



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

Issued by the Chief Inspector

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| Name of designated centre: | Nephin Lodge Services |
| Name of provider: | Health Service Executive |
| Address of centre: | Sligo |
| Type of inspection: | Announced |
| Date of inspection: | 10 March 2025 |
| Centre ID: | OSV-0002614 |
| Fieldwork ID: | MON-0038198 |

About the designated centre

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

This centre is managed by the Health Service Executive (HSE) and comprises one large bungalow located in a residential area in a small village in Co Sligo. It provides residential care to eight adults with high support needs who have an intellectual disability. Residents receive support with their social, physical, and mental health needs. Many of the residents have mobility difficulties and require the use of wheelchairs, or mobility aids. The house is divided into two units and joined in the middle by a foyer. Each side has a kitchen, dining room, sitting room, utility room, two bathrooms and four bedrooms. Residents also have access to a shared garden space both to the front and rear of the centre. There is also an office room in one of the areas which staff use to coordinate the running of the centre. Residents are supported by nursing and care staff in line with their assessed needs over 24 hours. Wheelchair accessible transport is provided which facilitates residents freedom to access their local community.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 8 |
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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 10 March 2025 | 11:40hrs to 18:30hrs | Angela McCormack | Lead |

What residents told us and what inspectors observed

Overall, this inspection found that residents were provided with a person-centred service that met their individual needs. Residents said that they felt safe and liked living in the centre. The centre was clean, warm, homely and spacious. Each resident had their own bedrooms that were personalised and reflected their individual personality.

This inspection was an announced inspection to monitor compliance with the regulations and as part of the monitoring for the renewal of the registration of the designated centre. As part of the announcement, an information leaflet about the name of inspector that was visiting was provided. Questionnaires were also provided so as to establish the views of residents living in the centre. Residents completed these questionnaires with support from staff members. These were reviewed by the inspector as part of the inspection.

The inspector met with all eight residents during the inspection. Residents communicated in a variety of means, such as verbal communication, pictures and objects of reference. Some residents spent time speaking with the inspector on their own. Other residents were supported by staff in communicating with the inspector and in sharing their views about the centre and their lives.

Residents spoke about their lives and what it was like to live in the centre. One resident moved into the centre the previous year. On discussion they appeared to have settled in well to their new home and were involved in various activities in the local community. When asked one resident said that they 'loved living here', while another said 'not so much'. They added that they preferred when they lived in another location years previous to coming to Nephin Lodge. They spoke about life in Nephin Lodge and the activities that they enjoyed since their move to the centre.

Residents' individual preferences about their day-to-day lives and activities were found to be respected. Some residents attended an external day service, while others with medical needs were supported to do activities from their home. There was transport available for residents to go out and about to activities. One resident spoke about how they enjoyed going for walks on their own to the local shops. Another resident spoke about how they enjoyed going to eat out at the weekends. The staffing levels in the centre supported residents to do activities of their choosing, including if residents wished to remain at home each day. For example; there was a dedicated staff who worked day time hours and whose role was to support residents in an external location to do activities in their community. Residents and staff spoke about this with the inspector. It was clear from the discussions that residents were valued participants in their local town and that they had opportunities to meet and form friendships with other people in their neighbourhood.

Throughout the day residents were observed coming and going to outings, while

others were relaxing in the house. Some residents were observed doing arts and crafts related to Easter time. Other residents were seen to be relaxing by getting their nails done, getting hand massages and watching television. One resident spoke about family and visitors that they received. It was clear from chatting with residents that their choices about contact with friends and family were respected.

In addition, residents were supported to choose goals for the future. Residents had posters in their bedrooms relating to their goals for the coming year. A sample of goals chosen by residents included; going to music sessions, gardening projects and attending fitness classes. Residents enjoyed a range of activities suitable to their needs and stages in life. These included; going to the local 'mens' shed' going out for dinner to local restaurants, going for overnight hotel breaks, going to festivals and going to concerts. Some residents spoke about an upcoming concert that they were planning to attend together. One resident had a particular interest in music and they spoke about the variety of music they enjoyed. They agreed to play the spoons for the inspector prior to the inspector leaving. Another resident joined in by singing a song.

Residents appeared to get on well for the most part. Residents spoken with said that they felt safe and this was also reflected in the questionnaires completed by residents. At times, there could be peer to peer negative interactions. These were found to be responded to by staff in a fair and respectful manner for all residents involved. However, improvements were required in ensuring that protection incidents were submitted to the Chief Inspector of Social Services within the required timeframes outlined in the regulations.

