



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

## Issued by the Chief Inspector

Name of designated centre:	Corrig Woods
Name of provider:	Lotus Care Limited
Address of centre:	Laois
Type of inspection:	Short Notice Announced
Date of inspection:	20 January 2025
Centre ID:	OSV-0008770
Fieldwork ID:	MON-0046126

## About the designated centre

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

Corrig Woods provides support for up to five children aged between 6 and 18 years. The provider has outlined in their statement of purpose that they can provide care and support for children with a mild to moderate intellectual disability and other comorbid conditions such as Autism, Attention Deficiency Heightened Disorder (ADHD) and Oppositional Defiant Disorder (ODD), Sensory Processing Disorder, Global Developmental Delay and other neurodevelopmental disorders, who may present with additional needs. Corrig Woods is a 5 bedroom house with a large open plan living and kitchen areas that opens up into a balcony overlooking a large garden. All service owners have access to sizeable bedrooms. Each service owner can choose their own bedroom and can be personalised with their own belongings. The service users are supported 24/7 by a minimum two qualified staff members as per needs identified throughout both the day and night.

**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
Monday 20 January 2025	09:00hrs to 13:45hrs	Aonghus Hourihane	Lead
Tuesday 21 January 2025	09:00hrs to 13:00hrs	Aonghus Hourihane	Lead
Monday 20 January 2025	09:00hrs to 17:00hrs	Carmel Glynn	Support
Tuesday 21 January 2025	09:00hrs to 13:00hrs	Carmel Glynn	Support

## What residents told us and what inspectors observed

This short notice announced inspection was completed to assess the provider's compliance with the regulations. This was a first inspection of the designated centre, following a site visit completed in April 2024, following an application to register the designated centre. The inspection was facilitated by the person in charge and regional operations manager. Other members of the management team were present in the centre during the inspection and attended the feedback meeting.

There were a significant number of non compliance's with the regulations found during this inspection. There were concerns about the provider's overall governance and management of the centre (Regulation 23). The inspectors were concerned about safeguarding (Regulation 28), and risk management (Regulation 26) needed significant improvement. The inspectors found that the provider could not evidence that the children's welfare and rights were fully promoted within the centre. The inspectors also issued urgent actions to the provider pertaining to the legal status of two children residing in the service and to the lack of a comprehensive assessment of need for one child living in the service since September 2024 (Regulation 24 and Regulation 5). The provider was also not in compliance with requirements around volunteers that had worked in the service (Regulation 30).

The centre is located on the outskirts of a town in County Laois. It is a large property spread over different levels and the provider made efforts to make the spaces welcoming for children and their families. The house was clean and well-maintained. There was adequate space available for the current cohort of residents but the provider needed to be mindful of the mix of children's needs. For example, there were three children assessed as requiring two to one staffing during waking hours which meant that there was a minimum of seven adults in the house during the day alongside management cover.

There are large gardens to the front and rear of the property. The provider had installed outdoor play equipment for the children to enjoy as the weather improves. The house was located beside a wooded area which gave the children the opportunity to use this facility on a regular basis. The provider had arranged that each child had access to their own transport which was primarily used to get the children to and from school.

All the children had been living in the centre over the Christmas period. There was evidence on the files reviewed, that the children received ample gifts from Santa and that the provider had made efforts to ensure the house was homely and welcoming. The inspectors also saw that there was evidence of feedback from two families and this was very positive about how their respective children were being cared for.

There were four children living in the centre, with one vacancy. An inspector had the opportunity to meet with two of the children during the course of the inspection, on

their return from school in the afternoon. Both of the children were non-verbal and did not communicate directly with the inspector, but the inspector observed the children and their interactions with staff. One of the children went to their bedroom on their return from school and played games on their iPad, while their staff member prepared their dinner. The child appeared comfortable in staff's presence, and brought the iPad over to the staff member to look for assistance when needed. The staff member reported that the child's teacher had said they had a great day in school, and had done very well with their Maths. The staff member reported that they do very well in school, that they can write very well and are excellent at using information technology (IT). The inspector observed the child moving freely throughout the house, and they appeared comfortable in the house.

