



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

## Issued by the Chief Inspector

Name of designated centre:	Ballymun Road
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Short Notice Announced
Date of inspection:	11 April 2025
Centre ID:	OSV-0002379
Fieldwork ID:	MON-0046783

## About the designated centre

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

Ballymun Road is a designated centre operated by Saint Michael's House located in North County Dublin. It provides a community residential service to six adults with intellectual and physical disabilities. Each person has their own bedroom. There is a communal kitchen /dining room and a separate shared sitting room area. There is a large enclosed back garden with patio and garden furniture. The centre is staffed by the person in charge and social care workers. Ballymun Road aims to provide a homely environment where individuals are supported to live as independently as possible and make choices about their lives.

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

Number of residents on the date of inspection:	6
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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
Friday 11 April 2025	09:45hrs to 17:45hrs	Karen McLaughlin	Lead

## What residents told us and what inspectors observed

This report outlines the findings of a short-notice announced risk-inspection of the designated centre, Ballymun Road. The inspection was carried out following the receipt of solicited information by way of notifications to the Chief Inspector of Social Services. The information received set out ongoing incompatibility concerns and consequently the conflicting needs of residents, resulting in peer-to-peer safeguarding incidents which were having a negative impact on residents.

The purpose of this inspection was to assess the actions being taken by the provider to address the ongoing incompatibility concerns and to assess if the provider had an update regarding their compliance plan response from a previous inspection of this centre that had identified non compliance in the areas of safeguarding, residents' assessed needs and residents' rights.

The centre comprised of a large two-storey house located in North Dublin. The centre was located close to many services and amenities, which were within walking distance and good access to public transport links. The centre was registered to accommodate six residents and there were six residents living in the centre on the day of inspection.

The inspector used observations, in addition to a review of documentation, and conversations with staff, residents and their representatives to form judgements on the residents' quality of life.

Many aspects of the service provided to residents were to a high standard, and while the provider and person in charge had made extensive efforts to ensure that residents were safe from potential abuse in the centre, their efforts were not effective. The incompatibility of residents and associated safeguarding concerns had not been resolved, and this meant that residents were living in a centre that did not protect them from potential and actual abuse.

The inspector spoke with the person in charge and a social care worker on duty on the day of inspection. They both expressed concerns about the ongoing compatibility issues which were impacting on all the residents' safety and wellbeing.

Staff were aware of the safeguarding policies and associated plans and were implementing them to the best of their ability. Despite this, it was apparent that systemic and operational issues, such as the lack of a suitable placement for a resident, was preventing the provider from fully meeting residents' needs in a safe and timely manner.

On arrival to the centre, four residents were attending day service, another resident was enjoying a day at home and one resident was being assisted with their morning routine by staff. The inspector observed all residents speaking and joking with staff. During these interactions, there was an atmosphere of warmth and understanding

of the residents' needs. The inspector observed staff to be very familiar with the residents communication style and preferences.

Throughout the course of the inspection, residents were observed accessing the communal areas of the house. For example, one resident was watching TV in her bedroom and then went to the kitchen to help unload a grocery delivery that had just arrived. The resident had tea with the inspector and went out with staff later in the afternoon. Later in the evening when all residents had returned for the day, one resident was in the kitchen having dinner, another resident was relaxing in the garden, two residents were in their bedrooms and two residents were in the sitting room. Three staff were on duty the day of the inspection and they were actively present in the communal areas of the house.

The inspector had the opportunity to meet with all residents during the course of the inspection. All residents said that they were happy with the service. Three residents spoke to the inspector about the impact the compatibility issues were having on their quality of life.

Staff assisted two of the residents at times to communicate fully with the inspector about their home and activities that they like to participate in. One resident chose to meet with the inspector in private. They told the inspector that another resident didn't get along with the other residents and staff supported by saying this was the result of this resident's changing needs.

Two residents told the inspector they stayed in their bedrooms to avoid conflict with another resident who 'took over' the sitting room and kitchen area of the house. One said they would like more space so that their friends could visit in private, the same resident had expressed this wish to the inspector during the last inspection. The other resident said the 'house is too noisy' and said they were looking forward to the summer when they could sit in the garden.