Eight questionnaires were completed and reviewed by the inspector. Questionnaires received indicated that residents were happy living in the centre. Comments in the questionnaires included; 'staff are respectful of my privacy and dignity', 'we have weekly meetings', "my family visit me" and " I like to go to concerts". Some residents mentioned about how they chose the colour scheme and furniture when their bedrooms were being decorated. One resident said "I have a TV and CD player and comfortable chair in my bedroom if I want to spend time on my own". Others said; "staff respect that I am able to make decisions of what I would like to do" and "my sister phones or visits regularly and we sit and chat in private".

From a walk around of the centre, it was found to be clean, spacious and well ventilated. Bedrooms were personalised and spacious for residents to store their personal belongings safely. Residents had access to televisions and music players in their bedrooms. One resident showed the inspector around the house, including the back garden area. This was designed with flower planters, garden furniture and a garden shed that was used as a designated smoking area for residents.

Within the house, there were clear arrangements in place to protect against infection. There was a dedicated laundry room and arrangements for waste disposal. There were also good fire safety management systems in place. The centre was found to promote accessibility with hand rails, ramps and wide corridors in place. Residents' needs were found to be met. On the day of inspection, overhead hoists were being installed in some bedrooms so that future mobility needs could be better

supported.

The atmosphere in the centre was homely and warm. Residents' specific interests were found to be respected. Residents were observed to be treated with respect and dignity by staff supporting them. Four staff members were spoken with by the inspector. Staff were knowledgeable about the needs of residents and their preferences. Staff spoke about residents in a kind and respectful manner.

Overall, the inspector found that residents received a good quality, person-centred service. Residents were supported to do activities that they enjoyed and that were meaningful to them.

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

Capacity and capability

This inspection found that in general there were good systems in place for the management and oversight of care provided in the centre. The centre was found to be in compliance with the regulations assessed, with two areas for improvement found to be required. These related to staff training and ensuring time frames for the submission of notifications to the Chief Inspector were met.

The centre was managed by a person in charge who was suitably experienced and qualified for the role. They worked full-time and were responsible for one other designated centre which was located nearby. The arrangements in place supported them to effectively manage the centre. The centre was suitably staffed with a skill mix of nursing and care staff. Training was provided to staff to meet the assessed needs of residents. Improvements, were required however, in the timely completion of training in feeding, eating and drinking (FEDs).

The systems in place for the monitoring and oversight of the centre included regular audits completed by the local management team. Provider unannounced visits were also completed every six months. Actions plans were developed to address areas found that required improvements.

In summary, this inspection found that the management team had the capacity and capability to manage the service effectively. The systems in place ensured that a safe and good quality service was provided to all residents.

Regulation 15: Staffing

There was a planned and actual roster maintained. The inspector reviewed rosters from 27/01/2025 to 10/03/2025. There appeared to be the numbers and skill mix of staff to meet the needs of residents. Staff spoken with felt that there were enough staff in place to support residents effectively with their individual needs. Continuity of care was provided to residents through a staff team of permanent and regular agency staff. Staff files were not reviewed on this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the training matrix and found that three out of nineteen staff required training in FEDS. The person in charge was aware of this and this was included as an action from their audits. However, no date had been received for the staff members to undertake this training. This required completion to ensure that all staff had the skills and competencies to support residents with their care needs.

Other mandatory training that the provider had identified for staff were completed. Staff spoken with said that they felt supported. Performance achievement meetings were completed with staff by the person in charge.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The inspector reviewed the directory of residents that was maintained in the centre. The inspector reviewed a sample for three residents. These included all the information required under the regulations for each resident. However, one date regarding when a resident first came to reside in the designated centre was incorrect. This was addressed on the day by the person in charge.

Judgment: Compliant

Regulation 23: Governance and management

Improvements were required to ensure that all notifications that were required to be sent to the Chief Inspector within the three day time line were completed. The inspector found that one protection concern that occurred in November 2024 was not notified within the three days, but notified through a quarterly notification

received at the end of January 2025.

Notwithstanding that the inspector found that in general, there were good arrangements for auditing the centre by both the local management team and by the provider. These included an annual schedule of audits completed by the local management team in areas such as health and safety, finances and medication. The provider ensured that the centre had six monthly unannounced visits as required in the regulations. The last two provider unannounced visit reports dated 15/09/2024 and 21/02/2024 were reviewed by the inspector and were found to be comprehensive. Action plans were in place to address areas that required quality improvement.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed three contracts of care for residents, including the most recent resident to live in the centre. These were found to include all the information that is required in the regulations. They were signed and agreed by the resident and provider.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and found it to be up to date and included all the information that was required under Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

This inspection found that residents living in Nephin Lodge were provided with person-centred, and safe care and support. It was clear from speaking with residents and reviewing documentation, that residents were consulted about the centre and could make choices in their day-to-day lives.