The inspector met another child on their return from school with two staff members. The child went to play with toys, and one of the staff member's supported them to choose a toy to play with. The staff member's interactions with the child were kind and child appropriate. The child appeared happy to be home and content in staff's presence. The staff member asked if they wanted to choose something to eat, and followed the child's lead when they brought a box of toys into the sitting room. The child appeared happy and relaxed, smiling and moving around.

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 the residents lives.

## Capacity and capability

This short notice announced inspection was carried out as part of ongoing regulatory monitoring of the centre, and was the first inspection following the provider's completed application to register the centre.

There was a clear organisational structure in place to manage the centre. The person in charge worked full-time and was responsible for two designated centres. The person in charge was supported in their role by a team leader, staff team and service manager. There were on-call management arrangements in place for out-of-hours emergencies. Given the levels of non compliance in the centre, the inspectors did ask the provider to assure itself that the current arrangements whereby the person in charge was responsible for two centres was appropriate and ensured effective governance of this centre.

During the course of this inspection the provider was asked to give urgent assurances about the operation of the centre, primarily the legal criteria for admission and ensuring that comprehensive assessments of need were in place for all children in the service. The fact that there was ambiguity about the care status of two children had significantly impacted the provider's capacity to fully appreciate

and understand their responsibilities towards meeting the needs of the children in the service.

The provider had completed its six monthly review of the quality and safety of care in the centre. The report was comprehensive and did point to areas of improvement but it fundamentally failed to identify the key areas of non compliance identified during this inspection.

The person in charge was completing a suite of audits on a very regular basis that oversaw many aspects of the care on offer in the centre. The audits generally found that there were high levels of compliance in the areas reviewed and the person in charge took appropriate action to resolve issues and learn from them on a regular basis.

The provider appeared not to face very significant challenges in terms of resourcing the centre. As an example, there was largely a full compliment of staff in place and the provider had the capacity to fill gaps that appeared on the rota. The provider had a greater challenge in ensuring that it had clear, comprehensive and evidence based plans in place for the children, in ensuring that plans were shared fully with staff and that these plans were monitored for consistency and success through management systems.

#### Regulation 14: Persons in charge

The registered provider had appointed an appropriately qualified and experienced person to manage the centre. The person in charge was very open to feedback throughout the inspection and recognised that significant work was required in the areas such as risk, personal planning and staff development. They had recognised these areas for change and development. They were aware of their regulatory responsibilities.

The person in charge was also in charge of another designated centre. Given the levels of non compliance with the regulations and the scale of the administrative burden of this designated centre, the inspectors asked the provider to assure itself that these arrangements ensured the effective governance, operational management and administration of the designated centre.

Judgment: Substantially compliant

#### Regulation 15: Staffing

The provider had ensured that there was adequate staff to meet the needs of children living in the centre, however, improvements were required to maintaining a

house specific roster and to ensuring that all information and documents required in respect of each staff member was available.

The inspectors reviewed a sample of two month's rosters for the centre. The provider had nineteen staff on the roster. Staffing levels had increased in the weeks before the inspection, following a new resident moving into the centre in December. Three of the children were assessed as requiring 2:1 staffing levels, with one child assessed as requiring 1:1 staffing. This corresponded with the staffing levels outlined on the rosters.

There were seven staff on duty with the four children during waking hours, and three waking night staff during night-time hours. The provider reported that they normally did not have challenges with filling the roster. It was maintained by a core staff team and they primarily used their own staff from a different house to fill any gaps in emergency circumstances. There was limited use of agency staff. There were no gaps apparent in the samples of rosters reviewed.

The provider and person in charge needed to complete a review of how the roster was managed in the centre. There was no specific roster for the centre as it also contained the staffing arrangement and staff assigned to other different designated centres. The provider committed to resolving this. The designated centre was a standalone legal entity.

