



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	SOLAS Services
Name of provider:	Health Service Executive
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	21 July 2025
Centre ID:	OSV-0007724
Fieldwork ID:	MON-0038683

About the designated centre

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

Solas Services provides residential care for up to nine adult residents, both male and female with an intellectual disability. The Service provides residential care 7 days a week, 365 days a year to its residents. There are two houses in this centre located in Co. Kildare. The first house is a detached bungalow providing four bedrooms, two reception rooms, a kitchen, entrance hall, sun room, one large wheelchair accessible bathroom, two en-suite shower rooms and three bathrooms. There is also a large office building at the back of the house. The second house is a detached bungalow and consists of five bedrooms, one of which has an en-suite bathroom, a dining room, sitting room, kitchen, utility room an accessible bathroom and three bathrooms. The service has nursing staff, care assistants, medical, psychiatric, psychological and behavioural supports in the provision of care for the residents. Solas Services provides 24 hour nursing care.

The following information outlines some additional data on this centre.

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 21 July 2025	10:30hrs to 18:00hrs	Karen Leen	Lead

What residents told us and what inspectors observed

From what residents told us and what the inspector observed, residents living in this designated centre were receiving person-centred care and support, and were enabled to access activities and their local community. The inspection found high levels of compliance with the regulations. Some improvements were required in staffing numbers to ensure continuity of care and support for residents, and improvements were required in relation to the transport in place in one of the premises of the centre. These are outlined in the body of the report.

Solas Services is made up of two houses located in County Kildare. The two houses are located a short drive from each other. The houses are close to local shops, restaurants and parks. One of the houses is located on a rural road and residents require support of staff to access the local community, this support is also in line with residents' assessed needs. The first house is a bungalow and was home to four residents. The house comprises a large sitting room, dining room, kitchen, four resident bedrooms, two en-suite bathrooms, sun room and a large garden to the rear of the property. This garden is designed to portray a Japanese style garden with a small fairy garden created by residents. The second house is a bungalow and is situated on a rural road near the local town. The house comprises a kitchen, dining area, large sitting room, three bathrooms, one wheelchair accessible bathroom, staff office and a large enclosed garden around the premises.

Over the course of the inspection, the inspector of social services had the opportunity to meet and speak with a number of people about the quality and safety of care and support in the centre. This included meeting all eight residents living in the centre, six staff, the person in charge, the clinical nurse manager 2 (CNM2), clinical nurse manager 1 (CNM1) and a person participating in the management of the designated centre. Additionally, observations, review of documentation and discussions with staff were used to capture the lived experience of residents.

On arrival to the first house, the inspector had the opportunity to meet with four residents, at the time of the inspection there was one vacancy in the centre. The inspector observed that two of the residents were sitting at the kitchen table having a hot drink. Another resident was relaxing in the sitting room looking at pictures on their electronic tablet. The inspector was introduced to the residents by a member of the staff team. Residents told the inspector that they love their home. One resident told the inspector that they had recently celebrated a milestone birthday with a large party in their home with family and friends. They showed the inspector a photo album which had been put together by staff of their celebration. The resident told the inspector that the staff will help them to take pictures of events and parties that happen in their life and will then help to create a photo album. The resident showed the inspector the large collection of albums they had created over the years which included holidays, family gatherings and events they had attended with friends.

In the second house, the inspector had the opportunity to meet with four residents living there. The inspector found that there was a warm and friendly atmosphere in the house. Residents were observed relaxing in different areas of their home, the inspector found that there was a number of communal areas for residents to choose from. Furthermore, resident bedrooms were decorated in line with their tastes and residents had access to music systems and televisions in their room if they chose to retire away from peers for periods of the day. Residents in this house required support from staff to communicate with the inspector. Support staff informed the inspector that this house was very busy with residents enjoying a number of activities such as shopping, meals out, long walks in nature areas and attending music sessions locally. The inspector sat with one resident who was enjoying a snack while listening to music on their electronic tablet. The inspector observed another resident approach a member of staff and lead them to the centres transport. The staff member informed the inspector that the resident was indicating that they would like to go for a drive, the staff had also planned to stop for a short walk.