Another resident told the inspector about how unhappy they were regarding noise levels in their home and how it was impacting on them. With the support of their staff, the resident communicated that the noise and banging from upstairs was causing them headaches. This resident was supported by staff throughout the conversation, the staff member informed the inspector that at a recent residents' meeting, this resident had asked the resident causing noise, to stop playing guitar at night. The resident in question has since stopped this behaviour.

The inspector met with the resident in question, they were supported by a staff member in their communication, the resident showed the inspector their room and engaged in conversation around their likes and dislikes. When asked if they liked living in the centre, the resident indicated yes but also indicated that they would like to live at home with their father.

The inspector spoke with two family members. They both spoke about the high standard of care all residents received. One said that 'staff go above and beyond' and the other said that their sibling 'loves the house and staff and that they have been there a long time and it is their home'.

In addition, they spoke about the challenges in relation to compatibility issues which were ongoing in the centre. The family members both worried that their respective loved ones were not safe in their home, with one saying 'things have not improved' and their sibling is spending lots of time in their room and rings family members a lot more than usual for reassurance. The other family member was concerned about their siblings emotional well-being saying that the situation has been 'tough' for them.

Some family members had made formal complaints. While the complaints procedure was followed, due to the nature of the complaints and the ongoing compatibility issues in the centre these complaints remained unresolved and are currently under review with the providers Director of Quality and Risk. The inspector informed both family members on the day of inspection of the Health Information and Quality Authority's concerns department.

Overall, the inspector found that, while the person in charge and staff were endeavouring to provide residents with person-centred care and support, this was not always possible due to ongoing compatibility concerns that were having a negative impact on the quality of care and support provided to residents.

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

## Capacity and capability

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time and supported in the management of the centre by a service manager. The person in charge reported to a service manager and Director, and there were effective systems for the management team to communicate and escalate any issues.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents including annual reviews and six-monthly reports, plus a suite of audits had been carried out in the centre.

There was a planned and actual roster maintained for the designated centre. Rosters were clear and showed the full name of each staff member, their role and their shift allocation. From a review of the rosters there were sufficient staff with the required skills and experience to meet the assessed needs of residents available.

Staff also attended regular team meetings which provided an opportunity for them to any raise concerns regarding the quality and safety of care provided to residents.

This inspection found that systems and arrangements were in place to ensure that

residents received care and support that was person-centred and of good quality. In assessing the provider's capacity and capability, it was identified that systems intended to monitor the quality and safety of care and support were identifying risk related to the compatibility of residents. However, the plans implemented to mitigate these risks were not effective.

While the provider had responded to safety concerns by increasing staff to resident ratios, enhancing the staffing skill-mix, and introducing additional supports to residents, such as a more structured routine and activity planning, significant gaps in service delivery remained. These shortcomings presented substantial risks to the effective operation of the centre and impacted the provider's ability to maintain a safe and supportive environment, particularly in relation to Regulations 5: Individualised assessment and personal plan, Regulation 8: Protection and Regulation 9: Residents rights.

### Regulation 15: Staffing

The provider had provided additional staffing resources as a measure to reduce the safeguarding concerns in the centre. The person in charge told the inspector that the complement and skill-mix was sufficient and that the additional support measures have had a positive impact on safeguarding residents, especially with a third day shift added to the centre's roster.

The inspector observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs. Furthermore, the inspector found that staff spoken with had a good understanding of residents' individual personalities and needs.

The inspector reviewed actual and planned rosters at the centre for January 2025 and the current February 2025 roster. The person in charge maintained a planned and actual staff rota which was clearly documented and contained all the required information.

However, there were 3.5 whole time equivalent (WTE) staff vacancies in the centre. These vacancies were being covered by members of the current staff team as well as regular agency and relief staff who are familiar to the residents and aware of all support plans. The provider was actively recruiting and one vacancy was being filled via an internal transfer.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of

authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There was suitable local oversight and the centre was sufficiently resourced. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies. The provider had recently increased the whole-time equivalent staffing levels in the designated centre in an attempt to support residents.

There were effective arrangements for staff to raise concerns. In addition to the staff supervision and support arrangements, staff also attended regular team meetings which provided an opportunity for them to raise any concerns about the quality and safety of care and support provided to residents. All peer-to-peer incidents had been reviewed appropriately.

The provider had completed an annual review of the care and support provided to residents in the centre. In addition, the provider ensured that unannounced six monthly reviews of the centre were carried out and that an action plan was in place to follow up with any issues identified. At local level the person in charge completed incident and accident trackers, health and safety, medication management, fire safety and safeguarding audits.