The inspectors also reviewed a sample of four staff files. Two of the staff files contained all of the documents specified in Schedule 2. One of the other files viewed was missing photo ID for the staff member, and the other file did not contain a copy of the staff member's qualifications, and their contract stated their role was 'social care worker', whereas the job description indicated their role was a social care assistant. The provider reported that staff files are being reviewed currently in the organisation.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

The inspectors viewed the training matrix for the centre. All of the staff had completed the mandatory training required, including fire safety, an introduction to children's first, safeguarding, CPI (Safety Intervention Foundation) and safe administration of medication training. There were four new staff who had yet to complete manual handling training, which was scheduled in the coming weeks.

In addition to the mandatory training required, all staff had completed training on the four online modules on human rights, as well as supported decision making training.

The inspectors also viewed samples of four staff supervision records. The records showed that agenda items varied, and were resident focused. Staff were provided



with an opportunity to discuss any concerns they may have about care and support for residents. The supervision records indicated that staff were provided with regular supervision meetings facilitated by the team leader, the person in charge attended at times too.

Although the cohort of residents currently residing in the centre all had a diagnosis of autism, no specific autism awareness training had been provided to staff to guide and promote best practice.

Judgment: Substantially compliant

## Regulation 22: Insurance

The provider had the appropriate arrangements in place ensuring that there was insurance cover in place as stipulated by the regulations. The provider sent evidence of this after the inspection was completed.

Judgment: Compliant

## Regulation 23: Governance and management

Inspectors were concerned that the providers admissions policy was unclear and were concerned about the legal status of children residing in this centre. The lack of clarity posed significant risks to the children as the provider was unable to complete robust assessments of need and follow on personal plans.

There were significant concerns about management systems in place in the designated centre. The current suite of audits were not identifying the key areas for improvement in relation to assessments of need and personal plans for children.

Inspectors were concerned about the identification and management of risk in the centre. The providers risk management policy had failed to identify many issues such as the legal status of children in the service. Inspectors were concerned about the application of the risk management policy as mitigation measures did not seem to impact the identified risks in the centre.

The management systems failed to identify a significant safeguarding concern resulting in the provider failing to follow its own safeguarding policy as well as national guidance and legal obligations.

The provider had completed its six monthly visit to the centre and a report was available; while this report made recommendations about improvements to the service, it did not identify many of the fundamental issues as outlined in this report.

There was evidence of three recent staff meetings but in general there was poor attendance with two meetings having less than half the staff team in attendance, those who had not attended did not sign the minutes so the provider could not evidence that there was necessary information sharing for the staff team.

Judgment: Not compliant

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

The criteria for admission to the centre was not fully transparent and in accordance with the statement of purpose.

The registered provider was unable to categorically inform the inspectors over the two days of inspection the legal status of two children residing in the centre. The contracts for care were signed by parents in three circumstances and in one incident the commissioner of the placement. The contracts were unclear and consistently referenced a separate commissioner of services.

In one circumstance where there was no evidence pertaining to the legal status of a child, it was concerning that there was no evidence that any person with legal standing had agreed to the child being placed in the service.

The inspectors consistently sought clarity over the two days from the provider on these matters but the provider was unable to comprehensively answer these matters.

The management team did make extensive efforts over the two days to get clarity from the commissioners of the service as to the exact legal status of the children residing in the designated centre.

In a separate case, the ambiguity pertaining to the legal status directly impacted the provider's ability to gather information pertaining to the assessed needs of the child and as such the information in the contract for care was limited, furthermore, it was not evidenced or verifiable as to what support, care and services the child would need.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspectors during the inspection. It was available in the centre and it contained the required information as outlined in

Schedule 1 of the regulations and had been reviewed and updated since the centre opened.

Judgment: Compliant

### Regulation 30: Volunteers

The registered provider did not have an active policy pertaining to volunteers. In October 2024, there was a student working with a child. The person in charge confirmed that there was no written agreement in place outlining their role or responsibilities. There was no written agreements in place pertaining to support or supervision.