Residents had a variety of communication support needs and used speech, vocalisations, gestures, facial expressions and body language to communicate. One resident used sign language to communicate their needs to staff members. The inspector observed staff communicating with residents throughout the inspection and found that staff were familiar with residents' communication styles and preferences. In addition, the inspector received eight resident questionnaires which had been sent out to the centre prior to the inspection taking place. The questionnaires seek resident feedback on aspects of the service such as the staff, the premises, their ability to make choices and decisions, for instance about meals. All residents were supported by a member of the staff team to complete the questionnaire. Feedback received by residents through the questionnaires and through the course of the inspection were positive. One resident stated *"I like to go on holidays"*. Another resident discussed that they are regularly supported to go home and visit their sister. One questionnaire submitted on behalf of a resident noted under the section on staff support that a resident highlighted "it could be better". On the day of the inspection, these comments were reviewed with the residents and highlighted that the centre was using a number of agency staff due to ongoing staff vacancies in the centre. The provider was aiming to utilise the regular relief team and regular agency, however, at the time of the inspection there was four whole time equivalent vacancies and this was impacting the continuity of care and support for residents in the centre.

The inspector found that residents participated in a number of activities both within the designated centre and the wider community. The designated centre had access to an activities co-ordinator who was working alongside residents and staff to identify activities and goals in the local community and in the centre. A number of residents in the designated centre had retired and were enjoying activities daily from their home. One of the on-going goals identified by the person in charge and support team was access to a music therapist. This position had been advertised and a music therapist was due to commence in the centre by the end of July 2025. Residents had access to art therapy, reflexology and physical therapy classes held in the centre. Residents also participated in a number of activities in the community

including, attending music shows, bowling, holidays away with peers or family, day trips on an accessible boat, cinema and dining out.

In summary, residents in this centre were enjoying a good quality of life. The provider was aiming to develop and enhance the centre in line with residents changing needs, which had led to changes in the staffing requirements for the centre.

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 affected the quality and safety of residents' care and support.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for renewal of the centre registration. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

Overall, the findings of this announced inspection were that residents were in receipt of a good quality and for the most part, a safe service, with good local governance and management supports in place. However, improvements were required in relation to Regulation 15: staffing and the continuity of support and care for residents in the centre.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time and suitably qualified, experienced, and skilled for their role. The person in charge had a clear understanding of the service to be provided to residents. The person in charge reported to a director of nursing, and there were effective arrangements for them to communicate with each other.

The inspector reviewed a sample of staff files and found that they included all Schedule 2 requirements. As previously discussed, the inspector had the opportunity to speak to six staff during the inspection and found that they demonstrated appropriate understanding and knowledge of policies and procedures that ensure the safe and effective care of residents.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was reviewed by the Chief Inspector of Social Services and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector reviewed Schedule 2 information submitted in relation to the person in charge prior to the inspection taking place and found that they were suitably qualified and experienced in their role.

Through speaking with the person in charge, the inspector found that they demonstrated sufficient knowledge of the legislation and their statutory responsibilities of their role. They demonstrated an in depth knowledge of each of the residents and their assessed needs.

The person in charge was responsible for the management of one other service, in addition to this designated centre, the inspector found that they had sufficient time and resources to ensure effective operational management and administration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

At the time of the inspection the designated centre was operating with four whole time equivalent staff vacancies. The provider had endeavoured to fill the staff vacancies with permanent staff working extra shifts as well as agency and relief staff. The inspector reviewed rosters for April, May and June 2025 and found that the person in charge had attempted to utilise the same agency and relief staff where possible to fill the vacancies present on the roster. The inspector found however, that for the month of April and May 2025 the centre had availed of ten separate agency staff to complete rosters across the two houses that make up the centre. The inspector acknowledges that on review of the rosters, agency staff were consistently working with a permanent staff member. The provider and person in charge had access to the training records and supports for each staff member in the centre, including agency staff that were working with residents.

The provider had completed a review of the assessed needs of the residents in the centre, this review had identified changing needs for residents in the area of mobility and assessed needs in the area of feeding, eating, drinking and swallowing

(FEDS). This review had led to an increase in the centres previously identified safe staffing levels, leading to the vacancies on the roster. The provider had completed a number of recruitment campaigns, however, these campaigns had not been successful. At the time of the inspection, the provider was actively interviewing for both staff nurse and health care positions in the centre.

