



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

Issued by the Chief Inspector

Name of designated centre:	Ardmore Lodge
Name of provider:	Health Service Executive
Address of centre:	Cavan
Type of inspection:	Announced
Date of inspection:	11 October 2023
Centre ID:	OSV-0008479
Fieldwork ID:	MON-0039907

About the designated centre

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

Ardmore Lodge is a large detached bungalow located on the outskirts of a large town in County Cavan. The centre provides 24hour nursing care to four adults who require supports with their mobility, social and health care needs. The house has been adapted for wheelchair users. It consists of four bedrooms, all of which have large adapted en-suite bathrooms. There are two sitting rooms, a large kitchen/dining/living area, an office, utility room, a w/c and a storage room. There are four staff on duty each day and two waking night staff to support residents with their needs. The skill mix includes nursing staff and health care assistants. An out of hours on call service is available to staff 24/7. This is provided by senior nurses. The person in charge is responsible for another designated centres under this provider. A clinical nurse manager is also employed to support the person in charge to ensure affective oversight of this centre. Transport is provided for residents to access local community amenities. Residents have access to a range of allied healthcare professionals as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 11 October 2023	11:00hrs to 19:15hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

This inspection was announced following the registered providers application to register the centre. At that time the centre was registered to support four residents who were moving from a congregated setting which was closing. The residents moved to Ardmore Lodge in May 2023.

Overall, the residents said that they liked living in this centre and that staff supported them with their health care needs; being involved in the community and maintaining links with their family. Notwithstanding this, improvements were required in the management of complaints, the premises, risk management, policies and procedures, safeguarding and general welfare and development.

The inspector got to meet all four residents and spent some time talking to three of them about what it was like living in the centre. The inspector also spoke to staff, the person in charge, the clinical nurse manager; reviewed records pertaining to the care of residents and, observed some practices.

As part of this inspection, prior to visiting the centre, questionnaires were posted out from the Health Information and Quality Authority (HIQA) to the centre for residents to complete about the quality and safety of care provided. The feedback provided was very positive. Residents said they felt supported, liked the staff team, were encouraged and supported to maintain relationships with family and friends and would speak to staff if they were not happy or felt unsafe. Some of the residents said that when they had made a complaint it had been managed by the person in charge. They also said that they liked their home, felt safe and got to make decisions about their own lives. Some reported things they were not happy about and the inspector followed these up with the residents to see if the issues had been resolved.

For example; one resident had stated that they did not like a new picture hanging in the kitchen and the staff had taken this picture down. Another resident said that they wanted more chairs in the sitting room when their family members visited. This was followed up with the person in charge who showed the inspector a number of spare chairs that were available should the resident need them. One resident also said that they did not like the questionnaire posted out from HIQA as it contained the same questions all the time. The resident was happy to hear when the inspector informed them, that new questionnaires had been developed which would replace these ones going forward.

Over the course of the inspection residents were involved in some activities. One had attended a day service, which they really liked and had made friends with some of the other people attending. This resident met with the inspector on their return from the day service with the support of staff and they enjoyed the staff joking with them about things happening in the day service.

Two of the residents went shopping and out for lunch and the other resident spent most of the day relaxing. This resident spoke to the inspector for some time and talked about being happy relaxing today as the last couple of months had been a difficult time for them. They explained that during this time, staff had offered support and they had also met with an allied health professional on a regular basis, the resident said that this person had helped them during this period. The resident said they found the staff very helpful and kind and could ask for support whenever they needed it. However, they described one incident that they were unhappy about which related to being unable to attend a specific event as there was no transport available for them to go. When the inspector followed up on this, they found that access to transport could be an issue in this centre as not all staff were comfortable driving the bus. This needed to be reviewed particularly as it impacted at times on residents being able to go to events that were important to them.

The staff were observed supporting all of the residents in a kind, patient and jovial manner, while respecting the residents rights to make their own decisions. For example; on the morning of the inspection a resident who was a wheelchair user was going shopping and was trying to decide whether to wear a coat or something lighter, instead of staff advising the resident, the staff brought the resident out for a short walk outside to enable the resident to decide for themselves.

The house was spacious, decorated and maintained to a high standard and was very clean. The house was adapted to meet the needs of the residents. For example; wheelchair ramps were provided and equipment to support residents with their moving and handling needs was available. There was a large driveway to the front of the property and a patio area to the back of the property where a seating area was provided. Residents said that they visited the centre prior to moving in and had got to choose the colours they wanted to paint their bedrooms and choose how their bedrooms were laid out and personalised to their individual tastes.

