



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

## Issued by the Chief Inspector

|                            |                        |
|----------------------------|------------------------|
| Name of designated centre: | Longford Centre 4      |
| Name of provider:          | Muiríosa Foundation    |
| Address of centre:         | Longford               |
| Type of inspection:        | Short Notice Announced |
| Date of inspection:        | 15 April 2025          |
| Centre ID:                 | OSV-0008722            |
| Fieldwork ID:              | MON-0046536            |

## About the designated centre

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

This is a service comprising of three single occupancy bungalows providing care and support to three adult males. Each resident has their own bedroom and communal facilities in each house include a kitchen cum dining room, a sitting room, a bathroom, shower facilities and a staff office/sleep over room. Each resident has one-to-one staffing each every day and one staff sleeps over in each house every night. In one house that comprises the centre one resident has two-to-one staff support. The staff team consists of a person in charge, a location manager, a social care worker and a team of support staff. Each house has their own private transport so as the residents can access community-based facilities and go on social outings.

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

|  |   |
|--|---|
| Number of residents on the date of inspection: | 3 |
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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 15 April 2025 | 10:00hrs to 16:30hrs | Raymond Lynch     | Lead    |
| Tuesday 15 April 2025 | 10:00hrs to 16:30hrs | Florence Farrelly | Support |

## What residents told us and what inspectors observed

This designated centre comprised of three single occupancy houses and was last inspected on January 15, 2024. Prior to the registration of this centre in September 2024, the three houses formed part of the organisations '*person centred wing*' and did not meet the criteria as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations) for registration. However, due to the changing needs of the residents and level of staff support they now required, the Provider made the Office of the Chief Inspector aware that they would be putting the three houses forward for registration in 2024 as they now met the criteria to be classified as designated centres under the regulations. The provider also made the Chief Inspector aware at that time, that the three houses would not meet the requirements of a number of regulations to include fire safety and premises. However, they provided assurances that they had a comprehensive set of plans in place to bring the houses into compliance with the regulations. They also informed the Chief Inspector that the three residents were very happy and settled in their homes and communities and, some of them had lived in the houses for a considerable length of time

The inspection on January 15, 2024 found non compliance with regulation 17: premises, regulation 28: fire precautions and regulation 27: protection against infection. Post that inspection, the Provider submitted a comprehensive time bound compliance plan informing the Chief Inspector of the actions they intended to take so as to bring all three houses that comprised the centre into compliance with the regulations. This inspection was to follow up on the progress the provider was making with the implementation of their compliance plan and significantly focused on the areas of non compliance as found on the last inspection of the centre.

On arrival to the first house the inspectors met with a staff member and one resident. The staff member explained to the inspectors that the resident did not sleep well the night before and was off form. Because of this the inspectors made a decision to view the house briefly and leave so as not to disturb the resident. While it was observed that this house did not meet the requirements of a number of regulations (there was no integrated fire alarm system, no fire doors or emergency lighting installed and parts of the premises were not in a good state of repair) it was homely and the resident had their own personalised bedroom and sitting room which were clean and tidy.

As a way of mitigating the risk of a fire, the house had a number of smoke alarm detectors installed, a fire blanket was available in the kitchen and fire extinguishers were also available. However, the inspectors noted that one door was wedged open and another was being held open by a fire extinguisher. This was of concern to the inspectors as wedging doors open could cause a potential fire to spread more rapidly. Before leaving this house the inspectors observed that the staff member was calm, reassuring, caring and kind in their interactions with the resident.

Additionally, the resident appeared at ease and comfortable in the company and presence of the staff member.

The person in charge informed the inspectors that a new house had been secured for this resident and the inspectors went to view this property (which was in close proximity to their current home). This was a bungalow which had been recently renovated and comprised of two bedrooms (one ensuite), a bathroom and a very large open plan kitchen, dining room and sitting room. There was an additional spare room that could be used by the resident as a sitting room and or a relaxation room. The house was based in a rural location with scenic views of the countryside and adjoining farmland. The person in charge said that the locality of this new house would suit the resident as they liked living in the countryside and, it was in easy reach of their community. The inspectors observed that some works were still required to this property to include finalising the installation of the fire alarm system, (to include fire doors, emergency lighting and fire extinguishers) and the installation of a number of kitchen appliances. It also required furnishing throughout. The person in charge informed the inspectors that the resident had already visited the house and they would be moving into it once the outstanding works had been completed.

