

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

Issued by the Chief Inspector

Name of designated centre:	Teach Lorcán
Name of provider:	The National Association for the Deaf T/A Chime - The National Charity for Deafness and Hearing Loss
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	02 November 2023
Centre ID:	OSV-0008368
Fieldwork ID:	MON-0039516

About the designated centre

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

Teach Lorcán aims to provide individualised, person-centred, community-based residential supports through Irish Sign Language to maximise the quality of life of each individual living with deafness and hearing loss while fostering autonomy, personal growth, and development. Teach Lorcán can accommodate one resident on the ground floor, and two other residents on the first floor. Residents present as having an intellectual disability, or complex needs which may include mental health support or physical and sensory needs.

Residents are supported by residential community facilitators and a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Thursday 2 November 2023	09:20hrs to 16:25hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

The designated centre is registered for three residents. The centre was established specifically to meet the needs of people who are deaf. On the day of the inspection, there were no vacancies. The inspection was supported by an independent interpreter for a portion of the inspection to facilitate conversations with residents through Irish Sign Language. Residents commenced living in this centre in early 2021, and it was found residents had settled well in the centre due to the greater independence the centre afforded them.

The inspector met two residents living in the centre, staff, the person in charge and the service director, who was also appointed as a person participating in the management of the centre (PPIM). One resident was away from the centre visiting family. The inspector observed interactions between staff and residents and residents and their peers and found that staff could effectively communicate with residents.

The house was decorated in a homely manner and was noted to be clean and modern. The communal area consisted of a communal living, dining and communal room. There were two resident bedrooms upstairs and one downstairs. The residents' bedrooms were decorated to their own tastes, and they all had suitable storage and access to their belongings. Two residents showed the inspector their bedrooms and took pride in showing the inspector their rooms, which were decorated with photos of people, places and activities that were important to them, as well as their own artwork and vision boards.

During the opening meeting, the inspector was informed of the provider's advanced plans to open a new house under this designated centre. Residents from this house were due to transfer to the new house due to the house being able to meet the resident's needs more, particularly mobility requirements. There was clear evidence to demonstrate that the registered provider ensured that residents were meaningfully engaged with during the discussions and development of the transition plan for moving to a new house. The residents told the inspector that they were happy with the plans to move and were looking forward to moving to the new house as it would be bigger and that they would have more space.

In advance of the inspection, residents had completed a Health Information and Quality Authority (HIQA) questionnaire relating to the quality of care and support provided in the centre. Residents provided positive feedback about the care and support provided by their staff. They noted that staff were easy to talk to and that staff listened to them and were familiar with their likes and dislikes. All residents were aware of who they could speak to if they were unhappy with something in their centre.

The questionnaires also noted that residents were happy with the amount of choice and control they have in their daily lives. Residents enjoyed a variety of activities

such as crocheting, knitting, watching television, spending time on their electronic devices and going out with friends. One resident enjoyed taking part in weekly 5km 'Park Runs' and told the inspector they would be hitting the 100 completed milestone runs soon.

Residents told the inspector that they liked living with each other and saw each other as friends. While some incidents occurred in the centre, reported as disagreements between residents, the inspector found no negative impact on residents from speaking with residents and staff and reviewing documentation, including the complaints log in the centre.

Throughout the inspection, the inspector observed that residents were very much at ease in the company of staff, and staff members were seen to be professional, warm, caring, and respectful in their interactions with residents. There was a strong and visible person-centred culture within the centre. The person in charge and staff were striving to ensure that residents lived in a supportive environment where they were encouraged to live as independently as they were capable of. For example, one resident was previously living in a nursing home with no Irish Language Support, and therefore, the resident could not communicate with staff or others. A requirement for staff working in this centre was a certain proficiency in Irish Sign Language so residents could communicate their needs freely and without restrictions.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

Teach Lorcán is a community-based residential service for three residents. This is the only designated centre operated by the provider. The provider, Chime, is a national voluntary organisation that provides services for people who are deaf and hard of hearing. The provider had ensured that this was a well-run centre that met the residents' individual and collective needs. This was reflected by a good level of compliance across the regulations inspected. Throughout this inspection, the inspector observed and saw evidence that residents were treated respectfully and in a caring manner. The inspector found improvements were required to the submission of statutory information and notifications to ensure they were accurate and received within stated timeframes.

This designated centre was first registered in February 2023 but had been operational as a residential service since early 2021. The service was commissioned as a pilot service to provide support to Deaf people requiring a supported residential service, where Irish Sign Language would be the primary language. The registered provider contacted the Health Information and Quality Authority in October 2022 to enquire about registering the centre due to an identified higher level of support that

would indicate the service would meet the definition of a designated centre. The provider was requested to submit an application to register based on the information supplied, which was completed. The provider was requested to submit an application to register based on the information supplied, which was completed. A site visit inspection took place in December 2022 to inform the registration decision of the centre, which was granted in February 2023.

