



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

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 17
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	08 January 2025
Centre ID:	OSV-0005851
Fieldwork ID:	MON-0037112

About the designated centre

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

Stewarts Care Adult Services Designated Centre 17 is operated by Stewarts Care DAC. The centre aims to support and empower people with an intellectual disability to live meaningful and fulfilling lives by delivering quality, person-centred services. It is intended to provide long stay residential support to no more than six men or women over eighteen years of age with a profound intellectual disability. The centre comprises two wheelchair accessible homes located on a campus in Dublin operated by the provider. Each resident has their own bedroom, and each home has an open-plan kitchen, dining and living room area. Residents have access to a general practitioner, along with the provider's multidisciplinary team services. Residents are supported by a team of staff nurses and care assistants and the centre is managed by a full-time person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 8 January 2025	08:45hrs to 16:15hrs	Michael Muldowney	Lead
Wednesday 8 January 2025	08:45hrs to 13:30hrs	Orla McEvoy	Support

What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre and to help inform a decision on the provider's application to renew the centre's registration. The inspectors used observations, engagements with residents, conversations with staff, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre. Overall, they found that the centre was operating at a good level of compliance with the regulations, and that residents were receiving good quality and safe care.

The centre comprised two bungalows on a large campus operated by the provider. The campus was close to many community services and amenities such as shops, cafés and public transport. Inspectors carried out an observational walk-around of the bungalows. The bungalows had the same layout, and contained residents' bedrooms, and communal spaces including bathrooms, a 'multipurpose room', and a large open-plan living space with kitchen-dining facilities and a sitting area. There were also outdoor spaces for residents to use.

The premises were warm, clean and generally well maintained. The residents' bedrooms were personalised to their tastes, and their mobility aids and equipment were in good working order. The kitchens were well-equipped, and inspectors observed a variety of food and drinks available to residents. Within the main living areas, there was information displayed on the upcoming HIQA inspection, safeguarding, and the Assisted Decision-Making (Capacity) Act 2015.

Inspectors observed good fire safety arrangements, such as newly installed fire panels and fire-fighting equipment throughout the bungalows. The premises and fire safety are discussed further in the quality and safety section of the report.

There were five residents living in the centre and one vacancy. In one bungalow, a resident was recovering from an illness and spent time watching and listening to music in the living room with staff. The other resident was unwell and rested in their bedroom. During the inspection, the resident was visited by their general practitioner. In the other bungalow, the three residents went for walks with staff on the campus which had been extensively decorated with Christmas lights and displays, had hand massages, and listened to music.

Staff engaged kindly with residents and there was a homely atmosphere in the centre. All of the residents had complex communication needs and did not express their views to the inspectors. However, they appeared relaxed, content, and comfortable with the staff supporting them.

In advance of the inspection, staff supported residents to complete surveys on what it was like to live in the centre. Overall, the feedback was positive, and indicated that residents were safe, had choice and control in their lives, and got along with their housemates. One survey noted under 'Can you go out for trips, visits, events?'

that it 'Could be better'. There was no further information, but staff told inspectors that this related to having access to vehicles for social outings.

Inspectors also read a sample of the residents' meeting minutes from November and December 2024 and January 2025. The items discussed included the upcoming HIQA inspection, menu and activity planning, the service user council, and topics such as, privacy and dignity, consent and decision making.

Inspectors did not have the opportunity to speak with any of the residents' representatives. However, the recent annual review, dated January 2025, noted that three families returned surveys with positive feedback on the service provided to residents in the centre.

The person in charge facilitated the inspection, and inspectors also met two programme managers, a nurse, a student nurse, and four care assistants. The person in charge told inspectors that residents received very good care and a high quality service. They said that staff provided 'fantastic' and 'person-centred' care. They said that residents were supported to make choices and have control in their lives through discussions at house meetings, consultation with their families, staff adherence to communication plans, and being supported by familiar staff who know the residents well.

The residents had varied health care and mobility needs requiring a high-level of support. The person in charge was satisfied that their needs were being met in the centre, and felt comfortable raising any potential concerns with the provider. It was clear that the person in charge knew the residents well as they spoke about their individual needs and personalities. They were also promoting a human-rights based approach to care. For example, they were reviewing some of the restrictive practices in the centre with a view to eliminating some of them. They said that the arrangements for accessing suitable vehicles to facilitate social activities required improvement. This matter was raised by residents in a complaint in July 2023, and is discussed further in the next section of the report.