On arrival to the second house the inspectors were met with the person in charge, the location manager, two staff members and the one resident that lived there. The resident appeared in good form and staff were observed to be kind and caring in their interactions with the resident. They were also observed to be relaxed and happy in the company and presence of staff. The resident had their own personalised bedroom as well as a kitchen area and sitting room. Garden areas to the front and rear of the property were available to them to use in times of good weather. The house also had its own transport and on the day of this inspection the resident wanted to go for a drive and staff facilitated that outing for them. While the house appeared homely and welcoming on the day of this inspection, the premises required painting and some upgrading throughout. Additionally, while a new fire alarm system had been installed, it was not operational at the time of this inspection. Fire doors had also been installed however, they required sealing and the installation of automatic closers.

One of the inspectors visited the third house and was met by a staff member and the one resident living there. The resident appeared in good form and gave the inspector a high-five. They also appeared comfortable and relaxed in their home. The staff member supporting this resident had been working with them for eight years and was very familiar with their assessed needs, likes and dislikes. They informed the inspector that the resident liked to go horse riding every week, they liked to go to the cinema, swimming and liked shopping. However, the staff member stated that it was not always possible for the resident to attend these activities as they did not have control over their monies. This matter will be discussed further later in this report.

This house had been refurbished since the last inspection in January 2024 to include new flooring throughout, the installation of a new bathroom and an upgrade to the kitchen (to include new appliances). The sitting room had also been refurbished and

decorated with new furniture. Additionally, the resident's bedroom had been painted and redecorated. However, while the house had been refurbished throughout to include the installation of a new fire alarm system, some finishing touches to the paintwork were required around the architraves and skirting boards. Additionally, while fire doors had been installed, the door between the kitchen and dining room did not have a self closer and, was not connected to the fire alarm system.

Overall this inspection found that residents appeared comfortable and happy in their homes and systems were in place to meet their assessed needs. Staff met with over the course of this inspection were kind, caring and person centred in their interactions with the residents and, the residents appeared relaxed and content in the company and presence of the staff.

As with the last inspection of this centre, issues regarding the premises, fire safety and protection against infection were ongoing. However, the Providers plan of action to address these issues was being implemented in line with the updated time bound compliance plan arising from the last inspection of the centre in January 2024.

Notwithstanding, a number of issues were found across a number of regulation to include staff training records, safeguarding, personal possessions (finances), reporting of notifications and the auditing process. These issues were highlighted under the various regulations and actioned under regulation 23: governance and management.

The next two sections of the report outline 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 care provided to the residents.

## Capacity and capability

On the day of this inspection the residents appeared happy and content in their homes and they were being provided with an individualised, person centred service. However, aspects of the overall governance and management arrangements required review.

The centre had a clearly defined management structure in place led by a person in charge. The person in charge was a qualified health/social care professional, and demonstrated a good knowledge of the residents' healthcare and support plans. They also demonstrated a knowledge of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). It was observed however, that the person in charge had a significant managerial remit as they were also working in a senior managerial role for the wider organisation and this arrangement required review.

The person in charge was supported in their role by a location manager, who had a regular presence in the centre. Both inspectors spoke with the location manager over the course of this inspection and they were found to be aware of the assessed needs of the residents. They were also found to be responsive to the inspection process and, had systems in place for the supervision of staff to include the management and maintenance of the rosters.

A review of a sample of rosters indicated that there were sufficient staff members on duty to meet the needs of the residents as described by the location manager on the day of the inspection.

Additionally, from reviewing the training matrix, the inspector found that staff members were provided with training to ensure they had the knowledge to respond to the needs of the residents. However, the maintenance of the training records required review.

The person in charge and location manager were aware of the legal requirements to notify the chief inspector of any adverse incident occurring in the centre as required by the regulations. However, it was observed that one incident had not been reported to the Chief Inspector in a timely manner. Notwithstanding, it was investigated, reported to the national safeguarding team and, a safeguarding plan was in place.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2024 and a six-monthly unannounced visit to the centre had been carried out in December 2024. On completion of these audits, a plan of action was developed so as to address any issues identified in a timely manner. However, it was observed that some actions identified had not been addressed.

## Regulation 14: Persons in charge

The person in charge had the appropriate qualifications and experience necessary to manage the designated centre.

