



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

## Issued by the Chief Inspector

Name of designated centre:	Portlaoise Area 1
Name of provider:	Health Service Executive
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	04 June 2025
Centre ID:	OSV-0002490
Fieldwork ID:	MON-0040891

## About the designated centre

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

Portlaoise Area 1 is a designated centre operated by the Health Service Executive. This centre can provide residential care for up to seven male and female residents, who are over the age of 18 years with an intellectual disability. The centre comprises of two houses, located a few kilometres from each other in Co. Laois. One house is located in a rural setting near a town, while the second house, is located on the outskirts of a town. Both houses provide residents with their own bedroom, some en-suite facilities, bathrooms and communal use of kitchen and dining areas, sitting rooms, utility and each house has well-maintained rear and front gardens. Each house has its own transport, providing residents with access to local amenities. Staff are on duty both day and night to support the residents who live here.

**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
Wednesday 4 June 2025	08:45hrs to 15:00hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection carried out to assess the provider's compliance with the regulations. In the absence of the person in charge, the day was facilitated by the person in charge's line manager, and by the staff who were on duty. On the day of this inspection, there were six residents availing of this service, with the inspector having the opportunity to meet four of them. However, due to their assessed communication needs, they were unable to directly speak with the inspector about the care and support that they received. There were many examples found of where care was being delivered to a good standard; however, there were some aspects of this service that did require review by the provider. These will be discussed further later on in this report.

This designated centre comprised of two houses, which were located a few kilometres from each other in Co. Laois. One of these houses was located in a rural setting, while the other was based within a nearby town. There were four residents living in one house which had one vacancy, and two residents resided together in the other house. Both houses were visited by the inspector over the course of the day, and were each found to be well-maintained, and provided residents with a homely and comfortable living environment. The care and support required by these residents varied within each house. In one of the houses, the residents all had complex assessed needs and required staff support in relation to their health care needs, personal and intimate care, they each had communication needs, some required specific skin integrity management, others had specific nutritional care needs, some had sensory needs, and most of them were full-time wheelchair users requiring support with all transfers and manual handling, and they all required staff support to be able to get out and about. This house did provide full-time nursing support, and was resourced with the equipment required to meet these residents' specific needs. Residents who resided in the other house had lower assessed needs, and primarily required staff support in relation to some aspects of their personal and intimate care, with both requiring staff support to also access their local community.

Upon the inspector's arrival to the first house, they were greeted by the three members of staff that were on duty. They were in the process of supporting the four residents in this house with their morning routines, to have them each ready for their day services. Due to the assessed needs of these four residents, this was a busy house where staff were required to support the residents with all aspects of their daily care and support. In recent weeks, there had been one new admission to this house, and staff told the inspector that this resident was settling in well and that they were still in the process of getting to know them, and were completing all assessments and personal plans to inform their care. This particular resident was sitting at the kitchen table when the inspector arrived, and staff introduced the inspector to them and told them about why the inspector was visiting their home. This resident had sensory needs and was holding a rattle that had been made at their day services, and staff said this was a piece that the resident liked to hold, and that it did provide them with the therapeutic means to self-soothe. Over the course

of the next little while, two other residents came up to the living area, while they waited to leave for their day service. The fourth resident later came up to the kitchen, where they combed their own hair before staff then assisted them with their breakfast. This resident had respiratory care needs, and staff spoke of the vigilance that needed to be implemented with this particular resident to assess for any symptoms that may warrant further nursing intervention. Of the three staff that were on duty, one of whom was a nurse, and they were each observed to interact very kindly and respectfully with these residents, which warrants particular mention in this report. Over the course of their time there, the inspector spoke with these staff at different intervals about each resident, with each of them demonstrating very good knowledge of the care and support that these residents required. There was on-going recruitment in place for this house, and agency staff were very often required to provide additional staffing support, two of whom were on duty on the day of inspection. They told of how they had worked in this house over a number of months, and those facilitating the inspection stated that the person in charge placed a particular emphasis on ensuring that only regular agency staff were ever rostered for duty, due to the high care and support needs of the residents in this particular house. These four residents each had different levels of sensory needs, with some responding well to certain TV programmes, one of whom was watching this programme before they were collected for their day service. Others responded well to various touch and sensory time, sometimes played with a small piano, liked ball games and to hold soft toys, again which was observed by the inspector. There was also an external masseuse that attended the centre to give residents massages, which was something that residents were reported to appear to like and respond well to. Although it was evident that efforts had been made to provide these residents with sensory based activities that they responded well to, this aspect of their care did require further assessment by the provider, to consider and establish any further environmental factors that these residents may benefit from. For instance, the vacant bedroom in this house was currently being utilised as a therapeutic space for one resident who had specific behavioural tendencies. However, consideration had not been yet made to assessing if the provision of a similar quiet space for other residents with sensory needs would be of benefit to them. This will be discussed further later on in this report.