There was a clearly defined management structure with associated lines of authority and accountability. The person in charge was full-time and based in the centre. They were supported in their role by a service director who, in turn, reported to the chief executive officer. The person in charge previously worked as a team leader in the centre and, therefore, had a good understanding of the needs of residents living in the centre and Irish Sign Language. The person in charge was also supported by a team leader who deputised in the absence of the person in charge. There were good arrangements for the management team to meet and communicate. The person in charge and service director had regular meetings as well as frequent informal communication.

The inspector viewed the written report of the last completed six-month visit. It was seen that this unannounced visit report was comprehensive and focused on matters that directly affected the quality and safety of care support provided to residents. Where any areas for improvement were identified, they were included in an action plan which assigned responsibility and time frames for completing specific actions to address such issues.

The skill-mix in the centre comprised social care workers under the title 'residential community facilitators'. The skill-mix was appropriate to the needs of the residents and for the delivery of safe care. The inspector found there was a consistency of staff working in the centre. Having consistency among staff is important to help promote consistent care and professional relationships. It was also evident that having familiar and Irish Sign Language trained staff was particularly important given the communication needs of residents. Team meetings were occurring monthly, and agenda items included incident review, safeguarding, policies, procedures and guidelines, finances, health and safety, and risk management. The PPIM was regularly attending these meetings and providing governance updates to the team.

There was a complaints log in place with a record of any complaints. There were no open complaints at the time of the inspection. The person in charge was the designated person to raise concerns with, and the complaints process was clear to residents and their representatives. There were regular house meetings, which provided residents with an opportunity to come forward with any feedback or opinions they wanted to share with staff or the residents they were living with.

In advance of this inspection, the inspector reviewed notifications that had been submitted regarding this designated centre to the Chief Inspector. In the course of this inspection, the inspector identified some gaps relating to minor injuries to residents and an omission of restrictive practice notification. However, this did not present a high risk as the inspector found that the provider had good oversight of all

incidents occurring in the centre.

Registration Regulation 7: Changes to information supplied for registration purposes

The provider had failed to submit the required documentation for the person they appointed as person in charge, in line with the timeframe identified in the regulations.

This had an impact on the centre as the person in charge can not submit notifications through the online portal until all documents are received.

Judgment: Not compliant

Regulation 14: Persons in charge

A new suitable person in charge had been appointed for this centre in September 2023. The person in charge was employed on a full-time basis and had the skills, qualifications, and experience necessary to manage the designated centre.

Evidence of a management qualification to ensure compliance with the requirements of this regulation had not been received prior to the inspection and was discussed during the inspection. This information was submitted post-inspection and reviewed by the inspector, and it was found to meet the requirements of this regulation.

Information requested by the registration team in relation to prescribed information had not been received at the time of the appointment of the person in charge or at the time of the report. This is actioned under Registration Regulation 7: Changes to information supplied for registration purposes.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents. There were no vacancies in the centre at the time of this inspection. A regular number of relief staff were also employed to cover planned and unplanned leave. This meant that residents were ensured consistency of care during these times. Each new staff member had to complete induction, which included shadowing other staff to learn the specific communication styles of each resident.

Agency staff were not used in the centre as they did not have the required training

to meet residents' needs, namely Irish Sign Language.

The person in charge maintained planned and actual staff rosters. The inspector viewed a sample of the recent rosters and found that they showed the names of staff working in the centre during the day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents. The provider had identified a number of mandatory trainings for the staff team. These included manual handling, first aid, the safe administration of medicines, fire safety, food safety, safeguarding, and managing behaviours of concern. Staff were also completing human rights and a number of infection prevention and control-related trainings.

All staff had qualifications in Irish Sign Language or were deaf, and their first language was Irish Sign Language. Workshops were also delivered to staff highlighting deaf issues and Irish Sign Language terminology relating to working within the centre that may not have been covered in conventional courses.

There was a schedule in place to ensure that staff were in receipt of regular formal supervision. It was planned for at least four times annually. In addition, new staff members had probation meetings and completed performance management and development meetings three times annually once their probation was complete.

In the absence of the person in charge, staff could contact the service director for support and direction. There was also an on-call service for staff to contact outside of normal working hours.

Judgment: Compliant

Regulation 23: Governance and management

The governance arrangements in this centre ensured that effective systems were in place to monitor the quality and safety of care provided to residents. The inspector reviewed quality assurance measures taken by the provider to audit service provision and found the audits were effective in identifying areas of concern or non-compliance with the regulations. These audits led to action being taken to improve the quality of life for residents and also to ensure that consistency of care was provided in the centre. For example, improvements had been identified with the oversight of restrictive practices in the previous six-month review in April 2023,

which had been actioned and completed. A protocol was devised for all as-required medicines (PRN) and discussed in supervision and staff team meetings to ensure full knowledge of when all PRNs should be administered or the steps to take before administering.