The designated centre also had access to a clinical nurse manager 2 (CNM2) and two clinical nurse managers 1 (CNM1), through discussion with the staff team and the person in charge the inspector found that the when there was a vacancy in the roster this was not filled by either CNM1 or CNM2. The person in charge discussed that management would be in the centre to provide supervision support to relief and agency staff but did not participate in front line support or care. The inspector requested that the provider review their statement of purpose to reflect the management role in the centre in relation to front line support and clinical guidance. This update was submitted to the Office of the Chief inspector following the inspection.

As part of the inspection, the inspector reviewed a sample of six staff records and found that they contained all the required information in line with Schedule 2.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were required to complete a suite of training as part of their professional development and to support them in the delivery of appropriate care and support to residents. The training for staff included identified mandatory training such as safeguarding of residents, emergency first aid, manual handling, supporting residents with modified diets, infection prevention and control, positive behaviour support, and fire safety. In addition, staff had access to specified training aimed at further supporting residents in the centre, this training included autism awareness, goal setting and autism, dementia and falls prevention. The training records viewed by the inspector showed that staff were up to date with their training requirements.

Staff were in receipt of one-to-one supervision meetings with the person in charge. The person in charge had put a schedule in place for supervision meetings throughout 2025. On review of a sample of meeting minutes that had taken place in quarter one of 2025, the inspector saw that topics such as residents support needs, risk management, internal audits, finances and residents on-going goals were discussed. Staff spoken to during the course of the inspection informed the inspector that they felt supported in their role and felt that they could discuss any concerns that they may have with the person in charge or provider.

Judgment: Compliant

Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance and found that it ensured that the building and all contents, including residents' property, were appropriately insured. In addition, the insurance in place also covered against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had arrangements in place to ensure that a quality service was being provided to residents in the centre. The inspector found that for the most part, governance and management systems in place in the centre were effective in ensuring good quality of care and support was provided to residents.

An annual review of the quality and safety of care had been completed for 2024. Residents, staff and family members were all consulted in the annual review. Positive feedback from residents' family members included: " we are so happy with the care our loved one receives. They are safe and as a family we are always kept up-to-date on all care issues", "we are always made so welcome when we visit" and "occasions are always celebrated and we are included". One family noted that an improvement to the centre and for residents would be a new bus, with families feeling this would greatly benefit residents. The provider had a set focus on social and community engagement for residents. The inspector reviewed a number of activities for residents which demonstrated the provider was reaching this identified goal for the centre, For example, each resident had experienced a holiday of their choosing or residents who did not wish to stay away from their home overnight had identified a number of activities such as a visit to a hotel for a spa day or afternoon tea.

The person in charge had put in place an additional oversight tool which incorporated announced and unannounced visits to the centre by the person in charge, CNM1 and the CNM2 to review a number of areas such as findings from recent audits, risk management, safeguarding, training reviews and medication management.

Staff team meetings were taking place regularly and provided staff with an opportunity for reflection and shared learning. On review of the minutes from meetings held in April, May and June 2025, the inspector saw that topics such as residents supports, goal planning and reviews, quality review, finances,

safeguarding, health and safety and medication management, were discussed and shared at the meetings. In addition, the person in charge and senior management including the assistant director of nursing and director nursing held quality review meetings for the service.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which outlined the service provided and met the requirements of the regulations. A further copy of the statement of purpose was submitted after the inspection which accurately included the whole time equivalent and responsibilities of the person in charge, CNM2 and CNM1.

The statement of purpose described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to residents and their representatives.

In addition, a walk around of the designated centre confirmed that the statement of purpose accurately described the facilities available including room function.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of care and support in the centre. Residents appeared to be happy and content in their home and with the service provided to them. The inspector observed a homely environment, and staff engaged with residents and attended to their needs in a kind and professional manner.

The person in charge had ensured that residents' needs had been assessed to inform the development of personal plans. The inspector reviewed five residents' plans, including their plans on intimate care, communication, behaviour support, personal goals, and healthcare needs. The plans were up to date and readily available to guide staff practice. Parts of the plans had also been prepared in an easy-to-read format, such as using pictures to demonstrate goals in progress or completed, to be more accessible to residents.

There were systems in place to monitor the rights of the residents and to ensure that their individual choices were respected. Residents participated in regular meetings in the designated centre in relation to the everyday running of their home and future planning for activities such as social outings and events in the centre. As discussed under Regulation 9: Residents' rights a review of the transport in operation for one of the premises required review by the provider.