The second house visited by the inspector was home to two residents, who had lived there for a number of years and got on well together. These residents had lower assessed needs than their peers in the other house, and primarily required support with aspects of their intimate and personal care, and with regards to their social care. They both were very socially active, and liked to get out and about very regularly. On the day of this inspection, the inspector didn't get to meet with these two residents as they were gone out for lunch with staff, which was something they often liked to do. As well as this, these residents regularly went to a local library which catered for sensory based activities and they also enjoyed music therapy sessions. To facilitate both these residents to be able to get out and about as much as they wished, the provider had ensured that there was adequate staffing and transport available to this house. This house was also well-maintained, with each resident having their own bedroom that they had decorated as they wished.

Communal areas were spacious and allowed for them to spend time together and to also to spend time alone, if they so wished.

Due to the assessed needs of these residents, there was a large emphasis on sustaining consistency of care through staffing resources. Agency staff were often required to fulfil the needs of the roster, with the person in charge ensuring that only regular agency staff did so. The capacity of the person in charge allowed for them to be able to visit each house very regularly, which had a positive impact on the oversight of the quality of care provided. There were also consistent internal communication systems in place, which again had a positive impact on ensuring residents' specific care and support arrangements were often subject for review and discussion. Of the staff who met with the inspector, they were each found to be very knowledgeable about the care and support that was required by these residents, and were aware of how to raise any concerns they had with local management.

Following on from the last inspection of this service, the provider had effectively implemented their own compliance plan, which resulted in improvements made to assessment and personal planning arrangements specifically for residents with assessed respiratory care needs. However, this inspection did find where some aspects of this service did require review, and these related to aspects of the regulations relating to risk management arrangements, monitoring systems, fire safety, assessment and personal planning arrangements, and also to elements of staff training.

The particular findings of this inspection will now be discussed in the next two sections of this report.

## Capacity and capability

The provider had ensured suitable persons were appointed to manage and oversee the running of this centre. They had also ensured that there were clear lines of responsibility and accountability, and that the centre was adequately resourced to meet the assessed needs of the residents. Although there were monitoring systems in place to oversee the quality and safety of care delivered, there was some improvement found in how this was being completed, so as to ensure that going forward, specific aspects of the care delivered in this service could be more effectively monitored.

The person in charge held the overall responsibility for the running of this service, and they maintained consistent communication about the residents' care and operational matters with both their staff team and line manager. There was a well-established staff team in both houses, which had ensured continuity of care. There were some staff vacancies that the provider was actively recruiting for, and in the interim, when agency staff were required, robust arrangements were in place to ensure that it was regular agency staff that provided this additional cover. Although

there was good oversight maintained to ensure all staff received re-refresher mandatory training, due to the complex care needs that this centre did cater for, a review was required to ensure that staff had up-to-date training in the areas of care that they routinely provided to these residents.

Along with internal audits, the provider was also conducting their six monthly provider-led visits of each house, in line with the requirements of the regulations. There was good oversight maintained of the progress of the improvements that required addressing, with the person in charge and their line manager regularly meetings to review these. A copy of the most recent visit was reviewed by the inspector and although it did identify where various improvements were required, there was scope for the provider to review the particular way in which they were monitoring this service, so as to allow flexibility in what aspects of this service were subject for review as part of this visit, based on the particular care and support that was being received by residents.

Although there were good systems found to be in place in this centre in relation to oversight and monitoring arrangements, the inspector did find that consideration was yet to be formally be given by the provider to the future service provision of this designated centre. There was one bed vacancy at the time of this inspection, and the house which had this vacancy supported residents with complex care needs. The vacant bedroom was currently being used as a therapeutic area to support one resident with their behavioural support needs. There were also a number of residents in this house with sensory needs, who required further assessment of this aspect of their care, as will be discussed under quality and safety. However, at the time of this inspection, no formal review had been completed by this provider to future plan for this service informed by resident assessed needs, so as to identify any potential negative impact to residents, should this service operate at maximum capacity.