There was a large kitchen/ living/ dining area and a section of the kitchen had been adapted to suit wheelchair users, this enabled some of the residents to prepare some of their meals. At the time of the inspection, the person in charge was changing the way in which the groceries were purchased to ensure that residents could be involved in shopping for weekly groceries in their community as opposed to all of the shopping being delivered in bulk from one location.

Two residents attended a day service; one attended two days a week, and the other attended once a fortnight. One resident said that they would like to attend the day service more frequently but understood that this service was a community day service programme and was outside the control of the registered provider for the resident to increase attendance at this. The resident said they were happy with the amount of things they got to do in the centre despite this.

Family and friends were welcome in the centre and the inspector observed family members visiting on the day of the inspection. Some of the residents also told the inspector that staff organised transport and staff rotas to ensure they could to visit their family members homes. This meant that residents were supported to maintain

links with their family and friends.

Residents had been supported to develop goals they may like to achieve. For example; on the day of the inspection one of the residents had planned a trip to see a show in December 2023. This resident was also looking into joining an art group in the community and this was something that the resident was really interested in. At the time of the inspection the resident was also waiting to have a computer desk installed in their bedroom to enable them to work on their computer.

Weekly meetings were held to talk about what was happening in the centre. At these meetings residents got to decide what meals they were planning for the week. All of the residents said that they liked the food cooked and some of them liked to get involved in helping to prepare meals.

There were systems in place for residents to raise concerns in the centre. Residents could make a formal complaint if they were not satisfied about the services being provided. One resident went through a complaint they had made about their en-suite bathroom. While this issue was resolved at the time of this inspection, the resident was unhappy that this issue had taken up to six weeks to fix. When the inspector followed up on this they found that this issue had not been alerted to senior managers and that alternative arrangements had not been explored or provided to the resident at that time. The records stored in relation to this complaint were poorly maintained and evidence of what actions had been taken to resolve the issue were not clearly outlined.

Overall, the residents reported that they were very happy living in the centre and reported that they had a good quality of life living here. Notwithstanding, some improvements were required. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements impacted the quality of care and support being provided to residents.

Capacity and capability

Overall, the inspector found that this centre was well-resourced and that the services provided were contributing to positive outcomes for the residents. Some improvements were required in the policies, the management of complaints, safeguarding, risk management in the centre the premises and general welfare and development.

There were governance and management arrangements in place which included clear reporting structures and arrangements to ensure that services were reviewed and monitored on a consistent basis.

The centre had a defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation.

The person on charge was also responsible for another designated centre under this provider and was able to maintain oversight of both centres at the time of the inspection. The person in charge provided good leadership and support to their team.

The person in charge reported to the director nursing. The director of nursing conducted supervision with the person in charge and was also involved in auditing some of the practices in the centre. The centre was being monitored and audited as required by the regulations and the registered provider completed a number of other audits to ensure that the service provided was to a good standard. Where areas of improvement had been identified there was a plan in place to address these.

There was sufficient staff on duty to meet the needs of the residents and there were no staff vacancies at the time of the inspection. Staff spoken with said that they felt very supported in their role and were able to raise concerns, if needed, to a manager on a daily basis or via an out of hours on call system. The staff spoken to also had a very good knowledge of the resident's needs.

The policies and procedures required under Schedule 5 of the regulations were available in the centre. However, some of them required review.

The registered provider had a complaints policy which outlined the way in which complaints should be managed. Residents were informed about their right to make a complaint. However, as discussed in the previous section of this report, improvements were required in the management of some complaints.

Regulation 14: Persons in charge

The person in charge was a qualified nurse who had the necessary management skills and experience to manage the centre. They demonstrated a good knowledge of the needs of the residents and were aware of their remit under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

At the time of the inspection they were responsible for another designated centre under the remit of this provider. The inspector found that this did not impact the oversight and management of this centre at the time of this inspection.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels and skill mix in the centre were consistent with those outlined in

the statement of purpose. There was sufficient staff in place to ensure that residents' needs were being met. There were no staff vacancies at the time of this inspection. An induction process was in place to ensure that all new staff were informed of the residents' needs in the centre prior to starting employment. This ensured consistency of care to the residents.

A planned and actual rota was maintained. A review of a sample of those rotas showed that the correct amount of staff were on duty each day.

Personnel files were reviewed at an earlier date by the Health Information and Quality Authority (HIQA) and were found to contain the requirements of the regulations.