Regulation 17: Premises

The centre comprises two houses. Each house was well maintained providing good space for the residents to live with adequate private and communal facilities. Both houses were decorated and furnished in a homely manner.

Residents had their own bedroom, which was decorated to their individual style and preference. For example, residents' bedrooms included family photographs, pictures, soft furnishings and memorabilia that were in line with the residents' preferences and interests. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences.

The inspector observed that residents could access and use available spaces within both premises of the centre and gardens without restrictions. Residents had access to facilities which were maintained in good working order. There was adequate private and communal space for them as well as suitable storage facilities and the centre was found to be clean, comfortable, homely and overall in good structural and decorative condition. The two premises that made up the designated centre had large gardens for residents to avail of. One of the gardens residents had created was a fairy trail including a large gazebo, which allowed for residents to sit with friends and family.

The provider had identified a number of works that required completion in the centre, including interior and exterior painting and flooring repairs to a bathroom in one of the premises. The inspector found that the provider had a clear schedule in place for the completion of this work and furthermore this schedule had been detailed to residents and their representatives.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents with assessed needs in the area of feeding, eating, drinking and swallowing (FEDS) had up-to-date FEDS care plans on file. The inspector reviewed three FEDS care plans and found that there was guidance regarding resident meal-time requirements including food texture modification and their likes and dislikes.

Staff spoken with were knowledgeable regarding FEDS care plans and were observed to adhere to the directions from specialist services such as speech and language therapy, including advice on therapeutic and modified consistency dietary requirements. The inspector observed the timing of meals and snacks throughout the day were planned to fit around the assessed needs and preferences of residents being supported. For example, meals were planned around residents' daily activities and schedules allowing all residents plenty of time to eat and drink. In addition, the provider had reviewed the safe staffing levels required in the centre during meal times resulting in an increase in the centres whole time staffing equivalence.

Residents spoken with confirmed that they felt they had choice at mealtimes and that they had access to meals, refreshments and snacks, all at reasonable hours. Residents were consulted with and encouraged to lead on menu planning and could choose to participate in the preparation, cooking and serving of their meals as they wished. One resident discussed with the inspector how they spoke with staff around meal choices at their weekly residents meeting. The resident also demonstrated to the inspector how they can use pictures of products and meals as a support in menu planning. The inspector was informed by one resident that they can change their mind about an option they chose during the weekly meeting, the the staff would help them to pick another meal from the products in the house or go out for dinner.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide which had been made accessible and contained information relating to the service. This information included the facilities available in the centre, the terms and conditions of residency, information on the running of the centre and the complaints procedure.

The guide was written in easy to read language and was available to everyone in the designated centre.

The person in charge, support staff and residents had identified a goal in the 2024 annual review which they were developing for the centre in 2025. Residents and staff were developing a newsletter for the centre, which would inform family and friends of the activities that they had taken part in and news coming from individual residents as they completed goals and activities.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the centre's risk management policy and found that the provider had ensured that the policy met the requirements as set out in the regulations. The policy cover noted that it was last reviewed in September 2022.

Where there were identified risks in the centre, the person in charge ensured appropriate control measures were in place to reduce or mitigate any potential risks.

The person in charge had completed a range of risk assessments with appropriate control measures, that were specific to residents' individual health, safety and personal support needs. There were also centre-related risk assessments completed with appropriate control measures in place.

The person in charge was completing trending of accidents and incidents in the centre on a quarterly basis. The trending of the accidents and incidents was shared at staff team meetings and the inspector found that the findings were also used to further enhance risk assessments in place for residents and shared learning for support staff.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments were up-to-date, and informed the development of written care plans for staff to follow. The inspector viewed a sample of two residents' assessments and care plans. The assessments reflected multidisciplinary team input as required, such as speech and language and occupational therapy. The plans related to areas such as, intimate care, social goals, relationships and mobility support. The inspector found that the plans were up-to-date, and were readily available to guide staff practices. The inspector also found that the plans were written using person-centred and respectful language.

The person in charge carried out regular audits of the documentation within the personal plans to ensure information within them was relevant and up-to-date. Keyworkers completed monthly reviews and reports of the progress of residents chosen goals to ensure they they were on track or achieved.

The inspector found that each resident had created an accessible support plan, which included pictures of residents completing identified goals or pictures of residents in the process of reaching goal completion. These pictures included residents on holidays, Spa trips, afternoon tea, celebrating milestone birthdays with family and friends and attending a music festival.