### Regulation 15: Staffing

The staffing arrangement for this centre was maintained under regular review by the provider to ensure that an adequate number and skill-mix of staff were on duty in both houses to meet the needs of the residents. Due to the assessed needs of residents in one of these houses, nursing support was provided both day and night. Where additional staff support was required, there were regular agency staff identified to provide this. There were some vacancies at the time of this inspection, which the provider was actively recruiting for, and in the meantime, the consistency in the provision of regular agency staff was maintained under very regular review.

Judgment: Compliant

### Regulation 16: Training and staff development



The provider had ensured that all staff had received mandatory training, and that arrangements were in place for each staff member to regularly receive supervision from their line manager. However, based on the complex assessed needs that some residents had, a review was required to be completed by the provider to ensure that any additional training or refresher training required by staff who supported these residents, was provided.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The provider had ensured that suitable persons were appointed to manage and oversee the running of this centre. They had also ensured that each house was resourced to meet the assessed needs of the residents. The monitoring of the quality and safety care was routinely carried out, however, this inspection did identify where some improvements could be made to this system to ensure it was more effective in monitoring specific areas of the service, relating to the specific care being delivered. In addition, at the time of this inspection, this centre was not operating at maximum capacity. However, it was unclear if the consideration had been given by the provider to incorporate the current assessed needs of those already living in this centre, to inform future planning, should the centre return to operating at full capacity.

There were clear internal communication systems in place, where the person in charge held regular meetings with their staff team. Records of these meeting evidenced that they were utilised to discuss residents' specific care and support arrangements, as well as updating staff with regards to operational issues. The person in charge also maintained frequent contact with their line manager to review more managerial matters. Six monthly provider-led visits were occurring in line with the requirements of the regulations, with a further visit planned to occur subsequent to this inspection. Although the previous visit did identify where improvements were required, the inspector did observe where some improvements could be made to this monitoring system. For example, the current monitoring approach applied by the provider focused on the same areas of service upon each visit, and given the complex care and support needs that residents had, this system did always allow for flexibility for these areas to be specifically selected for review, which would potentially better inform the provider about the quality and safety of care being delivered in these areas.

The future service provision planning for this service also required some consideration by the provider, particularly in one house that was not operating at maximum capacity. Although there wasn't another resident identified to transition to this service at the time of this inspection, those facilitating the inspection informed the inspector that there was potential for another resident to be admitted into this particular house. The vacant bedroom in this house was currently being utilised as

an area that provided one resident with a therapeutic intervention in accordance with their behavioural support needs. There were also residents in this house with sensory needs, and existing communal areas that these residents often spent time in, typically received a high foot fall of staff and other residents, which didn't always allow for therapeutic sensory care. However, at the time of this inspection, it was unclear whether a thorough review of this centre's future planning had been completed, with due consideration to be given to the outcome of a suitable assessment of these residents' sensory and behavioural support needs, so as to ensure that should the centre return to operating at maximum capacity, that this would not negatively impact the residents with sensory needs that already lived in this house.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that all incidents were notified to the Chief Inspector of Social Services, as required by the regulations.

Judgment: Compliant

### Quality and safety

This was very much a resident-led service, where the assessed needs of the residents were at the forefront of how this centre operated. There were good examples of care found in relation to positive behavioural support and in response to residents' assessed health care needs. Over the course of this inspection, there were some areas of this service that did require further review by the provider, these related to aspects of prescribing practices, residents' assessment and personal planning arrangements, risk management, and emergency lighting arrangements.

There was a routine practice in place in this service, whereby, the person in charge trended all incidents that were received, and recorded all actions taken in relation to these. However, during a review of staff communication records, the inspector did observe where some incidents had occurred which had not been reported utilising the provider's own incident reporting system, so as to allow for these to be formally reviewed and monitored by this system. Although there was good adherence by staff to the specific control measures that were in place in response to identified resident risks, some improvement was required to the risk assessments in place for these, to ensure that these clearly outlined these specific measures, along with ensuring risk-ratings were updated to reflect the current status of risk. There was also improvement found to be required to the provider's risks register for the

service, to ensure that organisational risks that were routinely monitored, were accurately reflected within this register.