A senior manager confirmed to the inspectors that no students or other volunteers were working or planned to work with the children. They also confirmed that there was a draft policy pertaining to volunteers but it was not active or approved.

Judgment: Not compliant

### Quality and safety

The provider needed to ensure that the measures in place to promote the welfare of all children were strengthened and that it clearly understood its obligations under the regulations to the children it was caring for.

There were many examples of good practice and staff and management that spoke to the inspectors were committed to looking after the children and meeting their needs in full. The management team were frank in their discussions with inspectors, they generally accepted the areas that needed to be improved and discussed how many of these areas were ones that they themselves wanted to change. The person in charge spoke about how they needed to change the way they completed personal plans and how they wanted to introduce systems that were in place in other designated centres.

The premises were laid out in a manner to meet the needs of the current children residing in the centre. The children had access to ample outside space for play and recreation. The children had access to television, the Internet and there was evidence that there was ample supplies of games and materials to engage children in play.

The provider had completed the works in relation to fire prevention and mitigation. The current operation and management of fire safety had been completely overhauled.

The provider needed to significantly review all its procedures relating to the safeguarding of children. All staff had received the necessary training but a serious safeguarding incident was not addressed through the providers own procedures or did it follow national guidance. The provider assured the inspectors that this incident was reported to the relevant bodies on day two of the inspection.

The children residing in the centre were all attending school although their education facilities required them to travel considerable distances everyday. There was evidence that the children did get to complete activities in their free time but much work was needed to ensure that their assessments of need captured their interests from a holistic perspective and that the personal planning process ensured children had regular activities that were varied and purposeful.

Improvements were required to the care planning process to ensure a holistic approach with input from those who knew the needs of the child well such as health care professionals and education staff. The children had intimate care plans on file but these only described the child's needs, they did not give detailed directions to staff as to how to manage these situations and the plans did not promote the rights or integrity of the children.

The providers management of risk needed to be significantly overhauled. The current system failed to recognise some of the risks as identified during this inspection namely in relation to the legal status of children and also in relation to poor assessments and poor personal planning. The risk matrix used by the provider was narrow and thus the effectiveness of good and warranted mitigation measures to alleviate risk were not fully recognised.

## Regulation 10: Communication

The children residing in the designated centre were supported to communicate in accordance with their needs and abilities. All of the children residing in the centre were non-verbal. The children were supported to communicate using alternative means, and the inspectors observed visuals such as a choice board for food items and activities in the centre. The person in charge reported that they were working on using picture exchange systems with the children.

Staff were familiar with the children's communication preferences, and staff were observed to respond to and understand the children's gestures. The person in charge reported that assistive technology was being explored for one of the children, and they were in the process of applying to acquire a device for this child. One of the children could write, and the staff reported that they write to communicate their needs.

The children had access to televisions and an iPad, and could access these as required.

Judgment: Compliant

### Regulation 11: Visits

The registered provider facilitated and promoted visits to the centre and there was clear evidence available that families had visited the centre on a consistent basis.

There was ample appropriate, comfortable and private space for visitors to meet and spend quality time with loved ones.

The registered provider also facilitated visits outside of the centre and for the children to visit their family homes where appropriate. On the day of the inspection, two of the children were being supported to visit and spend time with family members.

Judgment: Compliant

### Regulation 13: General welfare and development

The majority of children residing in the designated centre had two staff working with them at all times. The daily activities for two children were reviewed and while the children were doing activities, these were found to be limited and repetitive. The weekly planners for one child were primarily made up of (1) social drives, (2) playground, (3) walk in woods and (4) house play, this pattern was repeated and the inspectors could only see one separate outing of a trip to the zoo in recent months. The provider was asked to guide the inspectors to any other evidence of activities undertaken but this was not provided.

