GV) certificates. All three were completed within the last three years which demonstrated to the inspector that the provider had arrangements for safe recruitment practices.

Judgment: Compliant

### Regulation 16: Training and staff development

For the most part, there were adequate arrangements in place to support training and staff development. The inspector reviewed the training matrix for training completed. Additionally, the inspector reviewed a sample of the certification for four training courses for all staff including staff who worked in the centre on a relief basis. Those reviews demonstrated to the inspector that staff received a suite of training in order for them to carry out their roles safely and effectively.

Examples of the training staff had completed included:

- fire safety
- safeguarding adults



- medication management
- positive behavioural supports
- staff also received a range of training related to the area of infection prevention and control (IPC), for example hand hygiene.

However, the inspector observed that the oversight training matrix document did not always contain correct information in order to assure the provider that it was an accurate reflection of the staff training needs. For instance, a staff member was recorded on the matrix as having expired hand hygiene training and also not having respiratory and cough etiquette training; however, that information was incorrect and the staff member in question was up-to-date in relation to those trainings.

The inspector found that while two staff were scheduled for refresher training in basic first aid for mid to late March 2025, their training was expired since November and December 2024. This was not escalated to the person responsible for training until January 2025 and it was not picked up on the audits related to training. This training was deemed mandatory by the provider as described in the annual review of the centre.

Additionally, while staff were all found to be trained in safeguarding adults from abuse, it was not evident if one staff member's training included training on the national policy. The provider had a workshop scheduled on the topic of safeguarding for the 4 March 2025 for the staff team.

Staff had received additional training to support residents, for example staff had received training in human rights. Further details on this have been included in 'what residents told us and what inspectors observed' section of the report.

The inspector also reviewed the supervision files for three staff. It was found that there were formalised supervision arrangements in place as per the organisation's policy.

Judgment: Substantially compliant

## Regulation 23: Governance and management

For the most part, the inspector found that there were appropriate governance and management systems in place at the time of this inspection. There was a defined management structure in the centre which consisted of the person in charge and the residential services manager, who was the person participating in management for the centre.

There were management systems to ensure that the service provided was safe, consistent and monitored. For instance, there were arrangements for annual reviews, six-monthly unannounced provider led visit reports, and other provider audits, such as medication, fire safety, and infection prevention and control. Resident and family consultation was provided for as required and feedback received

was positive. However, the last two six-monthly unannounced provider led visit reports contained some inaccurate information stating that there had been no complaints when there had been nine in 2024. This did not assure the inspector as to the accuracy of the review to provide a thorough overview of the service.

The person in charge completed some local weekly and monthly reviews on topics, for example environmental cleanliness and safety, staff training, and reviewing the cleaning checklists completed by staff. While these audits were a positive oversight mechanism they were found to not always be completed thoroughly or always pick up on all applicable actions. For instance, as previously stated two staff members' basic first aid training had expired in November/December 2024 and was not picked up on during a review of staff training at the time or in the months prior to the training expiring. In addition, it was not always evident if all actions were completed as on occasions those sections were left blank. For example, this was observed in the December 2024 monthly audit.

There was an on-going potential health and safety issue identified by staff since approximately May 2024. It related to the shed in the back garden that one resident loved to use and the grass area in front of the shed could get very mucky and could be a potential slip hazard. While the provider had purchased an outside mat it had not rectified the issue and cardboard was being used in addition to the mat. At the time of this inspection, it was not evident if there were further plans in place to rectify the matter.

The inspector observed that team meetings were occurring monthly as the minutes from January to December 2024 were available for review. From a review of the most recent team meetings minutes since October 2024, they demonstrated that incidents were reviewed for shared learning with the staff team and meetings were an opportunity to raise concerns if any. Additionally, other topics discussed included complaints, safeguarding, rights, and health and safety.

Judgment: Substantially compliant

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

There were suitable arrangements in place with regard to this regulation.

The inspector reviewed the two most recent admissions to the centre and found that, there were contracts of care in place that were signed by the resident and contained information with regard to any fees to be paid and the terms and conditions of residency including facilities provided.