Residents' assessed needs were well known by the staff that were caring for them, and there was particular emphasis placed on ensuring any new staff were afforded a thorough induction so as to become familiar with these residents and their assessed needs, prior to working directly with them. It was evident from the documentation available that residents' needs were subject to regular re-assessment, however; there were improvements required to some assessments and personal plans, to ensure these better reflected the particular care that staff were providing. In addition to this, there were a number of residents that had sensory needs, that required further re-assessment to ensure that all considerations had been given to any changes in environmental arrangements, which may benefit these residents. Fire safety was also another aspect of this service that was maintained under very regular review, with the outcome of fire drills assuring that staff could support all residents to evacuate in a timely manner. Upon a walk-around of this centre, the inspector observed that a side gate providing an access point to the fire assembly was not opening properly. Although this exit route was not routinely utilised by the residents living in this house due to their mobility needs, when brought to the attention of those facilitating the inspection, they made arrangements for it to be rectified before close of the inspection. At one house, there was emergency lighting provided internally and also to the front and rear of the premises, however, no emergency lighting was provided to the sides of this premises, which required the provider to review to ensure that adequate lighting would be available to any person or resident exiting via this route to the front fire assembly point.

In relation to health care arrangements, the provider was cognisant of the assessed needs of residents in this area and had ensured that nursing support was available to these particular group of residents. With this in mind, the inspector did review some residents' prescribing and administration records, where it was found that the prescription supporting the administration of a nutritional feeding regime required review, to ensure better clarity around the specific dose and frequency to be administered.

## Regulation 10: Communication

There were a number of residents in this service who were unable to fully verbalise their wishes. The provider had ensured that each of these residents were supported at all times to communicate in their own way, by staff who were familiar with the various vocalisations and gestures that they often used. Staff were observed at various intervals over the course of this inspection to implement this, so as to interpret what the residents wanted. There was good input from speech and language therapists for these residents, as and when required, and the person in charge had ensured that staff were aware of the individual communication supports required by each resident.

Judgment: Compliant

### Regulation 17: Premises

The designated centre comprised of two houses located a few kilometres from each other. In each house, residents had their own bedroom, some of which were en-suite, shared bathrooms, and communal use of kitchen and dining areas, sitting rooms and utility rooms. For residents who had assessed mobility needs, the house that they occupied was equipped with hoists, and was spacious in layout to allow for them to get around their home. In one house, the hallway with a bay-like window had been decorated, which was an area that some residents enjoyed spending some time in. Both houses were in a good state of repair, and there was a system in place for any maintenance and repair works to be reported and rectified in a timely manner.

Judgment: Compliant

### Regulation 18: Food and nutrition

The person in charge had ensured that provisions were in place to provide residents with a choice around their meal time options. Both houses were equipped with kitchens, where staff prepared residents' meals for them. For residents who had assessed nutritional care needs, staff were available to support these residents at mealtimes, and to ensure that the meals that they had were wholesome and nutritious.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider did have a risk management in place for this service, however; there were some improvements required to aspects of this system.

Although the provider did have an incident reporting system, this inspection found that consideration was required to be given to the scope and nature of incidents that required to be reported using this system. Routinely every month, the person in charge carried out a trend of the incidents that were reported in each house. In one house, no incidents had been reported for a number of months, with two having being reported in the second house in recent months. Over the course of this inspection, the inspector reviewed a diary that was maintained as a communication tool to inform of upcoming events, residents' appointments, and various other tasks

that needed to be planned for. However, also included within this diary, was reference to various incidents that had occurred relating to one houses's procurement card, two separate incidents of potential security breach, and issues relating to medication stock. Although from the records that were available, it was evident that these were responded to and rectified locally, consideration had not been given to identifying these incidents through the existing incident reporting system, so as to allow for them to be systematically and appropriately monitored.