The children were all attending school but their assessments of need did not consider their educational attainment targets and on one child's file there was no evidence that there was any formal or informal sharing of information between the school and the designated centre.

The provider could evidence that it was supporting a child to complete life skills but it was unclear how the provider was measuring success and without the involvement of the school there were significant gaps in the continuity of care and services offered to the child.

Judgment: Not compliant

## Regulation 17: Premises

The premises is a large home with five bedrooms spread over a number of levels. The centre was clean and well maintained and was generally decorated to meet the needs of the current children in the service. The provider had in place an outdoor area to the rear of the property where appropriate outdoor recreational equipment was in place. The children had individual bedrooms with ample storage and there were efforts to personalise the rooms to reflect the interests of the children. Toys and play equipment were freely available in the centre. The children presented as comfortable in their surroundings. The kitchen area was spacious with sufficient food storage. There was a playroom downstairs where children could play and do artwork, and the children's artwork was displayed on the walls. The premises provided the facilities as outlined in Schedule 6 of the regulations.

Judgment: Compliant

## Regulation 18: Food and nutrition

The inspectors reviewed samples of food menus for the children, which outlined a variety of food on offer. Each child had their own weekly menu. The person in charge outlined that the children are offered food choices using pictures, and that one of the children likes to go food shopping with staff to pick items they like. The food menu for one child noted their individual dietary needs related to their religious choices. The food menus outlined a variety of child appropriate and nutritious options.

There were pictures of examples of the children's school lunches displayed on the wall in the kitchen, to ensure consistency between different staff preparing the lunches.

The provider reported that the children are supported to help with meal preparation as much as possible, and that one of the children can make toast by themselves. The children's food intake was logged daily as part of daily notes.

The food storage was adequate and hygienic.

Judgment: Compliant

## Regulation 26: Risk management procedures

The inspectors had serious concerns about the identification, active management and review of both environmental and individual risks in the centre. On day two of the inspection, these concerns were brought to the attention of a senior manager who accepted that the risk management policy needed to be significantly overhauled in the centre.

The provider had failed to recognise the significant risks associated with not knowing the legal basis by which children residing in the service were placed.

The provider's risk management system did not clearly show a pathway of how risks were escalated to senior managers or how the provider responded to escalated risks.

The inspectors had concerns about named risks such, (1) child protection, (2) transport of children and (3) two children and one staff member in a car. These were risk rated at the second highest level even after mitigation measures were in place. There was no evidence or clear rationale for the risk ratings.

The individual risk assessment of a child for behaviours of concern was rated as red (highest possible rating). There was no evidence that this had been reviewed since the child was placed in the service and no recorded evidence of on-going incidents that would justify the risk rating. The provider was asked to evidence this risk but accepted that it was no longer appropriate.

After a serious incident of a child protection nature in October 2024, the provider did not carry out any review or disseminate any learning to staff and this incident wasn't considered from a risk management perspective.

Judgment: Not compliant

## Regulation 28: Fire precautions

The registered provider had adequate fire protection systems in place in the centre. The fire equipment that was viewed had been recently serviced and the fire folder was up to date. The centre was fitted with fire doors and all these were working as intended when checks were completed. There was evidence that daily, weekly and monthly checks were taking place on fire protection systems as outlined in the provider's policy.

All the children had personal evacuation plans that were under regular review by the person in charge. There was evidence that the provider was carrying out regular fire evacuations and that children were receiving adequate support during these and no issues of concern were arising. However, the provider had not completed a fire evacuation drill with the four children present and minimum staffing levels. The provider committed to doing this.

The fact that there were three waking staff at night time did mitigate against the risk of harm to children in the event of a fire.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspectors reviewed in detail the files of two children. The inspectors were significantly concerned about the assessment and personal plan pertaining to one child who was resident in the centre since September 2024. There was no pre-admission risk assessment on file, there was no health check/ assessment carried out on admission or since, there was no vaccination records on file, there was no evidence that the child had visited a dentist or had an eye check since their admission or any history of the child's involvement or not with these services. There was no school report or any available education report. There was no assessment carried out by any allied health professional. The provider was asked for any evidence to underpin their assessment but they stated that the parents of the child took care of these areas and they did not have the information. The provider was issued with an urgent action to resolve this matter and to ensure they had a comprehensive assessment of this child's needs on file to guide staff practice in the centre.