Staff spoken with said that they felt very supported in their role and were able to raise concerns, if needed, to a manager on a daily basis or via an out of hours on call system. The staff spoken with had a very good knowledge of the resident's needs. They were observed engaging with residents in a kind and patient manner.

Judgment: Compliant

Regulation 16: Training and staff development

The training records viewed found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included; emergency first aid, safeguarding vulnerable adults, fire safety, manual handling, infection prevention and control, and dysphagia.

In addition, some staff had also completed training in human rights. A staff member gave an example of how this had influenced their practice. For example; it was really important to listen to the residents' preferences. The inspector also observed examples of this which have been included in the 'What residents told us and what inspectors observed' section of the report'.

Judgment: Compliant

Regulation 23: Governance and management

There were governance and management arrangements in place which included clear reporting structures and arrangements to ensure that services were reviewed and monitored on a consistent basis.

The centre had a defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation.

The person on charge was also responsible for another designated centre under this provider and was able to maintain oversight of both centres at the time of the inspection. The person in charge provided good leadership and support to their team.

The person in charge reported to the director nursing. The director of nursing conducted supervision with the person in charge and was also involved in auditing some of the practices in the centre. The centre was being monitored and audited as required by the regulations and the registered provider completed a number of other audits to ensure that the service provided was to a good standard. Where areas of improvement had been identified there was a plan in place to address these.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

A contract of care was in place for residents which had been or were in the process of being signed by the resident or their representative. The fees charged to residents were outlined in a separate document.

Residents had been supported to transition to the centre and informed the inspector that they had chosen to live in this centre. Some admission practices included residents and their representatives being supported to visit the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

A copy of the statement of purpose containing the information set out in Schedule 1 of the regulations was available in the centre. This document had been reviewed recently and outlined the care and support provided to residents in the centre. An easy-to-read version of this document was also available for residents who required this format.

Judgment: Compliant

Regulation 31: Notification of incidents

A copy of incidents that had occurred in the centre since it opened were available in the centre. The inspector was satisfied that all incidents had been notified to HIQA

as required under the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a complaints policy which outlined the way in which complaints should be managed. Residents were informed about their right to make a complaint.

The records stored in relation to how complaint were managed were not well maintained and did not outline provide clear details of actions actions taken to address one complaint. This complaint had not been addressed in a timely manner, and other alternatives had not been fully explored with the resident to address this concern.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

A review of the policies and procedures required under Schedule 5 of the regulations found that the most of the policies had been reviewed at intervals not exceeding 3 years. However, while three had not been reviewed during these time frames; up to date specific standard operating procedures were in place to guide practice in the following policies:

The prevention, detection and response to abuse, including reporting concerns and/or allegations of abuse to statutory notifications.

The recruitment, selection and Garda vetting of staff.

The creation of, access to, retention of, maintenance of and the destruction of records.

A sample of policies were reviewed to ensure that they aligned with the practices in the centre. This included the complaints policy, medicine management, safeguarding vulnerable adults, the provision of personal intimate care and the policy on closed circuit television (CCTV). However, this policy had not been amended to reflect the actual procedures in this centre to manage and oversee CCTV cameras that were outside the property for security reasons.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector observed that the quality and safety of care provided to the residents was to a good standard. Some improvements were required under risk management, safeguarding, the premises and general welfare and development.

The centre was clean, modern and well maintained. It had been adapted to suit the needs of the residents in the centre. However, maintenance work was not always completed in a timely manner and there was no system for identifying priority issues. For example; it had been reported that there was a malodour in the centre sometimes that was due to an issue outside the property which was still in progress at the time of this inspection. One resident was waiting for a light to be fixed in their bedroom and the issue with a residents en-suite bathroom had not been addressed in a timely manner.

Each resident had a personal plan in place which included an assessment of need. Of the sample viewed the inspector found that support plans were in place to guide practice in these areas. Residents' had access to allied health professionals as required. Some minor improvements were required to ensure that records included in the personal plan were updated to guide practice for staff, however the inspector was satisfied from speaking to staff that they were aware of the supports in place.

Residents had access to activities that they wanted to do. However, the availability of transport was an issue which sometimes impacted on residents going to events that they wanted to go to or to access community facilities.

There were policies and procedures in place for the management of risk in the centre. This included a risk register, individual risk assessments for residents and reporting structures to deal with incidents/near misses and adverse incidents. All incidents that occurred in the centre were reviewed by the person in charge where it was outlined what action (if any) were required to prevent or reduce the likelihood of an incident happening again. Each month the person in charge collated all incidents in the centre to identify trends and again look at whether further actions were required if trends existed. However, the inspector found that this reviews were not always effective. For example; following one incident where a resident had fallen, a contributing factor was noted to be that the toilet was not suitable. This had not been addressed in any of the reviews conducted by the person in charge to assure that the toilet was now suitable. The inspector was assured that an occupational therapist had recently reviewed the resident and had not raised this as an issue.