The provider had completed a review of residents assessed needs in the centre and had identified the need for an increase in staffing for one premises in the designated

centre. The inspector found that the registered provider had ensured that appropriate arrangements were in place to meet the needs of each resident in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were arrangements in place to provide positive behaviour support to residents with an assessed need in this area.

The inspector reviewed positive behaviour support plans for five residents which detailed the supports available to to manage and reduce known triggers in the environment which could lead to identified behaviours. The plans were found to be detailed and developed by an appropriately qualified person and had been reviewed within the past year. The plans contained proactive and reactive strategies to guide staff to support the residents in managing their behaviour. For example, the inspector reviewed one stress management plan and found that it was detailed and comprehensive in guiding staff on supports to use in order to reduce the risk of behaviours that challenge from occurring.

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour. The provider had ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice.

Judgment: Compliant

Regulation 9: Residents' rights

Through speaking with and observing residents and staff, and reviewing evidence related to care plans and personal objectives, the inspector found good examples of how the rights and choices of residents were being protected and respected. Staff demonstrated a good knowledge of residents' preferences in their routine, activities, and living spaces. Residents spoken to told the inspector that they meet regularly with staff and the person in charge. One resident discussed that they will often use pictures as a form of communicating things that they like to do or things that they would like to be done differently either in their home or in the community. One resident discussed that if they have a complaint to make they may use the residents meeting to discuss this with staff and peers or they may go to the person in charge at any time.

The inspector found that some improvement was required to the centre assigned transport in order to ensure greater accessibility for each resident in the centre. The inspector observed residents going for an outing in the community. However, in order to access seating in the vehicle one resident required additional support from staff. The resident was required to step backwards into the vehicle and then required staff assistance through a manual handling lift to direct their legs into the vehicle. The inspector found that this maneuver was problematic for staff and also did not promote dignity and accessibility for the resident while enjoying a community activity. Furthermore, the centre currently had two residents that required additional mobility support such as the use of a wheelchair while attending community activities. The current vehicle in place did not promote accessibility for such essential mobility aids or comfort for residents while traveling and storing equipment required to attend certain activities.

Judgment: Substantially 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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for SOLAS Services OSV-0007724

Inspection ID: MON-0038683

Date of inspection: 21/07/2025

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: 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</p> <p>Regulation 15(1):</p> <ul style="list-style-type: none">• The Service Provider and PIC are actively engaged in rolling campaigns to recruit both Staff Nurses/ Pre Reg RNID Nurses and Health Case Assistants within the Solas Service which is part of Southside Intellectual Disability Services.• There is a number of Pre Reg RNID's already on a panel awaiting Results whom we hope to recruit for the service.• Review of Job Specification to include Staff Nurses from RNID, Psychiatry and General included in upcoming advertisement to see if we can attract other disciplines to fill vacancies. <p>The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.</p> <p>Regulation 15(3):</p> <ul style="list-style-type: none">• In the interim pending further recruitment, the PIC and Service Provider endeavor to source regular/familiar agency staff to work in Solas Service to fill outstanding vacancies. Agency staff receives detailed induction prior to commencement of shift and have access to support from CNMs.• Service level agreement in place which ensures that agency staff adheres to compulsory training requirements. Agency staff are also invited to attend training specific to the Designated Centre (i.e Studio 3, Autism Awareness, Goal Setting ,Incident Report/ Report Writing Training).	

- The Agency Staff are consistent and familiar to the service users. Where possible, the PIC ensures there are no ADHOC agency staff contracted to work in Solas Service by indicating preference for Agency staff who have previously worked in the Service during booking. In the event that a new unfamiliar agency staff were supplied, they would always be working alongside a familiar staff member.
- The PIC and service provider will ensure that there is appropriate skill mix on duty in each house, for instance regular HSE Staff and a familiar agency staff will be rostered together until all outstanding vacancies are filled.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Registered Provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.

- The PPIM has submitted a Business Plan to the Registered Provider requesting a more appropriate service vehicle that would ensure greater accessibility for the service users in entering and exiting from the vehicle in keeping with the changing needs of the service users.
- There is a review to assess the existing vehicles throughout the service to see if vehicles could be swapped in the short term interim.

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.	Not Compliant	Orange	31/12/2025
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	31/12/2025
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with	Substantially Compliant	Yellow	31/12/2025

	his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			
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