From a review of two transition plans, the inspector observed that residents were supported to transition to the centre on a phased basis. This was to ensure they had the opportunity to visit the centre prior to admission. It also supported them to get to know the other residents that lived there and become familiar with the staff employed in the centre. Notes were kept of the visits to assess how they were going

and review compatibility with the other existing residents.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
<p>While the person in charge was found to be reporting some of the regulatory requirements to the Chief Inspector, not all adverse incidents were notified as required. They related to an occasion of an outbreak of a notifiable disease in October 2024 and an occasion when the centre had a loss of water in February 2024. Notwithstanding this, the person in charge was found to have managed the incidents at the time and therefore there was no direct negative impact on the residents as a result of the failure to report the incidents.</p>
Judgment: Not compliant
<b>Regulation 34: Complaints procedure</b>
<p>There was a complaints policy, and associated procedures in place and a copy of the complaints procedure was displayed in a prominent position. The provider had ensured there was a designated complaints officer nominated for the centre. From a review of the complaints log, the inspector observed nine complaints from January to October 2024 and no complaints since. Complaints were all found to be responded to and they were closed to the satisfaction level of the complainant. Some complaints related to when new medication presses were purchased for bedrooms and two residents complained that they did not want them located there and they were removed.</p> <p>The centre received two compliments from family representatives thanking staff for their support on specific occasions.</p>
Judgment: Compliant
<b>Quality and safety</b>
<p>Overall, the inspection found that the residents were receiving a good standard of care that met their assessed needs. However, as previously stated some improvements were required in relation to protection against infection.</p> <p>While there were many good arrangements in place with regard to protection</p>

against infection some improvements were required, for example with regard to some mould observed in a bedroom. Identified areas for improvement will be discussed under this specific regulation.

The inspector observed that there were suitable arrangements in place with regard to assessment of need and personal plans as well as healthcare. Residents' needs were well assessed and applicable health professionals and relevant tests were made available when residents required them, for example X-Rays and ultrasounds.

There were arrangements in place to support residents' communication, their general welfare and development, and to ensure they were safeguarded.

The inspector observed the premises to be homely and tidy. The inspector also found that there were suitable fire safety management systems in place. For example, regular practice fire evacuation drills were taking place in order to assure the provider that all residents could be safely evacuated if required.

### Regulation 13: General welfare and development

The residents had access to opportunities for leisure and recreation in their home and in the community. For example, the inspector observed televisions in different areas, and colouring and craft items for residents to use in the centre.

From speaking with three residents, the person in charge and the staff member on duty they believed the residents had opportunities for leisure activities of their choice and participated in a meaningful day. Residents were supported to engage in day service programmes, paid employment, and volunteering work as per their interests.

The inspector reviewed the daily notes for two residents from 5 to 27 January 2025 which described the residents' daily recreation and activities that they participated in. From the sample reviewed, the inspector observed that residents engaged in a number of activities that included:

- watching sports
- attending religious services
- went for dinner and or drinks out
- undertook their volunteering or paid employment
- visited friends or family
- attended the library.

From a sample of two residents' goals reviewed, the inspector observed that they were also supported to develop goals for themselves to work towards. They included working towards developing greater financial independence, expanding on their cooking skills, and enrolling in educational courses, such as first aid and manual handling.

Judgment: Compliant

### Regulation 17: Premises

The layout and design of the premises was appropriate to meet residents' needs. The inspector observed the premises to have all the facilities of Schedule 6 of the regulations available for residents use. For example, residents had access to cooking and laundry facilities and a resident was observed using the kitchen to make dinner for themselves and their peers.

The premises was found to be aesthetically well kept. For the most part, it was observed to be clean and to be in a state of good repair. Identified areas for attention are being actioned under Regulation 27: Protection against infection.

Each resident had their own bedroom with sufficient space for their belongings. The inspector observed that there was adequate communal space in the centre for the residents.

Judgment: Compliant

### Regulation 27: Protection against infection

For the most part, there were suitable arrangements in place for the prevention and control of infection. For example, there was a colour coded system in place for cleaning that included cloths, chopping boards, mops and buckets all which were found to be stored appropriately. Since the last inspection the personal protective equipment (PPE) that had been previously found to be stored inappropriately was now found to be more appropriately stored which would help maintain the cleanliness of the equipment. The cleaning list had also been amended to now include previously missed items, for example to periodically clean the washing machine. Staff were found to be trained in a number of infection prevention and control (IPC) trainings, for example standard and transmission based precautions.

However, the inspector observed some areas that required attention. For example:

- there was some mould in the top corner of a resident's room which had the potential to impact on the resident's respiratory health
- there was a malodour observed in another resident's room
- in a third resident's room there was some discolouration in some areas around the shower tray which required a deeper clean.

The inspector also observed that there were frequent gaps identified in the cleaning checklists completed by staff. Some of the gaps were identified by the person in charge and found to be addressed with staff, for example in October 2024 and

others were observed not to have been identified on audits which was the case in November 2024.

In addition, it was noted that there was some minor damage to the counter surface in the utility room, that was also identified at the last inspection, which could mean that the counter would be difficult to clean from an infection control perspective.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and firefighting equipment, each of which was regularly serviced.