Residents' protection and safety were promoted in the centre. Policies and procedures in place provided guidance on how to ensure a safe service. Consultation with residents occurred through weekly residents' meetings. Residents were

supported to understand safeguarding, advocacy and human rights. There were also good arrangements in place for fire safety, the maintenance of the premises and in protection against infection.

Residents' health and wellbeing were promoted in the centre. Residents' needs were assessed in regards to their health, personal and social care needs. Any changes in need were found to be responded to promptly. Residents also had access to multidisciplinary team (MDT) supports, when required.

Overall, this inspection found that the service provided was person-centred, safe and to a high quality.

Regulation 10: Communication

Residents communicated through a variety of means, such as verbal communication, gestures, pictures and the use of objects of reference. Staff were observed communicating with residents in line with their preferred communication methods.

Residents who required supports with communication had individual support plans in place. The inspector reviewed three support plans and found that these plans outlined residents' preferred communications clearly, and described what particular communications meant. One staff spoken with described about how the service was developing a new template for house meetings, which would record residents' 'participated communication style'. This promoted a person-centred approach to consultation with residents and demonstrated how the service strived to improve communications.

Residents had access to music players, televisions, mobile phones and technological devices in line with their needs and wishes. Some residents enjoyed regular communication with family members through video calls and mobile phone applications.

Judgment: Compliant

Regulation 11: Visits

The inspector reviewed the provider's visitor's policy and procedure. There were no restrictions on visitors to the centre. It was clear from speaking with residents that they enjoyed receiving visitors to their home and that this was important to them. The centre had suitable arrangements for residents to meet with visitors in private if they wished.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to do activities that were meaningful to them and that met their general welfare and developmental needs for their stage of life. Some residents attended an external day service location and other residents could choose to do activities from their home.

The inspector reviewed three residents' personal plans and saw the variety of activities that residents enjoyed. These included: going to music sessions and concerts, going out for dinner, going for overnight stays in hotels and attending exercise and weight management classes. Three residents spoken with by the inspector talked about the activities that they enjoyed, both in the house and in the wider community.

Residents also had opportunities for leisure and recreation within their home; with access to arts and crafts, gardening, music players, televisions and an outdoor garden that contained garden furniture.

Residents were also supported to maintain contact with their families and local communities in line with their wishes. One resident spoke fondly about the visits from their family that they enjoy. Another resident spoke about the 'men's shed' that they joined in the town.

Judgment: Compliant

Regulation 17: Premises

The centre was found to be suitable for the needs and numbers of residents. The inspector observed that the centre promoted accessibility as there were ramps and handrails located throughout the home. Residents were observed comfortably moving around their environment and being supported in line with their mobility needs. Residents had access to various aids and appliances as required.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed the 'residents' guide' in place and found that it included all

the information that is required under this regulation.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector observed the centre to be clean, bright, well ventilated and in a good state of repair. There were good arrangements in place to promote infection and prevention control (IPC). These included: supplies of personal protective equipment (PPE), colour-coded cleaning mops and cloths, suitable waste and laundry arrangements and access to hand hygiene supplies and paper towels throughout. From the inspector's review of the training records, all staff completed training in IPC modules.

The inspector reviewed the annual audit schedule and found that audits were completed on IPC arrangements. The inspector observed that there were arrangements for regular cleaning of the centre to occur. Staff meetings included a review of cleaning. Observations on the day of inspection were that staff were adhering to good IPC practices. All of this meant that residents who were medically vulnerable were protected against infection in so far as possible.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector reviewed the fire safety arrangements in the centre. These included; fire doors and containment measures, fire fighting equipment, a fire alert system, and evacuation plans. The inspector observed in the centre's fire record book for 2025, that ongoing monitoring of fire safety arrangements in the centre occurred through safety checklists. These included: daily, weekly and monthly checks. This meant that any fault or issue would be identified and responded to in a timely manner.

Residents had a personal emergency evacuation plan (PEEP) in place which provided guidance to staff on the arrangements to ensure a safe evacuation from the centre. Three PEEPs were reviewed by the inspector. These were found to provide clear guidance to staff on supporting residents to evacuate.

Fire drills took place regularly. The fire drills for 2025, of which there were two, were reviewed by the inspector and demonstrated that residents could be evacuated to safe locations in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three residents' assessments of needs and care plans. These were found to be comprehensive and up to date. Care and support plans were developed where the need was identified. The care plans outlined clear guidance on the supports that were required for each resident and were monitored at regular intervals. In addition, residents and their representatives (as relevant) participated in residents' annual review meetings. At these meetings, support needs were kept under review. This meant that residents' changing needs could be identified and responded to in a timely manner.

Residents were supported to identify personal goals for the future. Three person-centred plans (PCP) were reviewed by the inspector. In addition, the inspector observed a one page plan located on residents' bedroom's walls related to their PCP goals. One resident showed the inspector theirs and talked about their personal goals, including goals they had achieved, and for which they had received certificates of recognition. This also showed the resident's involvement in their local community and about how they were valued for their participation.