The personal planning process needed to be significantly overhauled within the centre. There was inadequate evidence of personal goals for the two children that were reviewed. The provider was unable to name the goals for both children, the key working sessions that were taking place were linked to daily activities as opposed to clear, definable achievable goals where there was no evidence of input from the child and their parents. The person in charge accepted that the process needed to be updated and changed in the centre.

Judgment: Not compliant

### Regulation 7: Positive behavioural support

The person in charge kept a clear log of all restrictive practices in the service. These restrictive practices were reported in line with guidance and reviewed at regular intervals. The service largely operated with minimal restrictions to the children residing in the service.

The staff team had all received training in positive behavioural support.



An Inspector reviewed two positive behavioural support plans. The plans were relatively short and easily understood for those that worked with the relevant children.

Given the inadequate information available to inform the assessment of one child, the inspector wasn't assured that the positive behavioural plan in place fully addressed all the pertinent areas to support the child to manage their behaviour.

Judgment: Substantially compliant

### Regulation 8: Protection

On day one of the inspection, the inspectors discovered an incident had occurred on 17/10/2024 while reviewing staff files. The incident was of a child protection nature but the provider had only addressed it through human resource (HR) procedures. The incident was immediately brought to the attention of the provider for review.

The provider had failed to follow its own and national safeguarding processes, the provider did not screen the incident, did not meet its obligations under Children's First Guidance and did not notify the Chief Inspector of Social Services about the incident.

The incident had the potential to significantly impact on the safety and welfare of the children involved.

The provider immediately accepted that this was an error and agreed to take appropriate steps to retrospectively address the incident in line with national guidance and its own procedures.

Judgment: Not compliant

### Regulation 9: Residents' rights

The inspectors were not satisfied that the centre was operating in a manner that fully respected and promoted the rights of all children residing in the service.

The very fact that the provider was unable to clearly confirm the legal status of two children residing in the service clearly compromised the foundation of the promotion and respect of their rights.

There was insufficient evidence that the children were able to exercise choice and control in their daily lives. In one file, where it was clear that a child had expressed

a liking of trains, swimming and nature, these interests were not fully promoted in their daily plan and did not form part of their personal plan.

The children in the service did not receive 'pocket money' and there was no work being completed around money management while recognising their age and abilities.

There was no evidence that any child in the service was offered independent advocacy services or that any individual work was completed to try and explain what advocacy was.

Judgment: Not compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Not compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Corrig Woods OSV-0008770

**Inspection ID: MON-0046126**

**Date of inspection: 21/01/2025**

## **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 14: Persons in charge	Substantially Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: <ul style="list-style-type: none"><li>• To ensure the effective governance, operational management and administration of the designated centre is completed to a high standard there will be a full time Person in Charge appointed to Corrig Woods to come into Compliance with Regulation 14. The recruitment process has been started. To be completed by 30-05-2025.</li></ul>	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"><li>• Onboarding file checks have been completed on staff in the designated center. Completed 31-01-2025.</li><li>• A review of the Time &amp; attendance system has been completed, to ensure shared centers are not visible. Completed 31-01-2025</li></ul>	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development:	