The centre's programme manager told inspectors that residents received an 'amazing, individualised and person-centred service'. They said that staff advocated for residents' needs, and had received training in the Assisted Decision-Making (Capacity) Act 2015 to inform their practices. They were satisfied with the resources, including staffing, in the centre. They spoke about improvements in the centre, such as implementing previous HIQA inspection report compliance plan actions to positive effective. They said that residents were supported to be active in their communities and that generally there was sufficient transport resources.

The person in charge and service manager told inspectors that two residents were due to move to a new home in the community. The residents had visited the centre, their families were happy for the move, and transition planning had begun. A date had not yet been confirmed for the move, as some multidisciplinary team assessments were to be completed. However, the management team were confident that the move would be positive for the residents.

A nurse told inspectors that residents received an 'excellent' service and that staff

were very caring to residents. They said that residents could be safely evacuated from the centre, and had no concerns for their safety. They also said that during December 2024, staff shortages impacted on residents' opportunities for outings. For example, some outings were postponed and rescheduled.

Two healthcare assistants told inspectors that suitable transport was not always available in the centre. They said that residents got on well in the centre. They had received safeguarding training, and were aware of the procedure for responding to and reporting safeguarding concerns. They were also knowledgeable on the residents' nutritional care plans.

Inspectors spoke with one care assistant in more depth. They spoke very warmly about the residents, and it was clear that they knew their individual personalities and needs well. They told inspectors about residents' interests and how they liked to spend their time. They were very knowledgeable on the residents' health care plans, including their plans on nutrition, epilepsy, and mobility. They were able to clearly describe the fire evacuation procedure. They said that they could easily raise any concerns, and felt supported in their role. They said that staff shortages put extra pressure on staff to ensure that residents' care needs were appropriately met. They gave examples of how residents' rights were promoted in the centre including how one resident trialled various drink containers to determine the best one that they could use independently.

Overall, inspectors found that residents were in receipt of good quality and safe care and support. However, some improvements were required to the staffing arrangements and to how complaints made by residents were being addressed by the provider.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This announced inspection was carried out as part of the provider's application to renew the registration of the centre. The application included an up-to-date statement of purpose and copy of the centre's insurance contract.

The inspector found that there were effective management systems in place to ensure that the service provided to residents living in the centre was safe and appropriate to their needs. Overall, the provider had ensured that the centre was well resourced. For example, the premises were well maintained, specialised equipment was available to residents, and residents could avail of the provider's multidisciplinary team services. However, the staffing arrangements and the provider's management of an open complaint required improvement.

The management structure was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and found to be suitably skilled, experienced, and qualified for their role. They had ensured that incidents occurring in the centre, were notified to the Chief Inspector of Social Services in the manner outlined under regulation 31. The person in charge reported to a programme manager, and there were effective arrangements for them to communicate.

The provider and person in charge had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and six-monthly reports, as well as various audits had been carried out in the centre. Actions identified from audits and reports were monitored to ensure that they were progressed.

The provider had implemented a complaints procedure for residents that was in an easy-to-read format. There was one open complaints from July 2023. The complaint related to residents' access to the provider's vehicles, and had not yet been resolved. The matter required further review from the provider to ensure that any updates or actions arising from the review were communicated with the centre.

The staff skill-mix consisted of nurses and healthcare assistants. The person in charge and programme manager were satisfied that the skill-mix was appropriate to the assessed needs of the current residents. There were no vacancies in the complement, however inspectors found that staffing levels in previous months were below what was planned for, which posed a risk to the quality of the service provided to residents. Inspectors also found that the maintenance of actual staff rotas required improvement to ensure that the names and hours worked by staff in each bungalow were clearly recorded.

Staff were required to complete training as part of their professional development. Inspectors reviewed the staff training log and found that all staff were up to date with their training needs. There were arrangements for the support and supervision of staff working in the centre, such as management presence and formal supervision meetings. Staff could also contact an on-call service for support outside of normal working hours.

Staff also attended team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. Inspectors viewed the October, November and December 2024 staff team meeting minutes which reflected discussions on residents' updates and care plans, incidents, risk management, safeguarding, staffing, fire safety, restrictive practices, audit findings, infection prevention and control, and complaints.