In addition, to this some of the controls listed on a risk assessment for a resident were not effective. For example; it was noted that a resident needed to be reminded to get staff support for moving and handling, however this was not working as the resident did not always do this. While this is the residents right, the inspector was not assured from reading the records that a comprehensive review had occurred in relation to ensuring a balance between mitigating risks and respecting the residents

choice.

There were fire systems in place to ensure that residents and staff could safely evacuate the centre in the event of a fire. This included a fire alarm, fire doors, emergency lighting and fire fighting equipment such as fire extinguishers and fire blankets.

The registered provider had a comprehensive policy and a procedure in place for the safe administration, storage and disposal of medicines. A staff member were through some of the practices with the inspector and they were in line with the providers policy. The staff member was knowledgeable about the reason medicines were being administered to residents.

There was a policy in place that outlined procedures staff needed to follow in the event of an allegation/suspicion of abuse. All staff had received training in this area. The residents reported that they felt safe in the centre and would report concerns they had to a staff member or the person in charge. The registered provider also had a policy on the provision of intimate care to guide staff practice. This included ensuring that the voice of the resident and their personal preferences were included in this plan. However, while staff gave some examples of the residents preferences, this was not included in a sample of the residents' intimate care plans viewed.

Regulation 11: Visits

The registered provider had a visitors policy in place. Residents who spoke to the inspector said that visitors were welcome anytime in the centre. This was also observed on the day of the inspection where family members were observed dropping into visit their relative.

Judgment: Compliant

Regulation 13: General welfare and development

The general welfare and development of residents was promoted and supported in this centre. Residents were supported to keep in regular contact with family and friends. Residents were supported on a daily basis to choose activities they wanted to do.

From a review of records and talking to a resident they had goals developed that were in line with their personal preferences.

The registered provider needed to review the transport arrangements in the centre as at the time of the inspection the staff members were not comfortable driving the bus due to its size. This sometimes limited residents access to community activities

or events that they wanted to attend.

Judgment: Substantially compliant

Regulation 17: Premises

The centre was clean, modern, adapted to suit the needs of residents and was decorated to a very high standard. Each resident had their own bedroom, with en suite bathrooms which which decorated and personalised. Residents informed the inspector that they had chosen the paint colours of their rooms and were involved in deciding where to hang their family photographs and pictures. There was adequate storage facilities to store personal belongings.

The person in charge maintained records to ensure that equipment used in the centre was serviced regularly. For example; overhead hoists were maintained every six months to ensure that they were in good working order.

Maintenance issues were not always addressed in a timely manner. This included the residents en-suite bathroom, one resident was waiting on a computer desk and one residents light in their bedroom needed to be fixed.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were policies and procedures in place for the management of risk in the centre. This included a risk register, individual risk assessments for residents and reporting structures to deal with incidents/near misses and adverse incidents.

All incidents that occurred in the centre were reviewed by the person in charge where it was outlined what action (if any) were required to prevent or reduce the likelihood of an incident happening again. Each month the person in charge collated all incidents in the centre to identify trends and again look at whether further actions were required if trends existed. However, the inspector found that this reviews were not always effective. For example; following one incident where a resident had fallen, a contributing factor was noted to be that the toilet was not suitable. This had not been addressed in any of the reviews conducted by the person in charge to assure that the toilet was now suitable. The inspector was assured that an occupational therapist had recently reviewed the resident and had not raised this as an issue.

In addition, to this some of the controls listed on a risk assessment for a resident were not effective. For example; it was noted that a resident needed to be reminded to get staff support for moving and handling, however this was not working as the

resident did not always do this. While this is the residents right, the inspector was not assured from reading the records that a comprehensive review had occurred in relation to ensuring a balance between mitigating risks and respecting the residents choice.

One vehicles was available in the centre and the records reviewed verified that it was insured.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were fire precautions measures in the centre which included a fire alarm, fire doors, emergency lighting and fire fighting equipment such as fire extinguishers and fire blankets.

Documentation viewed by the inspector informed that a fire drill had taken place to demonstrate that residents and staff could be safely evacuated. Residents' had personal emergency evacuation plans in place to guide a safe evacuation of the centre.