<ul style="list-style-type: none"> <li>• Specific Autism awareness training has been scheduled for the designated center on the 28th of February 2025 to guide and promote best practice of supporting service owners with the diagnosis of Autism. To be completed 28/02/2025</li> <li>• Manual handling training has been scheduled for the 27th of February 2025 to ensure health and safety standards are maintained within the designated center. To be completed 27/02/2025</li> </ul>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• To ensure effective governance of the designated center a full time Person in Charge will be allocated to the center. To be completed 30-05-2025</li> <li>• A second deputy team leader has been appointed to the designated center to ensure there is a 7-day management presence within Corrig Woods. Completed 08.02.2025</li> <li>• Risk management policy has been reviewed and updated. A full review and necessary amendments have been made to the internal audits in particular the admissions process and the legal status of the proposed placement. Completed 18/02/2025</li> <li>• Risk management committee to meet monthly. 21-03-2025</li> <li>• Monthly monitoring of team meeting attendance will continue in the designated center. An online option for staff to attend team meetings is now available to all staff. Monthly feedback on team meetings will continue to be communicated to the regional service manager and Director of Services. Completed</li> <li>• Monthly team meeting minutes will be circulated using a company communication app. 21-03-2025</li> <li>• The admission policy has been updated to ensure all admissions documents record the legal status of the proposed placement. An external agencies compliance documents admissions checklist has been implemented to ensure a robust information gathering process prior to admissions into the designated center. This Checklist will ensure clarity regarding the legal status of the proposed placement 27-01-2025.</li> <li>• A comprehensive review of service owners "All about me" – My Personal Plan document has been further developed to comprehensively capture service owners life skills, person centered care planning and track and measure their success of goals. 24-01-2025</li> </ul>	
Regulation 24: Admissions and contract for the provision of services	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> <li>• A full review of the admissions policy has been completed to ensure there is a robust information gathering process for the proposed placement . All relevant staff have been notified of the above changes. 11-02-2025</li> <li>• To further support the admissions discharge transition process the post of ADT manager is currently being recruited for. 30-04-2025.</li> <li>• The admission policy has been updated to ensure all admissions documents record the legal status of the proposed placement. An external agencies compliance documents admissions checklist has been implemented to ensure a robust information gathering process prior to admissions into the designated center. This Checklist will ensure clarity regarding the legal status of the proposed placement 27-01-2025.</li> <li>• The Contract for Care has been reviewed to include legal statuses of Services owners which will be required to be signed prior to a service owner residing in a designated center. This document will require the authorised legal guardian’s signature. 27-01-2025</li> </ul>	
Regulation 30: Volunteers	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 30: Volunteers: Policy and Procedure on Volunteers will be reviewed and approved. 31-03-2025.</p>	
Regulation 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <ul style="list-style-type: none"> <li>• A full time Person in Charge will be appointed to the designated center. 30-05-2025.</li> <li>• To ensure clear open communication occurs between the school and the designated center, Educational and medical consent forms have been developed for the legal guardian to sign to give consent to the designated center to access these records. 29-01-2025</li> <li>• School education communication apps have been set up on the centre PC classDojo. 04-02-2025.</li> <li>• The person in charge will complete regular audits on weekly planners and keyworking documentation to ensure meaningful activities are recorded and captured. 24-02-2025</li> <li>• All available medical assessments will be issued to the designated center prior to admissions as per the external agencies – admissions compliance documents checklist 27-01-2025</li> <li>• A comprehensive review of service owners “All about me” – My Personal Plan</li> </ul>	

document has been further developed to comprehensively capture service owners life skills, person centered care planning and track and measure their success of goals. 24-01-2025

Regulation 26: Risk management procedures

Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- Pre-admissions risk assessment has been updated to include the legal status of the service owner. 27.1.25
- Risk management policy has been reviewed and updated. A full review and necessary amendments have been made to the internal audits in particular the admissions process and the legal status of the proposed placement. 18/02/2025
- The risk register rating has been reviewed to ensure the controls in place are reflected on the designated center environmental risk register and the service owners individual risk assessments. 28-01-2025.

Regulation 5: Individual assessment and personal plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- Pre admissions risk assessment has been updated and will be completed prior to admissions. Completed 27-01-2025
- A comprehensive review of service owners "All about me" – My Personal Plan document has been further developed to comprehensively capture service owners life skills, person centered care planning and track and measure their success of goals. 24-01-2025
- An external agencies compliance documents admissions checklist has been implemented to ensure a robust information gathering process prior to admissions into the designated center. This Checklist will ensure clarity regarding the legal status of the proposed placement 27-01-2025.



Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> <li>• An external agencies compliance documents admissions checklist has been implemented to ensure a robust information gathering process prior to admissions into the designated center. This Checklist will ensure clarity regarding the legal status of the proposed placement 27-01-2025.</li> </ul>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> <li>• CWPR report form completed, this is now closed. 21-01-2025.</li> <li>• NFO6 submitted on the HIQA portal. 21-01-2025.</li> <li>• EPIC advocacy pack has been provided to the staff members to complete key working with the Service owners of the designated center. 10-02-2025.</li> <li>• Volunteer Policy has been approved. 11-02-2025.</li> <li>• Safeguarding agenda item monthly at team meetings. 24-02-2025</li> </ul>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>• A comprehensive review of service owners "All about me" – My Personal Plan document has been further developed to comprehensively capture service owners life skills, person centered care planning and track and measure their success of goals. 24-01-2025.</li> <li>• Key working will be completed regularly with the service owners around independent advocacy through social stories and in an age appropriate manner. Displays of advocacy to be placed in the designated center. 24-02-2025</li> <li>• Pocket money has been implemented for the service owners.. Money management plans to be implemented for all service owners in the designated center depending on age and abilities. 10-02-2025</li> <li>• Intimate care plans have been reviewed to include all required information. 24-01-2025.</li> <li>• Specific Autism awareness training has been scheduled for the designated center on the 28th of February 2025 to guide and promote best practice of supporting service owners with the diagnosis of Autism. To be completed 28/02/2025</li> </ul>	

## 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(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Not Compliant	Orange	24/01/2025
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	24/01/2025
Regulation 13(3)(c)	The registered provider shall ensure that, where	Not Compliant	Orange	24/01/2025

	children are accommodated in the designated centre, each child has opportunities to develop life skills and help preparing for adulthood.			
Regulation 13(4)(c)	The person in charge shall ensure that when children enter residential services their assessment includes appropriate education attainment targets.	Not Compliant	Orange	29/01/2025
Regulation 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Substantially Compliant	Yellow	20/05/2025
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	11/02/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to	Substantially Compliant	Yellow	28/02/2025

	appropriate training, including refresher training, as part of a continuous professional development programme.			
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	11/02/2025
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an 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.	Not Compliant	Orange	31/03/2025
Regulation 24(1)(a)	The registered provider shall	Not Compliant	Red	31/01/2025

	ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.			
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Red	31/01/2025
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Red	30/01/2025
Regulation 24(4)(b)	The agreement referred to in paragraph (3) shall provide for, and be consistent with, the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose.	Not Compliant	Red	24/01/2025

Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	27/01/2025
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.	Not Compliant	Orange	27/01/2025
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the	Not Compliant	Orange	27/01/2025

	resident's quality of life have been considered.			
Regulation 30(a)	The person in charge shall ensure that volunteers with the designated centre have their roles and responsibilities set out in writing.	Not Compliant	Orange	11/02/2025
Regulation 30(b)	The person in charge shall ensure that volunteers with the designated centre receive supervision and support.	Not Compliant	Orange	11/02/2025
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.	Not Compliant	Red	27/01/2025
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently	Not Compliant	Red	27/01/2025

	than on an annual basis.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Not Compliant	Red	31/01/2025
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Not Compliant	Red	31/01/2025
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her	Not Compliant	Red	31/01/2025



	representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	21/01/2025
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	21/01/2025
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	21/01/2025
Regulation 08(5)	The registered provider shall ensure that where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child the requirements of national	Not Compliant	Orange	21/01/2025

	guidance for the protection and welfare of children and any relevant statutory requirements are complied with.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	24/01/2025
Regulation 09(2)(d)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights.	Not Compliant	Orange	24/01/2025