They were an experienced qualified health/social care professional who also had additional training in management. However, the person in charge had a significant senior managerial remit in the wider organisation. This required review going forward as they reported that they were heavily reliant on their location manager for the day-to-day operational management and administration of the centre. This was discussed in more detail under regulation 23: governance and management.

Notwithstanding, systems were in place for the oversight and supervision of the staff team and both the person in charge and location manager demonstrated a knowledge of the residents assessed needs.

Additionally, the person in charge was found to be aware of their legal remit in line



with the regulations and were responsive to the inspection process.

Judgment: Compliant

### Regulation 15: Staffing

A review of the actual rosters from April 01, 2025 to April 15, 2025 highlighted that there were sufficient staff members on duty to meet the needs of the residents as described by the location manager on the day of this inspection. For example:

- in the first house visited by the inspectors there was one staff member on duty each day from 9am to 9pm. The same staff member also provided sleep over cover at night time
- in the second house there was one staff member on duty each day from 10am to 10pm. This staff member also provided sleep over cover at night time. Additionally, there was a second staff member working from 9am to 9pm each day, which meant the resident had 2:1 staff support each day
- in the third house there was one staff member on duty each day from 10am to 10pm. This staff member also provided sleep over cover at night time.

This meant that all three residents were either on a 1:1 or 2:1 staff support each day and there was always a staff member present in all three houses throughout the night. It also meant that residents could be supported to engage in social and community based activities of their choosing as they had adequate staff available to support them each day.

The staff team consisted of a person in charge, a location manager and a team of support workers. Additionally, the location manager informed the inspectors that a social care worker had recently commenced employment in the centre. The location manager also maintained copies of actual and planned rosters in the centre. It was observed that some amendments were required to be made to the rosters however, when this was brought to the attention of the location manager, they addressed this issue.

Schedule 2 files were not viewed as part of this inspection. Schedule 2 files contain information and documents to be obtained in respect to staff working in the centre to include photographic evidence of their identity, dates they commenced employment, details and documentary evidence of relevant qualifications and vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. However, the person in charge informed the inspectors that all staff working across the three houses had vetting on file.

From speaking with the location manager and one staff member, the inspectors were assured that they had a good knowledge of the assessed needs of the residents.

Judgment: Compliant

## Regulation 16: Training and staff development

From reviewing the training matrix, the inspector found that staff were provided with training to ensure they had the necessary skills and or knowledge to support the residents.

For example, staff had undertaken a number of in-service training sessions which included:

- safeguarding
- Children First (Training in relation to the Children First National Guidance for the Protection and Welfare of Children 2017 and the Children First Act 2015)
- positive behavioural support
- fire safety
- safe administration of medication
- food hygiene.
- communicating effectively through open disclosure
- infection prevention and control
- hand hygiene.

The inspector also requested to view certificates for two staff members and found that they had their safeguarding and Children First training completed.

However, the maintenance of the training records required review. This was because at times, it was difficult to establish if all staff had completed all relevant and mandatory training as required in the centre as records were not maintained in one central location. The location manager informed the inspectors that this was already under review prior to this inspection and a system was in development to address this issue. This was actioned under regulation 23: governance and management.

Judgment: Compliant

## Regulation 23: Governance and management

There were clear lines of authority and accountability in place. There was a person in charge who was supported in their role by an experienced location manager. There was also an on call management system in place which staff could avail of if any issues were to arise out of hours.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2024 and a six-

monthly unannounced visit to the centre had been carried out in December 2024. On completion of these audits, an action plan was developed and updated as required to address any issues that were identified.

For example, the auditing process identified the following actions were to be addressed:

- some staff were to have training in assisted decision making
- a meeting with a dietitian was to be scheduled regarding an assessment for a resident
- a social care worker was to commence employment in the service
- positive behavioural support was to be sourced for a resident.