Judgment: Compliant

Regulation 6: Health care

Residents' health and wellbeing were found to be promoted. This was done through effective arrangements for monitoring residents' health for any changes or additional needs.

The inspector reviewed three residents' care plans and found that residents had access to a variety of healthcare professionals, including access to a local General Practitioner (GP). The provider ensured that residents had access to MDT input if this was identified as being required. These included access to speech and language therapy, occupational therapy and physiotherapy. In addition, residents were supported to attend any medical appointments, national screening programmes, vaccinations in line with their choices. This meant that residents were supported to be as physically and psychologically well as possible.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were policies and procedures in place for behaviour support and for restrictive practices. Staff received training in behaviour management. Staff spoken with were found to be knowledgeable about the specific supports that residents required with behaviour management and stress reduction.

Three behaviour management plans were reviewed by the inspector as part of this inspection. Behaviour support plans were developed with input from MDT. These plans were found to be comprehensive and clearly outlined how best to support residents. It was evident that every effort was made to establish the causes of behaviours. This meant that possible physical causes of upset experienced by residents were reviewed and supported, where relevant. This promoted a person-centred approach to care.

Any restrictive practices used in the centre were assessed and had clear protocols in place that provided the rationales on their use. These were found to be kept under ongoing review by the local management team to ensure that they were the least restrictive option for the shortest duration. One restrictive practice had recently been removed following a review of risks.

Judgment: Compliant

Regulation 8: Protection

There were policies and procedures in place for safeguarding and for the provision of personal and intimate care. Where required, residents had safeguarding plans and intimate care plans in place to promote their protection. Three intimate care plans and two safeguarding plans were reviewed by the inspector. These were found to be comprehensive and kept under review. This meant that staff had the most up-to-date information about how best to support residents safely.

From a review of the training matrix in place, the inspector saw that all staff completed training in safeguarding vulnerable adults. Staff spoken with were aware of what to do if there was a concern of abuse. The local management team included safeguarding awareness audits as part of the centre's audit schedule. This assessed various staff member's awareness about safeguarding and meant that any gap in knowledge could be identified to ensure that residents were protected. The inspector found that protection concerns were screened and followed up in line with the provider's procedures.

Two staff meetings minutes (from January 2025 and November 2024) were reviewed by the inspector and found to include 'safeguarding' as an agenda topic. Residents were provided with information leaflets on 'abuse' and how to report this. Residents spoken with said that they felt safe. The questionnaires completed by all residents also indicated that residents felt safe. One resident spoken with said that they could go to staff or the person in charge if they had any concerns.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was found to promote a rights based service. Residents were consulted about the running of the centre through residents' meetings, where choices and input about the centre was sought and respected. From the inspector's review of three residents' current care plans, it was observed that the language used also promoted a rights based service. For example some of the 'FREDA' principles, of fairness, respect, equality, dignity and autonomy were noted in care notes.

Residents were also given information in an easy-to-read format. These included information about their contracts of care, a residents' guide, advocacy information and human rights. In addition, it was clear that residents' religious preferences and spirituality were respected. A review of three residents' daily notes from January 2025, showed that residents were supported to attend religious ceremonies, visit religious places of interest, light candles in Church and visit family graves.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|----------------------------------------------------------------------|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 24: Admissions and contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 11: Visits | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Nephin Lodge Services OSV-0002614

Inspection ID: MON-0038198

Date of inspection: 10/03/2025

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: To ensure compliance with Regulation 16 the following actions are completed; <ul style="list-style-type: none">• The CH CDLMS Disability Services training matrix is in place to record and monitor compliance with mandatory and site specific training.• A Training Needs Analysis is completed annually which identifies the mandatory and site specific training requirements for the designated centre.• Feeding Eating Drinking and Swallowing (FEDS) Training is required in this centre and the remaining three staff completed this by the 29/04/2025.• A training compliance report is also completed quarterly by the CNM3 in Quality, Risk and Service User Safety and any deficits in training is escalated through line management reporting structures and a timeline for completion identified . | |
| Regulation 23: Governance and management | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management: To ensure compliance with Regulation 23 the following actions are now completed; | |

- To ensure all notifications to the authority are notified within the identified timeframes a review sheet is now in place to alert the PIC to 3-day notifications. The Person in Charge monitors this weekly to ensure compliance with the regulation. This system will be further monitored by the CNM3 and the Assistant Director of Nursing to further enhance the governance of notifications to the authority.
- In addition to the above incidents are reviewed on a monthly basis and a section has been included on this review documentation to record if any notifiable incidents have been submitted to the authority.

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 | 29/04/2025 |
| 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 | 29/04/2025 |