The provider had identified that the service was not meeting the assessed needs of all residents living in the centre. Nonetheless, the provider had not ensured that the service provided in the centre was safe and appropriate to residents' needs. The ongoing incompatibility issues and safeguarding concerns that date back to early 2024 evidenced there was a persistent challenge in meeting residents' needs safely and appropriately. While the provider had made extensive efforts to address these matters including plans to transition one resident, the efforts had not been effective.

Despite the efforts and initiatives undertaken by the provider and person in charge to address and manage the ongoing incompatibility issues in the centre, arrangements in place remained largely ineffective in resolving the associated safeguarding concerns. As a result, the provider was not adequately meeting the needs of all residents or ensuring robust safeguarding measures are in place.

Judgment: Substantially compliant

## Quality and safety

This section of the report details the quality of the service and how safe it was for the residents who lived there.

The findings from this inspection demonstrated residents' well-being and welfare were supported by a good standard of evidence-based care and support, for the most part. However, not all residents' assessed needs could be met in the centre

and and this was having a negative impact on the quality and safety of service provided to them and their peers.

The governance and management arrangements in the centre did not fully support the provision of safe and quality care. While there were a number of good practices observed at a local level in the centre, the quality of care was significantly impacted by ongoing safeguarding issues that were attributable to resident incompatibility. The inspector found that although the provider had implemented strategies to reduce the compatibility issues in the house, the overall impact of the incidents was effecting the residents' lives in a negative manner.

This inspection found that the provider and person in charge were operating the centre in a manner that supported residents to receive a service that was person-centred. There was a comprehensive assessment of need in place for each resident, which identified their health care, personal and social care needs. These assessments were used to inform detailed plans of care, and there were arrangements in place to carry out reviews of effectiveness. Nonetheless, not all residents' assessed needs were being met in the centre and and this was having an adverse impact on the quality and safety of service provided to them and their peers.

A suitable alternative living arrangement had not yet been secured for one resident, and this was impacting all residents living in the centre. While the provider was actively seeking suitable accommodation for them, the unmet needs continued to pose risks related to resident incompatibility and safeguarding.

The provider had good arrangements for managing safeguarding concerns, however the risk to residents' safety had not been mitigated, and residents remained at risk of harm from other residents in the centre.

While residents' day-to-day experiences in their home were not optimal, it was evident that the person in charge and staff made ongoing efforts to support residents in exercising their rights. However, due to the nature and frequency of incidents within the designated centre, the overall environment was not conducive to enable all residents to exercise choice and control over their daily lives. As a result, most of the residents chose to avoid the communal living space, leading to restrictions in how freely they moved around their own home.

The inspector found that the quality and safety of the service provided in the centre to residents was significantly compromised due to deficits and risks in relation to the assessment and meeting of residents' full needs, safeguarding and resident's rights.

## Regulation 5: Individual assessment and personal plan

The person in charge had ensured assessments of residents' needs were completed and informed the development of personal plans. There was a comprehensive assessment of need in place for each resident, which identified their healthcare,

personal and social care needs. These assessments were used to inform detailed plans of care, and there were arrangements in place to carry out reviews of effectiveness.

The inspector reviewed all six residents' assessments and plans. The plans, included those on personal, health, and social care needs, were up to date, sufficiently detailed, and readily available to staff in order to guide their practice. However, not all residents' assessed needs were being met in the centre and this was having an adverse impact on the quality and safety of service provided to them and their peers.

The provider had not ensured that the appropriate arrangements were in place to meet the needs of one resident. The changing needs of one resident meant that the centre was no longer able to cater for and support their care needs, particularly in relation to the required living arrangements and their incompatibility with other residents, which was resulting in ongoing safeguarding concerns.

The provider was engaging with their funder and reviewing their own internal resources to source more suitable accommodation, however they had not yet been successful. While there were plans in place for alternative accommodation, this was at the initial stages and was pending funding. The continued incompatibility posed an ongoing risk to residents safety and wellbeing, and the provider had not ensured that all residents were in receipt of services that was appropriate to their needs. They remained committed to sourcing appropriate accommodation, and until then were utilising additional resources such as increased staffing and multidisciplinary team services.