These issues had been addressed (or were in the process of being addressed) at the time of this inspection

However, the governance and management arrangements for the centre required review as a number of issues were identified on this inspection as follows:

- on arrival to the centre at 9am the inspectors noted that the person in charge and location manager were not present in the house. One inspector tried to make contact with the person in charge via phone on several occasions however, was unable to do so. In turn, the inspector made contact with another manager in the organisation so as to establish if could they alert the person in charge that an inspection was taking place. They were able to do this and the person in charge rang the inspector a short time later. However, from the commencement of this inspection at 9am, the inspectors did not get to meet with the person in charge or location manager until three hours later. This required review so as the provider could be assured that the person in charge and or the location manager could attend the centre in a timely manner if or when required, especially if staff (who worked alone at all times) required additional assistance or support in an emergency situation. The location manager confirmed shortly after this inspection that this issue would be addressed
- while the person in charge was full time and had the required experience and qualifications to manage the designated centre, they also had a significant senior managerial remit in the organisation. This arrangement required review. The person in charge explained to the inspectors that this was meant to be a temporary arrangement until they recruited a new person in charge. However, they were in the role of person in charge for over six months at the time of this inspection. Additionally, they informed the inspectors that they were reliant on the location manager for a lot of the day-to-day operational management of the centre. Notwithstanding, the inspectors acknowledged that both the person in charge and location manager were knowledgeable on the assessed needs of the residents, were responsive to the inspection process and had systems in place so as to ensure the three residents living in this service were in receipt of an individualised and person centred service
- some of the actions identified in the auditing process were not implemented (or could not be evidenced as implemented) on the day of this inspection. For

example, an audit identified that there should be no more than €200 kept in residents cash boxes. However, on checking two cash boxes the inspectors noted that this was not the case as one box contained over €500 and the other over €900. It was important that this action arising from the auditing process was implemented so as to ensure the service was adequately safeguarding residents finances

- another action arising from the auditing process informed that the complaints process was to be discussed at staff meetings. While the locations manager informed the inspectors that this action had been completed, the minutes of staff meetings were not available for inspection on the day of this inspection. These minutes should have been available in the centre for inspecting as they were supporting evidence that actions arising from audits, were being addressed
- one resident was experiencing some difficulty accessing their personal finances. While the person in charge and location manager were aware of this issue and were attempting to address it, at times it was impacting on what social activities the resident could engage in. For example, the resident liked to go swimming but staff reported that they couldn't go to the pool as often as they liked as they may not the money to pay for it
- a recent safeguarding concern had not been reported to the Chief Inspector in a timely manner. This was of concern to the inspectors as notifications, when submitted to the Chief Inspector, provide assurances that where adverse incidents or allegations occur in the centre, they have been reported to the relevant state agencies and appropriately managed in line with policy and procedure using a person-centred approach. However, the location manager was aware of the issue, it had been reported to the national safeguarding team and a safeguarding plan was in place to support the residents safety. The issue was also retrospectively reported to the Chief Inspector.

All of the above required review so as the provider could be assured there was adequate management systems in place at all times to ensure the service provided was being effectively monitored.

Judgment: Not compliant

## Quality and safety

On the day of this inspection the residents living in this centre appeared settled and content in their homes and staff were observed to be attentive to their needs. However, as per the last inspection in January 2024, issues remained ongoing with the premises and fire precautions.

Notwithstanding, a number of significant improvements had been made to two houses that comprised this centre. Additionally a new modernised bungalow had

been acquired by the service for one of the residents.

Systems were in place to safeguard the residents and where or if needed, safeguarding plans were in place. Systems were also in place to manage and mitigate risk and support the residents' safety in the centre.

Firefighting systems were in place in two of the houses to include a fire alarm system, fire doors, fire extinguishers, a fire blanket and emergency lighting. However, in one of these houses the fire fighting system was not yet operational and some of the fire doors required sealing. This house had a number of smoke detector alarms in place, fire extinguishers, emergency lighting and a fire blanket. The other house had no fire alarm system, emergency lighting or fire doors, but had a number of smoke detector alarms, fire extinguishers and a fire blanket in place.

The three houses were observed to be warm and welcoming on the morning of this inspection however, two of them required refurbishment throughout. Notwithstanding, the inspectors observed that the three residents appeared happy and settled in their homes and were in receipt of a person centred and individualised service.

## Regulation 17: Premises

The designated centre comprised of three single occupancy bungalows.

As identified in section one of this report, the first house visited by the inspectors did not meet the requirements of the regulations as the premises were not in a good state of repair. The bathroom and kitchen area needed complete upgrading and replacing and the entire house needed painting. Notwithstanding, it was homely and the resident had their own personalised bedroom and sitting room which were clean and tidy. Additionally, although the resident was off form, they appeared settled and content in their home. The person in charge informed the inspectors that they intended to apply to vary their conditions of registration so as to remove this house from the designated centre as it was being replaced with a modernised two bedroom bungalow (as discussed in section 1 of this report '*What residents told us and what inspectors observed*').