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. They were

suitably skilled and experienced for the role, and possessed relevant qualifications in nursing and management.

The person in charge was based in the centre and worked a mix of weekdays and weekends to support their oversight of the centre. They demonstrated a good understanding of the residents' needs, and ensured that the centre operated in accordance with the statement of purpose.

Judgment: Compliant

Regulation 15: Staffing

The staff skill-mix and complement comprised two nursing whole-time equivalents, and 15.96 healthcare assistant whole-time equivalents. There were no vacancies. The person in charge and programme manager were satisfied that the skill-mix was appropriate to number and assessed needs of residents' living in the centre.

Inspectors reviewed the staff rotas from October 2024 to January 2025. They found that there were occasions where the actual staffing levels were below what was planned for. The person in charge said that this was due to high levels of planned and unplanned leave during this time frame. The person in charge tried to minimise any adverse impact on residents by reallocating staff between the bungalows when there were deficits. However, even with this strategy, there were occasions when the staffing levels were short. Staff told inspectors that staff shortages were managed well to maintain residents' safety, however added to their workloads. The person in charge had already identified that the overall staffing arrangements required review, and had organised an upcoming meeting with the provider's work force planner to discuss this matter.

Inspectors also found that improvements were required to the maintenance of the rotas to ensure that they clearly showed the names and the hours worked by staff who moved between the bungalows to cover staff shortages.

Inspectors reviewed two staff Schedule 2 files, including vetting disclosures and copies of qualifications, and found that the files were in place.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were required to complete training as part of their professional development and to support them in the delivery of appropriate care and support to residents. The training included safeguarding of residents, epilepsy awareness, human rights, communication, manual handling, supporting residents with modified diets, infection

prevention and control (IPC), positive behaviour support, and fire safety. Inspectors reviewed the most recent training log with the person in charge and found that staff were up to date with their training requirements.

The person in charge ensured that staff were supported in their roles, and provided them with formal supervision in line with the provider's policy. Staff told inspectors that they were satisfied with the supervision they received.

Judgment: Compliant

Regulation 22: Insurance

The provider had effected a contract of insurance against injury to residents and other risks in the centre including property damage

Judgment: Compliant

Regulation 23: Governance and management

There were effective management systems in place to ensure that the service provided in the centre was safe and effectively monitored.

There was a clearly defined management structure in the centre with associated lines of authority and accountability. The person in charge was full-time and based in the centre. The person in charge reported to a programme manager who in turn reported to a Director of Care. There were good arrangements for the management team to communicate, including formal meetings and informal communications.

The provider had implemented good systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews (which had consulted with residents and their representatives) and six-monthly reports were carried out, along with various audits in the areas of medicine management, mealtimes, residents' documentation, health and safety, and infection prevention and control (IPC). The audits identified actions for improvement where required, and were monitored to by the person in charge using a compliance tracker.

There were effective arrangements for staff to raise concerns. In addition to the support and supervision arrangements, staff attended team meetings which provided a forum for them to raise any concerns.

Judgment: Compliant

Regulation 3: Statement of purpose
<p>The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. It was last reviewed in November 2024.</p> <p>During the inspection, the person in charge printed copies of the statement of purpose to make it available in the centre to residents and their representatives</p>
Judgment: Compliant
Regulation 31: Notification of incidents
<p>The person in charge had ensured that incidents, as detailed under this regulation, which had occurred in the centre were notified to the Chief Inspector. For example, inspectors reviewed incidents that had occurred in the centre in the previous 12 months, such as allegations of abuse, minor injuries, and the use of restrictive practices, and found that they had been notified in accordance with the requirements of this regulation.</p>
Judgment: Compliant
Regulation 34: Complaints procedure
<p>The registered provider had implemented a complaints procedure for residents, which was underpinned by a written policy. The policy outlined the processes for managing complaints, and the procedure had been prepared in an easy-to-read format.</p> <p>There was one open complaint, made by residents in July 2023, which had not been resolved. The complaint related to insufficient suitable transport available to residents for social outings. The person in charge and staff told inspectors that each bungalow shared a vehicle with two other units on the campus. The vehicles were not always available for social outings, especially spontaneous outings. Staff could walk with residents to amenities when there was clement weather and could use public buses. However, they said that sometimes public buses were full and could not always accommodate wheelchairs. The provider had ensured that residents could use taxis to attend health and medical appointments if the provider's vehicles were not available.</p> <p>The transport arrangements had been noted in the recent annual review, and inspectors read a thread of correspondence involving the person in charge, senior</p>