The registered provider and person in charge had systems in place to ensure that equipment used was regularly checked and maintained. All staff had completed training in fire safety.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had a comprehensive policy and a procedure in place for the safe administration, storage and disposal of medicines. A staff member were through some of the practices with the inspector and they were in line with the providers policy. The staff member was knowledgeable about the reason medicines were being administered to residents.

Medicines records relating to the use of as required medicines were in place and the policy outlined how these should be recorded and authorised.

Audits were conducted on medicine management practices to ensure that they were in line with best practice.

There were systems in place to report and manage incidents/accidents/near misses around medicine management.

While all residents required support from staff with administering their medicines, their medicines were stored in a locked press in their bedrooms, this meant that their medicines were only accessible to them and the staff administering it.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan. Of a sample viewed they were found to contain an up to date assessment of need. Plans were in place to guide staff on how residents should be supported in order to meet the residents' health care needs.

A review of personal plans had taken place with residents and their representatives present to assess the effectiveness of the plan. Support plans were also reviewed by staff to assess the care being provided on a more regular basis.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve good health. From a review of a sample of files, the inspector found that residents had timely access to allied health professionals, including a general practitioner, psychiatry and chiropodist. Residents were also supported to access national health screening programmes in line with the recommended best practice guidelines.

Judgment: Compliant

Regulation 8: Protection

A safeguarding policy was available in the centre. This policy was the Health Service Executive (HSE) national policy on safeguarding vulnerable adults. A separate standard operating procedure was also in place which outlined the reporting procedures to be followed in the event of an allegation of abuse in the centre. All staff had been trained in safeguarding vulnerable adults and staff spoken to were aware of the procedures to follow in such an event and the types of abuse. The residents spoken with said they felt safe and would report any concerns to a staff or manager.

The registered provider had a policy on the provision of intimate care to guide staff practice. This included ensuring that the voice of the resident and their personal

preferences were included in this plan. However, while staff gave some examples of the residents preferences, this was not included in a sample of the residents' intimate care plans viewed.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Notwithstanding the improvements already outlined in this report in relation to intimate care plans, access to transport, premises issues and the management of complaints which all may also impact on the rights of residents, the inspector found good examples of where residents rights were promoted and protected.

All staff had completed human rights training to enable them to support the residents with their rights. The residents themselves reported that they could make their own decisions about what they wanted to do on a day to day basis. Residents also were supported with their right to make a complaint about things they were unhappy about.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ardmore Lodge OSV-0008479

Inspection ID: MON-0039907

Date of inspection: 11/10/2023

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>In order to meet compliance with Regulation 34: Complaints Procedure, the following actions have been undertaken:</p> <ul style="list-style-type: none"> • The Person in Charge has reviewed the complaints log and updated same to include clear details of action taken to address one complaint. The PIC will ensure going forward that all complaints and actions taken to address same are clearly documented and dealt with in a timely manner. 	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ul style="list-style-type: none"> • The CCTV policy has been reviewed and updated to include the actual procedure on how this centre manages and oversee CCTV cameras that are outside of the property for security reasons. 	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>In order to meet compliance with Regulation 13: General Welfare and Development, the following actions have been undertaken:</p> <ul style="list-style-type: none"> • The Person in Charge has reviewed the Roster to ensure there is a driver available each day to facilitate community activities for residents. • The Person in Charge has sourced an alternative vehicle for the weekends to facilitate resident's social outings. 	
Regulation 17: Premises	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: In order to meet compliance with Regulation 17: Premises, the following actions have been undertaken,</p> <ul style="list-style-type: none"> • A computer desk has been installed for one resident. • The light in one resident’s bedroom has been fixed. • The Person in Charge will source an external agency should the HSE Maintenance Department be unable to address any issues in a timely manner. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: In order to meet compliance with Regulation 26: Risk Management, the following actions have been undertaken,</p> <ul style="list-style-type: none"> • A comprehensive review with the Multi-Disciplinary Team and consultation with the Human Rights Committee has been undertaken regarding one resident’s risk assessment. This Risk assessment has been reviewed and updated. 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: In order to meet compliance with Regulation 8: Protection , the following actions have been undertaken,</p> <ul style="list-style-type: none"> • The Person in Charge has reviewed all intimate care plans and included the resident personnel preferences within their plans. 	

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 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	16/10/2023
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise	Substantially Compliant	Yellow	16/10/2023

	disruption and inconvenience to residents.			
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 emergencies.	Substantially Compliant	Yellow	19/10/2023
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Substantially Compliant	Yellow	17/10/2023
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	17/10/2023
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	27/10/2023

Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.	Substantially Compliant	Yellow	16/10/2023
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