Judgment: Not compliant

## Regulation 8: Protection

The registered provider had implemented systems, underpinned by written policies and procedures, to safeguard residents from abuse. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

It was evident to the inspector that staff took all safeguarding concerns seriously. Staff spoken with were knowledgeable about abuse detection and prevention and promoted a culture of openness and accountability around safeguarding. In addition, staff knew the reporting processes for when they suspected, or were told of, suspected abuse.

Due to presenting behaviours of one resident, which included loud noises on regular occasions the designated centre was no longer meeting the needs of the residents and was resulting in an increase of safeguarding incidents occurring in the centre.

Safeguarding concerns were well documented and due to the complex nature of the

compatibility issues ongoing multi-disciplinary meetings, increased staffing and advocacy supports had been introduced to reduce impact on the residents.

The person in charge and staff told the inspector that they had concerns regarding ongoing behavioural incidents and peer-to-peer safeguarding concerns occurring in the centre and the impact these were having on residents. They outlined to the inspector that peer-to-peer incidents were having a negative impact on the resident group. For example, their mood, sense of safety, and the overall atmosphere in the centre.

They also spoke about some of the interventions that had been put in place. These included additional staffing, higher levels of supervision and activity planning so that residents were kept separate from each other to avoid incidents. While these measures were easing the situation, some of the interventions were restrictive in nature and therefore impacted on residents' rights to freedom and choice in their home.

The inspector found that although the provider was endeavouring to manage and implement strategies to reduce the compatibility issues in the house, the overall impact of the incidents was affecting residents' lives in a negative manner.

The risk of continued safeguarding incidents occurring in communal areas while residents had meals, returned from outings and utilised their living space remained a significant concern within the centre. While strategies had been implemented to keep residents safe, these measures had inadvertently created a more restrictive living environment, negatively affecting residents' overall quality of life.

In the absence of further effective intervention, the inspector could not be assured that residents were protected from all forms of abuse at all times. The prolonged incompatibility issues continued to pose safeguarding risks and were directly impacting residents' right to a safe, supportive and dignified living environment within their own home.

Judgment: Not compliant

## Regulation 9: Residents' rights

The provider had ensured that the centre was operated in a manner that ensured residents had participated and consented to decisions about their care and support.

The inspector saw that staff interactions with residents were in a manner which upheld residents' dignity and provided residents with choice and control. Staff were seen offering residents choices, responding to their needs and providing direct assistance in a manner which respected residents' right to dignity and privacy.

Residents' rights were discussed regularly at residents meetings. However, residents'

rights were being impacted by the ongoing incompatibility issues.

The inspector reviewed the providers most recent annual review (in draft copy) and noted that all residents said that they were 'very safe in their rooms and when around staff'. However, many said there were times they don't feel safe due to the behaviours of one resident and 'feel very frustrated and upset by how long things are taking to be fixed'.

Staff told the inspector that they had supported residents to use the provider's complaints policy and procedures to make complaints about the service in an effort to support residents' rights and to try to bring about a resolution to the situation that was ongoing in the centre.

Safeguarding plans in place that were endeavouring to keep residents safe were, at times, resulting in an environment that was restricting residents from free movement in their home, whereby residents were not leaving their bedrooms when the other resident was present.

Residents no longer wanted to live with each other and due to the nature of the incidents and their frequency demonstrating the implementation of a rights-based approach to care was proving challenging in the centre and improvements were required. As a result, the incompatibility issues and ongoing safeguarding concerns were adversely impacting on the quality and safety of the service, reinforcing the need for urgent intervention.

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 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Ballymun Road OSV-0002379

**Inspection ID: MON-0046783**

**Date of inspection: 11/04/2025**

## **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	Substantially 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>• The Registered Provider will continue to raise on-going compatibility issues within the centre with the HSE</li><li>• The PIC and Service Manager will review all risk assessments relating to compatibility within the centre and assess the existing and additional control measures in meeting the needs of all the residents</li><li>• St Michaels House Residential Approvals Committee issued a consultation document for the identified resident for another designated centre within the organisation on the 09.05.25</li><li>• The first consultation meeting occurred on the 14.05.25 with all relevant key-stakeholders present and identified the following three items for immediate review The PIC of the proposed centre to meet the resident Roster review to be completed to ensure the assessed needs of all the residents are meet. Second consultation meeting to review the progress of the agreed actions and to identify next steps Minutes of consultation meeting to be forwarded to residential approvals committee for discussion</li><li>• Immediate action: Decision and transition plan to be confirmed by 30 June 2025.</li></ul> <p>Service user under consideration for internal relocation. Environmental review and staffing assessment underway. Decision and transition plan to be confirmed by 30 June 2025 Long term action: Capacity Expansion Business cases submitted to the HSE and St. Michael's House Foundation. A new-build project is proposed, with a completion and move-in date by 28 February 2026. In both scenarios, robust governance and oversight are in place, including weekly</p>	