The second house that comprised this centre also required a number of refurbishments, upgrading and painting. Additionally, some of the flooring required replacing. It was also observed that the external part of the house required painting. However, as with the first house, the resident had their own personalised bedroom as well as a kitchen area and sitting room. Garden areas to the front and rear of the property were also available to the resident. Notwithstanding, while the house appeared homely and welcoming on the day of this inspection, the premises did not meet the requirements of the regulations.

Significant renovations had been completed in the third house. This house had been completely refurbished since the last inspection in January 2024 to include new

flooring throughout, the installation of a new bathroom and an upgrade to the kitchen (to include new appliances). The sitting room had also been refurbished and decorated with new furniture. The resident's bedroom had been painted and redecorated. While it was observed that some finishing touches to the paintwork were required around the architraves and skirting boards, the house was warm and welcoming and, the resident appeared happy and settled living there.

However, at the time of this inspection, two of the houses comprising this centre did not meet the requirements of regulation 17: premises.

Judgment: Not compliant

### Regulation 27: Protection against infection

Due to ongoing issues related to the premises as identified in the opening section of this report and under regulation 17: premises, two of the houses that comprised this designated centre did not meet the requirements of regulation 27: protection against infection.

Judgment: Not compliant

### Regulation 28: Fire precautions

At the time of this inspection two of the houses that comprised this centre did not meet the requirement of regulation 28: fire precautions.

In the first house the inspectors visited, there was no integrated fire alarm system, no fire doors and no emergency lighting. Additionally, one of the bedrooms was a room within a room which meant the escape route from this room was inadequate.

However in order to mitigate against the risk of a fire in this house, the provider took a number of precautions to include the following

- a number of smoke alarm detectors were installed throughout the house which were checked on a regular basis by staff
- fire extinguishers were available in the house (due for servicing on April 22, 2025)
- a fire blanket was available in the house
- the person in charge informed the inspectors all staff had training in fire safety
- they also reported that fire drills were being conducted and the resident had no issues evacuating the house during a drill
- the resident had a personal emergency evacuation plan in place which detailed the support they needed during an evacuation

- there were staff present in the house to support the resident on a 24/7 basis.

However, on the day of this inspection the inspectors observed that one door was wedged open and another was being held open by a fire extinguisher in this house. This was of concern to the inspectors as wedging doors open could cause a fire to spread more rapidly. The person in charge informed the inspectors that a new modernised bungalow had been secured for this resident and it would be kitted out with all the required fire safety equipment as required by the regulations, prior to them moving into their new home.

The second house had installed a fire alarm system, fire doors and emergency lighting however, the system was not operational at the time of this inspection and some of the fire doors required sealing. In order to mitigate against the risk of a fire in this house, the provider took the same precautions as detailed above in the first house. The inspector asked the location manager to activate the three smoke alarm detectors in this house and it was observed that all three were in working order. Additionally, a fire drill conducted in this house in January 2025 informed that it took one staff member and the resident one minute to evacuate the premises with no issues recorded.

The third house had a fire alarm system in place to include emergency lighting, fire extinguishers and fire doors. One inspector asked the staff member present to set off the fire alarm and it was observed that both the staff member and resident exited the building once the alarm was sounded and went to the fire assembly point. The inspector noted that the staff member followed the fire procedures as documented in the fire folder. Every room in this house had a fire detection monitor and there was a heat detector in the kitchen along with a fire and smoke detector. Monthly fire drills were also being carried out, there was an emergency plan in place in the event of a major fire and systems were in place for the inspection and testing of fire equipment.

However, at the time of this inspection the first two houses visited by the inspectors did not meet the requirements of regulation 28: fire precautions. Additionally, on visiting the first house the inspectors observed that one door was wedged open and one was held open by a fire extinguisher. It was also observed in the third house that the door between the kitchen dining room did not have a self closure and was not connected to the fire alarm system

In turn, the fire precautions required review by a competent fire person so as the provider could be assured that there were adequate fire precautions in place to ensure the residents safety.