management, and the provider's transport manager on the matter. However, the complaint remained unresolved. Two programme managers told inspectors that sufficient transport was available to the centre. However, they and the person in charge agreed that these arrangements required review to ensure that they were being utilised effectively and met the needs of the centre, and that any outcome from review of the complaint was communicated to the centre.

Judgment: Substantially compliant

Quality and safety

The inspector found that residents' safety and welfare was maintained by a good standard of care and support. Inspectors observed a warm and relaxed environment in the centre, and staff engaged with residents in a kind and warm manner.

The person in charge had ensured that residents' health care needs had been assessed to inform the development of personal plans. Residents had access to the provider's multidisciplinary team services, and within the centre nurses oversaw their healthcare needs. Inspectors reviewed three residents' assessments and plans, including plans on eating and drinking, intimate care, behaviour support, and healthcare. They were found to be up to date. However, two residents were overdue dental check ups, and the person in charge told inspectors that they would follow up on this.

The provider had implemented arrangements to safeguard residents from abuse. For example, staff had received relevant training to support them in the prevention and appropriate response to abuse. Inspectors found that staff were aware of the procedures for responding to safeguarding concerns, and that previous safeguarding concerns had been managed and reported appropriately.

The premises comprised two bungalows on a campus operated by the provider. The bungalows were warm, clean, and generally well maintained. They had the same layout, and comprised individual residents' bedrooms, and communal spaces including an open-plan living space with a kitchen and dining facilities, bathrooms, and 'multipurpose' rooms.

The kitchens were well-equipped to store, prepare and cook food, and there was a variety of food and drinks for residents. Residents' main meals came from a central kitchen, but they could choose from alternative options in the centre. All of the residents had feeding and drinking care plans, and staff spoken with were knowledgeable of the plans.

There was a small number of restrictive practice implemented in the centre. They were appropriately managed in line with policy, and the person in charge was ensuring that they were being reviewed to ensure that they were the least

restrictive options.

Inspectors observed good fire safety precautions. For example, there was fire fighting and detection equipment throughout the centre, and staff had received fire safety training. Evacuation plans had also been prepared to guide staff on the support required by residents to evacuate the centre. However, the overall evacuation plan required a minor improvement: to identify and include a safe evacuation time.

Regulation 17: Premises

Overall, the premises were found to be appropriate to the needs of the residents living in the centre at the time of the inspection. They comprised two bungalows located on a large campus operated by the provider. They were clean, warm and generally well maintained. Some minor upkeep was required such as repair of marked flooring. However, these matters had already been reported to the provider's maintenance department.

Each bungalow could accommodate three residents. The bungalows had the same layout, and contained residents' bedrooms, shared bathrooms, and a large open-plan communal space with a kitchen, dining facilities and a seating area. The bungalows each contained a 'multipurpose room'. The rooms contained laundry equipment, and one of the rooms was also used as an office space and for storage. The provider's recent infection prevention and control audit had highlighted that this posed an IPC risk, and the person in charge and programme manager had identified measures to reduce the risk such as moving the office to another room.

The provider had ensured that specialised mobility equipment, such as shower trolleys, wheelchairs, overhead hoists and electric beds, was available to residents as required. There were arrangements to ensure that the equipment was kept in good working order, such as scheduled servicing.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to be involved in the purchase, preparation and cooking of their meals, as they wished. The residents' main meals were supplied by a central kitchen on the campus. The menu was chosen in consultation with residents on a weekly basis. Inspectors observed a variety of food and drinks in both bungalows' kitchens for residents to choose from if they did not like the meals from the main kitchen. The staff meeting minutes also noted that staff were reminded to offer residents choices and to promote home cooked options. The kitchens were well-equipped with cooking appliances. The

appliances, including blenders to modify food, were clean.