<p>internal reviews and monthly escalation to the CEO.</p> <p>The Registered Provider has submitted a SMART timebound plan identifying key actions and timelines to come into compliance</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> <li>• The Registered Provider will continue with the current additional level of support (2.2 WTE) for the resident being supported to move to another designated centre</li> <li>• The PIC and keyworkers have reviewed five residents' assessment of need and support plans to ensure all needs identified have appropriate supports in place.</li> <li>• The PIC will continue to review the assess needs of the resident that requires an alternative residential placement</li> <li>• Individual Clinical Meetings (ICMs) for five residents have been scheduled to discuss and identify supports needs of residents because of impacting compatibility within the centre. The next ICM for one resident is scheduled 13.07.2025.</li> <li>• All ICMs will have been reviewed and completed by 30.07.2025.</li> <li>• Goal trackers for the six residents were reviewed in April 2025 and all residents are on target to meet their own specified goals for 2025. The PIC of the centre will ensure the residents will and preference is achieved and met within the centre</li> <li>• Short term immediate action (Internal Transition): 30 October 2025</li> <li>• Long term action (New Build): 28 February 2026, depending on outcome.</li> </ul> <p>The Registered Provider has submitted a SMART timebound plan identifying key actions and timelines to come into compliance</p>	
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>• The Registered Provider will continue to raise on-going compatibility issues within the centre with the HSE</li> <li>• The PIC and Service Manager will review all risk assessments relating to compatibility within the centre and assess the existing and additional control measures in meeting the needs of all the residents</li> <li>• The Registered Provider will continue with the current additional level of support (2.2 WTE) for the resident being supported to another centre.</li> <li>• Assessment of Need (AON) reviewed for the resident being supported to move</li> <li>• Support Plans reviewed for the resident being supported to move</li> </ul>	

- Assessment of Need (AON) reviewed for the other residents
- Support Plans reviewed for the other residents
- Based on the review to seek support from the Office of the Designated Office
- Weekly review of safeguarding effectiveness of interventions & safeguarding status
- Based on the Environmental review to seek advice from Occupational therapy and/or the Health & Safety Manager if required
- Face to Face Complaints Training to the staff team
- Multi-disciplinary Individual Cor-ordination Meeting for the resident who is moving to discuss ongoing issues, review support plans and interventions
- The PIC and PPIM of the centre will continue to submit notifications and PSFs as required
- The PIC, Service Manager, Director of Adult Services, and the Designated Officer will schedule a further compatibility meeting
- The Registered Provider will continue with the current additional level of support (2.3 WTE) the resident being supported to move

The Registered Provider has submitted a SMART timebound plan identifying key actions and timelines to come into compliance

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>• The Registered Provider will continue to raise on-going compatibility issues within the centre with the HSE</li> <li>• The PIC and Service Manager will review all risk assessments relating to compatibility within the centre and assess the existing and additional control measures in meeting the needs of all the residents</li> <li>• The CEO and Director of Adult Services will visit the residents within the centre on 22.05.2025 to discuss open complaints with residents and advise residents of proposed plans as outlined above.</li> <li>• The National Advocate has written to the Registered Provider for updates on the open complaints on behalf of some of the residents. The Service Manager is engaging with the advocate by providing update reports as requested to the Advocate and is maintaining meaningful lines of communication and dialogue on an ongoing basis</li> <li>• The Complaints &amp; Incident Manager will schedule training on the Complaints Policy and processes with all staff having received the training by 30.06.25</li> <li>• Transition planning will mitigate incompatibility concerns</li> </ul> <p>• Compliance date aligns with transition options noted above</p> <p>The Registered Provider has submitted a SMART timebound plan identifying key actions and timelines to come into compliance</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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	28/02/2026
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	28/02/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	28/02/2026
Regulation	The registered	Not Compliant	Orange	28/02/2026

09(2)(b)	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.			
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