Judgment: Not compliant

## Regulation 8: Protection

Policies, procedures and systems were in place to support the residents' safety and

safeguarding plans were in place where or if they were needed. The inspectors also noted the following:

- information on how to contact the designated safeguarding officer was on display in the centre
- the team charter agreement in one house that comprised this centre advocated for a person centred approach when supporting the resident
- staff had training in safeguarding of vulnerable adults, communicating effectively through open disclosure and Children's First
- one staff member confirmed with one of the inspectors that they had completed training in safeguarding
- some staff had training in advocacy and human rights
- the location manager said they were confident that if any of their staff had any concern about the safety or welfare of the residents, they would make their concerns known
- the person in charge said that there were no open complaints about the service at the time of this inspection
- the location manager reported that their staff team were to be provided with further bespoke training in safeguarding on May 16, 2025.
- the location manager was also able to talk the inspector through the reporting procedures of a safeguarding concern.

It was observed that the centre did not notify the Chief Inspector of an adverse incident recently occurring in the centre in a timely manner. This issue was discussed and actioned under regulation 23: governance and management. The inspector acknowledged however, that the issue had been reported to the safeguarding officer and the national safeguarding team, preliminary screening took place and a safeguarding plan was developed for the resident. In turn the location manager took a number of steps to support the residents safety and wellbeing. They also retrospectively reported the issue to the Chief Inspector.

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 | Compliant     |
| Regulation 23: Governance and management      | Not compliant |
| <b>Quality and safety</b>                     |               |
| Regulation 17: Premises                       | Not compliant |
| Regulation 27: Protection against infection   | Not compliant |
| Regulation 28: Fire precautions               | Not compliant |
| Regulation 8: Protection                      | Compliant     |

# Compliance Plan for Longford Centre 4 OSV-0008722

Inspection ID: MON-0046536

Date of inspection: 15/04/2025

## 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 23: Governance and management  | Not Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:<br>The PIC is in the process of recruiting a team lead for this designated centre who will be onsite at the locations to carry out their duties. This will be in place by (30.06.25). A protocol has been put in place for a PIC from another centre to cover annual leave/sick leave of the PIC. PIC role will transfer to the local manager once requirement of qualification has been completed. (05.09.25). Soldo cards (cashless card) have commenced to address the issue of excess cash on hand. (completed). Staff meeting minutes are now held on site at all three locations. (completed). Discussion regarding residents finances has been completed, work is underway with family to ensure resident has access to finances at all times completed by (30.05.25). All required Notifications to the Chief Inspector are up to date and will be completed within appropriate timeframe (Completed). |               |
| Regulation 17: Premises   | Not Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises:<br>The first property will be removed from the designated centre and replaced by a two-bedroom bungalow. Works are nearing completion on the new property. The application to vary the conditions of registration and the move in date for the resident will be completed by the (30.09.25) The second property requires internal and external works and will be completed by (31.10.25). The third property will have finishing touches to paintwork and self-closer for fire door completed by (30.06.25).  |               |

|   |               |
|---|---------------|
|   |               |
| Regulation 27: Protection against infection   | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>As works are carried out on each of the two premises, this will ensure that the standard required for adequate protection against infection is met. Property 1 – (30.09.25)<br/>Property 2 (31.10.25)</p>   |               |
| Regulation 28: Fire precautions   | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Property 1 – Resident is moving to a new modernised bungalow. An application to vary conditions of registration and the move in date for the resident will be completed by the (30.09.25)</p> <p>Property 2 - We have specified and tendered the works. This tender includes the installation of an LD1 fire detection and alarm system, emergency lighting, fire stopping in the protected corridor and attic space, certified fire doors, door closing devices, electrical testing and PAT Testing.<br/>Fire compliance works have commenced at this property and will be completed by (31.10.25)</p> <p>Property 3 Self-closer for fire door and connection to fire alarm system will be completed by (30.06.25).</p> <p>Fire Precautions review by a competent fire person will occur monthly. Note of review will be held on file at each location commence by (30.05.25).</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 17(1)(b) | The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.   | Not Compliant | Orange      | 31/10/2025               |
| 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. | Not Compliant | Orange      | 05/09/2025               |
| Regulation 27       | The registered provider shall ensure that residents who may be at risk of a healthcare associated  | Not Compliant | Orange      | 31/10/2025               |

|                         |   |               |        |            |
|-------------------------|---|---------------|--------|------------|
|                         | infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.   |               |        |            |
| Regulation 28(2)(a)     | The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings. | Not Compliant | Orange | 31/10/2025 |
| Regulation 28(2)(b)(ii) | The registered provider shall make adequate arrangements for reviewing fire precautions.  | Not Compliant | Orange | 30/05/2025 |