Although the measures that were in place in response to residents' identified risks were well-known by staff, improvement was required to how some of these were being risk assessed. For example, for one resident who required skin integrity care, the risk assessment tool used for this didn't include their BMI score, which was a key component to the overall risk-rating calculated for this risk assessment. In addition, where certain risks were identified relating to residents' care and support needs, there wasn't always a risk assessment in place for these. This was particularly found in relation to risks pertaining to personal care needs, communication, and some assessed health care needs. Of the risk assessments that were in place, many of these were found to require further review to ensure better information was incorporated around the measures that staff routinely adhered to. Improvements were also found to be require to the risk-rating of risk assessments, so as these reflected the current level of risk based on the existing control measures that were in place. Furthermore, a risk register was maintained for each house, that included the specific organisational risks that the person in charge maintained under review and monitoring. However, this document also required review to ensure it better supported the person in charge in their on-going oversight of the risks relating to care and support arrangements, to areas such as fire safety, staffing, and medication management.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The provider did have fire safety precautions in place, to include, fire detection and containment arrangements, all staff had up-to-date training in fire safety, regular fire safety checks were being carried out, and there were clear fire exits maintained in both houses. Fire drills were often occurring in each house, with the records of both, demonstrating that staff could support residents to evacuate in a timely manner. In light of a recent admission to one of these house, there were plans to conduct a further fire drill to include this resident, soon after this inspection. Staff who spoke with the inspector were familiar with the fire procedure, and knew what to do, should a fire occur. There were also waking staff on duty every night in each house, meaning that should a fire occur, staff were available to quickly respond. Although there was emergency lighting available internally, a review of external emergency lighting arrangements was required for one of these house, particularly at both sides of the premises, to ensure adequate lighting should it be required.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

For the purpose of this inspection, not all aspects of medication management were reviewed. However, based on the nutritional care and support needs required by a resident, prescribing and administration practices were reviewed, with improvement found to be required to how an enteral feeding regime was prescribed.

Medication management was an aspect of this service that was subject to regular review. Prescribing and administration records were found to be legible and well-maintained; however, the prescribing of an enteral feeding regime required review to ensure better clarity with regards to the amount, and frequency of dose that was to be administered.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

From the records reviewed by the inspector, it was evident that efforts were made to ensure resident's needs were re-assessed for on a regular basis. However, despite this, there were improvements found to be required to this system, to ensure it better supported this aspect of the service.

In one of these houses, there were a number of residents with sensory needs. However, a review of how this aspect of their care had been assessed required review. For one resident in particular, they were admitted to the service in more recent months and very often used re-occurring vocalisations, as their way of communicating. Staff told the inspector that in response to this, they had learned that the resident did respond well to sensory time, as well as going for drives. However, it was unclear from the records available if this aspect of the care had been fully explored to assess and give consideration to environmental factors that may benefit this resident's sensory needs. For example, although this resident often liked to spend time in the communal areas of the centre, it was unclear if consideration had been given to assessing the potential therapeutic effect of the option of a more sensory-led environment to be also made available to them, in response to their sensory needs.

The staff who met with the inspector, each knew the residents very well and were aware of the complex needs that some of them had, and were confident in the delivery of this care. Again, although it was clear that efforts were being made to ensuring personal plans were regularly reviewed, some of these did require further review to ensure better information was included that reflect the specific care and support that staff delivered daily to these residents, for instance, in relation to

assessed elimination and health care needs, manual handling needs, skin integrity management, and nutritional care.

Judgment: Substantially compliant

### Regulation 6: Health care

The provider had ensured that where residents were assessed with specific health care needs, that appropriate arrangements were put in place for them. In one of these houses, where there were residents that required nursing input, this was consistently provided both day and night. There was also multi-disciplinary health care professionals available to this service, and referrals were made to them, as and when required. Residents were also supported to attend appointments, and these were well scheduled in advance to ensure adequate staff support was available. Staff were found to be very knowledgeable in relation to particular health care interventions, but there were some personal plans relating to health care that were found to require review, as addressed under regulation 5.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where residents required positive behavioural support, the provider had systems in place to ensure they received the care and support they required. This was an aspect of this service that wasn't required by all residents, but of those that did, they received regular input from a behaviour support therapist, and had a behaviour support plan in place to guide staff on how best to support them. The use of alternative strategies had been explored in this centre to support residents with specific behavioural tendencies, through the provision of a sensory area that was reported to have had a positive impact on reducing the number of such behavioural incidents.

The use of restrictive practices in this centre was in response to resident's safety needs, and were maintained under regular multi-disciplinary review.