The inspector reviewed a sample of three of the residents' personal emergency evacuation plans (PEEP). They were observed to be reviewed within the last year and provided information to guide staff on evacuation supports residents may require. Monthly fire evacuation drills were taking place and the inspector reviewed the documentation of the last 13 drills and they included an hours of darkness drill. This demonstrated to the inspector that the provider could safely evacuate all residents with minimum staffing levels that would be on duty. In addition, it was observed that the provider had assured themselves that they could evacuate residents from different routes out of the house using different evacuation doors.

There was a fire evacuation procedure made available to guide staff for the overall evacuation of the centre and in addition, there was a dedicated fire assembly point that was clearly signposted.

Two fire containment door were observed to have larger than recommended gaps between the door and the door frame. The provider arranged for the maintenance person and an external contractor to attend the centre and adjust the doors with evidence shown to the inspector.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The inspector observed there were appropriate arrangements in place with regard to this regulation.

From a review of two residents' files, this demonstrated to the inspector that there was an assessment of need in place for each resident, which identified their healthcare, personal and social care needs. Some of the topics included in the

assessment of need document were, safety awareness, physical health, mobility, mental health, behavioural supports, and dietary requirements.

These assessments were used to inform plans of care. For example, there were hospital passports in place to guide hospital staff should a resident need to attend hospital. There were safety in the community care plans for residents to ensure their safety while out in the community while maintaining their independence.

One staff spoken with in relation to care plans was familiar as to the relevant information in order to appropriately support the residents as per their assessed needs.

Judgment: Compliant

### Regulation 6: Health care

Residents' health care needs were well assessed, and appropriate healthcare was made available to each resident.

There were clear personal plans in place for any identified health care need, for example a plan to support a resident with high cholesterol. Plans were observed to incorporate recommendations of specialists where applicable and health care plans were found to be guiding delivery of responsive health care support.

Residents had access to a general practitioner (GP) service, and a range of allied health professionals, for example a chiropodist, an optician, and a dentist.

Judgment: Compliant

### Regulation 8: Protection

There were suitable arrangements in place to protect residents from the risk of abuse. For example:

- there was an organisational adult safeguarding policy in place last reviewed February 2023
- staff had training in adult safeguarding
- there was a reporting system in place with a designated officer nominated for the centre.

It was found that concerns or allegations of potential abuse were reviewed, reported to relevant agencies, and where necessary, a safeguarding plan was developed.

The provider had arrangements for an annual finance audit undertaken in the centre

by financial manager and it was found to last be completed in February 2024. This was in order to assure the provider that there were safe practices in place with regard to finance practices and oversight.

Judgment: Compliant



## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Teach Tearmainn OSV-0008274

Inspection ID: MON-0037563

Date of inspection: 28/01/2025

## 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 and the HR dept responsible for training had a meeting to discuss the discrepancies recorded on the training matrix for the centre and the training matrix has been reviewed and updated accordingly 3/2/25. Going forward the PIC will review the matrix on a scheduled review basis (every Quarter) in order to ensure an accurate reflection of staff training and training needs. Escalation of training needs for staff where mandatory training was due for refresher will be part of the scheduled review 29/1/25. Staff member has attended a face to face Safeguarding workshop that is in line with current National Policy 4/3/25.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The six-monthly unannounced provider lead reports have been reviewed and amended to include all complaints that were omitted from both unannounced reports 30/1/25. Going forward all unannounced six-monthly inspections will be subject to review by the services compliance manager in order to ensure that all information including complaints are recorded and accurate at the time of inspection. The Person in Charge has checked all local/weekly and monthly reviews of the centre and has amended same to reflect applicable actions 1/2/25. The potential Health and Safety risk identified on the day of inspection regarding the use of the grass area in front of the shed at the rear of the	

property has been paved to eliminate any slip hazard 5/2/25.	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Going forward the Person in Charge will ensure that all incidents are notified to HIQA accurately and on time 29/1/25.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The Mould in the top corner of one resident's bedroom has been cleaned and treated 29/1/25. The odour identified in one resident's bedroom has been addressed and regular ventilation and opening of windows discussed with the resident 29/1/25. The shower tray has been deep cleaned 29/1/25. The Person in charge has reviewed the gaps in the cleaning roster and addressed this with all staff members 2/2/23. The minor damage to the counter surface has been repaired 1/2/25.</p>	

## 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	04/03/2025
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	05/02/2025
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an	Substantially Compliant	Yellow	03/02/2025

	unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	02/02/2025
Regulation 31(1)(b)	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: an	Not Compliant	Orange	29/01/2025

	outbreak of any notifiable disease as identified and published by the Health Protection Surveillance Centre.			
Regulation 31(1)(c)	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 fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place.	Not Compliant	Orange	29/01/2025