All of the residents had feeding and drinking care needs, and associated care plans had been prepared by the provider's speech and language therapy service to guide staff in preparing residents' meals. The plans were up-to-date and readily available. Staff had received training in supporting residents with modified diets, and inspectors found that staff spoken with, were knowledgeable on the contents of the associated care plans. Inspectors observed one care staff prepared a drink for a resident in line with their care plan. Inspectors also observed that a resident's lunch had a pleasing appearance and aroma, and staff supporting the resident to eat their meal sat at their eye level and warmly engaged with them.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented effective fire safety precautions in the centre. There was fire detection (which had been recently upgraded) and fighting equipment, emergency lights, and it was regularly serviced to ensure it was maintained in good working order. Inspectors released a sample of the fire doors, including four bedroom doors, and observed that they closed properly.

The person in charge had prepared up-to-date evacuation plans which outlined the supports required by residents to evacuate the centre. Fire drills, including drills reflective of night-time scenarios, were carried out to test the effectiveness of the plans. Staff had completed fire safety training, and staff spoken with were familiar with the fire evacuation procedures.

Judgment: Compliant

Regulation 6: Health care

The provider and person in charge had ensured that residents were in receipt of appropriate health care that was in accordance with their assessed needs.

Inspectors reviewed three residents' health care assessments and care plans. They were found to be up to date to guide staff practice. The assessments and care plans were informed by relevant health and social care professionals including speech and language, physiotherapy, and occupational therapists. Within the centre, nurses oversaw the implementation of the care plans.

Inspectors found that residents were supported to avail of national health screening programmes where appropriate, such as diabetic retina screening. Where residents did not avail of screening programmes, those decisions were based on consultation

with their general practitioners
Judgment: Compliant
Regulation 7: Positive behavioural support
<p>The provider had ensured that residents received support to manage their behaviours of concern. One resident required support in this area, and an up-to-date care plan had been prepared to guide staff on the interventions to be followed. Staff spoken with said that they plan was effective. Staff had also completed behaviour support training to inform their practices and understanding of positive behaviour support.</p> <p>There was a small number of restrictive practices implemented in the centre. The rationale for the restrictions was clear, and they were being implemented with approval from the provider's rights committee. The person in charge demonstrated commitment to reducing the use of restrictions. For example, they had referred a resident for a physiotherapy review with a view to implementing alternative strategies that would eliminate the need for some current restrictions.</p>
Judgment: Compliant
Regulation 8: Protection
<p>The registered provider and person in charge had implemented systems 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, and there was guidance for them in the centre to refer to.</p> <p>Inspectors reviewed the records of three safeguarding incidents reported in 2024, and found that they had been appropriately reported and managed to promote the residents' safety.</p> <p>The person in charge had ensured that intimate care plans had been prepared to guide staff in delivering care to residents in a manner that respected their dignity and bodily integrity. Inspectors reviewed two resident's intimate care plans and found that they were up to date and readily available to staff to guide their practice.</p>
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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 17 OSV-0005851

Inspection ID: MON-0037112

Date of inspection: 08/01/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>We recognize the importance of maintaining accurate and transparent records to ensure proper oversight of staffing levels and the safety and well-being of both residents and staff. To address this matter, from the 15/01/2025 all rosters clearly indicate the names of staff assigned to each Bungalow and their scheduled hours. When staff are required to move between Bungalows to cover shortages, this movement is now explicitly recorded on the roster, including the exact time spent in each location. Digital and/ physical copies of the planned and actual rosters are securely maintained ensuring that any adjustments are properly documented and traceable.</p> <p>All relevant staff have been briefed on the importance of accurate roster documentation and their role in maintaining compliance with HIQA guidance. The meeting took place between Workforce Planner and Person in Charge on the 21.01.2025, rosters were reviewed and we are working on the agreed DNA of the Centre.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Following the review of the complaint regarding transport sharing arrangements between the 2 Bungalows on the 10/01/2025, we have a structured schedule to avoid overlaps and minimize delays or cancellation of activities for residents. Enhanced communication protocols have been implemented to ensure that staff coordinate transport sharing efficiently.</p> <p>Regular reviews of the transport sharing system will be conducted to ensure continuous improvement and swift resolution of any future issues. The complaint was closed and communicated to all residents and staff on 07/02/2025.</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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	10/02/2025
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	10/02/2025
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a	Substantially Compliant	Yellow	10/02/2025

	complaint are put in place.			
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