Judgment: Compliant

### Regulation 8: Protection

The provider had a system in place to support staff to identify, report, respond to and monitor any concerns relating to the safety and welfare of staff. There was a designated safeguarding officer linked with this centre to review any safeguarding incidents, and all staff had received up-to-date training in safeguarding. At the time of this inspection, there were no safeguarding plans required.

Judgment: Compliant



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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Portlaoise Area 1 OSV-0002490

Inspection ID: MON-0040891

Date of inspection: 04/06/2025

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A review of additional training needs and refresher training required by staff has been completed. A training needs analysis is been completed by Senior Management to encompass the complex assessed needs of residents. All specific training identified will be completed by 31.10.2025.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Senior Management is conducting a review of the current monitoring systems to ensure more effective monitoring of specific areas related to the care been delivered. Reviews will include in depth auditing of individual care plans, daily notes and PCP's inclusive of daily communication.  Senior Management will also conduct an audit using the Self-Assessment Framework on HIQAs Assessment Judgement Framework in tandem with The Health Act 2007. A Quality Improvement Plan (QIP) will be developed to include actions from all audits including PIC monthly audits.  A review of the behavioural support needs of one resident will be facilitated by the CNM2 in Behaviour Support to review therapeutic interventions.	

Any possible new admissions to the centre will be assessed in accordance with the Admission Discharge Policy, Capable environments assessment and compatibility assessments of current residents. A full review of service and its future planning has been scheduled with DON and ADON to include CNM2/PIC and its purpose is to review the current vacancy in Serenity Lodge and whether or not this vacancy should be filled accordingly and whether any further additions to the dwelling would take away from the care delivery, sensory needs and activation/socialisations of the 4 service users residing there at present. This review will also discuss the current vacant bedroom, its size and its suitability for future service user of similar status to the current population. In line with the sensory needs of each service user, this vacant room will also be considered as a possible sensory area as this is what it is presently used for in relation to one service user. Pending service review meeting, any prospective referrals to fill the vacancy in the house have been postponed until this review takes place.

Regulation 26: Risk management procedures

Substantially Compliant

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

Staff have been directed to ensure all matters relating to any incident are recorded on the appropriate incident reporting form and are escalated for corrective action through the incident management framework. The communication diary will be checked daily at handover to ensure any incident documented has a corresponding incident report completed.

Refresher training on Do the Right Thing: HSE Risk and Incident Management to be completed by all staff. Senior Manager will also review daily notes on a monthly basis.

A comprehensive risk assessment review for each resident which will include key component required for the overall risk assessment, thus ensuring accurate level of risk and control measures are in place.

Individualised risk assessments within care plans will be reviewed to ensure they accurately reflect the risk being managed and the controls identified are appropriate to the capacity and life stage of each resident based on their assessed needs.

The risk register will be reviewed to ensure it accurately reflects the care and support arrangements and the operational matters being managed and overseen by the PIC to ensure a pro active and timely approach in responding to open risk on the register and those that require on going monitoring.

Individual care planning support sessions in process of being arranged with staff in relation to their key clients and their care plans. All risk assessments will be updated in

conjunctio with this process to ensure triangulation of all risks and care plans. Same relayed to team via staff meeting on 30/6/2025.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
A review of external emergency lighting was completed by the maintenance electrician. As a result additional external lighting will be installed.

New service user had not been present for a fire evacuation drill, same completed with new service user included on 4/5/2025 and personal evacuation plan updated to reflect findings.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  
The prescribing of the enteral feeding regime was reviewed to ensure accuracy and clarity with regards to the amount and frequency of dose to be administered. Dietician contacted and review of all enteral feeding regime in reference to the appropriate service user to take place 9th July 2025 in his residence.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:  
Residents' risk assessments and personal plan will be further reviewed to ensure they contain sufficient detail to guide staff actions and care interventions to ensure their specific sensory needs are met. Care plan support schedule has been devised for CNM2 to provide one to one sessions with each key worker and provide support thereafter as required

The communication and sensory needs of residents will be further reviewed by the Occupational Therapist to explore the sensory and environmental/ therapeutic needs of each resident. Sensory assessments have been applied for and awaiting dates for same.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/10/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre	Substantially Compliant	Yellow	20/08/2025

	for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/07/2025
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	05/06/2025
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	Substantially Compliant	Yellow	30/08/2025



	as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
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