Under the regulations, the provider is required to complete an annual review of the centre and make a copy of this available for review. As the centre was registered only in February 2022, this review was not yet due, but the PPIM was aware of the requirement for completion. Also, as part of this regulation, a six-month unannounced audit by a provider representative on the centre's quality and safety was required. The last completed six-month audit was dated 29 April 2023; therefore, another six-month visit was slightly overdue on the inspection day. This was brought to the attention of the PPIM, who aimed to action the delay to ensure these reviews were completed within the timeframes. The inspector was, however, assured the actions from the previous visit were recently reviewed by management to evidence completion.

The inspector found the provider had placed a strong emphasis on the development of staff and leadership within the centre and wider service. All managers were facilitated and supported to complete leadership and management qualifications at a QQI (Quality and Qualifications Ireland) level 9. The person in charge informed the inspector they were starting this course in January 2024. The provider also had its own in-house training programme covering supervision and performance development.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

An up-to-date admissions policy was in place, and the process was included in the written statement of purpose. The inspector found clear criteria for admission to the designated centre, with the main criteria being that the resident is deaf, their primary communication is through Irish Sign Language, and the resident also has an intellectual disability or other complex needs.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose that accurately outlined the service provided and met the regulations' requirements. The statement of purpose clearly described the model of care and support delivered to residents in the service. It reflected the day-to-day operation of the designated centre. In addition, a walk

around of the property confirmed that the statement of purpose accurately described the facilities available, including room size and function.

Judgment: Compliant

Regulation 31: Notification of incidents

Any restrictive practices in use in a centre must be notified to the Chief Inspector on a quarterly basis. While such a notification had been submitted for the second quarter of 2023, it had not been submitted for quarter three, although the restrictive practice was still in place. In addition, on review of incidents in the centre, the inspector noted some omissions from the notifications made. There had been one use of physical restraint, which had not been reported, along with some minor injuries sustained by residents.

Judgment: Not compliant

Regulation 34: Complaints procedure

Residents were aware of the complaints process and who they would go to if they wanted to make a complaint or a concern. Systems were in place for recording complaints. Information about the complaints process was on display in the designated centre while complaints were discussed with residents during weekly resident meetings.

Judgment: Compliant

Quality and safety

The inspector found that the governance and management arrangements in this centre ensured that the quality and safety of care delivered to residents was maintained to a consistently high standard, as evidenced by the level of compliance with regulations. Residents were living in a signing environment which promoted their ability to be social and interact freely with staff and peers. The inspector found improvements were required in relation to the assessment, planning and review of residents' personal, health and social care needs to ensure residents were afforded a formal assessment process to identify all aspects of need. Actions relating to fire premises issues identified in the previous site visit have been implemented, but fire drills carried out in the centre did not demonstrate the minimum staffing

level in the centre and required review.

The house was warm, clean, spacious, comfortable, and well-maintained. There was an alarm system in place throughout the house to meet residents' assessed needs. There were vibrating mats, personal alarms, and alarm systems in residents' and the staff's bedrooms, which vibrated and flashed different colours depending on the event. For example, they flashed orange if the doorbell rang, blue for the carbon monoxide alarm, and red for fire.

The inspector found that there were suitable fire arrangements in place, with a fire alarm and detection system, emergency lighting, and fire fighting equipment in the designated centre. These were all evidenced as serviced and checked by professionals on a routine basis. There were fire doors throughout the building, which were automated to close if the alarm sounded. As previously mentioned, the fire drills required a review to ensure they demonstrated that all residents could be safely evacuated from the centre at all times in the event of a fire.

A review of the general welfare and development of residents found that appropriate supports were in place to ensure residents experienced a good quality of life. The inspector found that there was evidence of supports for residents to effectively exercise their right to independence, social integration and participation in their lives and within the deaf community.

Overall, individualised personal plans that were intended to set out the health, personal, and social needs of residents were in place. However, in keeping with the requirements of the regulations, improvements were required to ensure a clear assessment process had informed these plans. In the absence of a comprehensive assessment, the arrangements to support all residents' needs and wishes were not clearly captured and outlined.

Staff had undergone training in de-escalation and intervention for behaviours of concern. Given the assessed needs of some residents living in this centre, residents had been provided with positive behaviour support plans to provide guidance for staff in this area. When reviewing this guidance, the inspector found the plans were frequently reviewed by a suitable professional and provided clear guidance for staff to follow.

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The systems were underpinned by comprehensive policies and procedures in line with national policy. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes. The inspector found that given the

statement of purpose and the needs of residents that were catered to in the centre, the provider had ensured that the service was supportive of residents' communication needs. Staff required a certain level of training in Irish Sign Language to work in the centre, and it was evident that residents could express themselves freely and engage in meaningful conversations with the people around them. The provider and wider staff team promoted residents' communication by seeking staff and allied health professionals who could communicate using Irish Sign Language.

A professional interpreter was sourced for all medical appointments, including general practitioners (GP) and hospital appointments, to prevent medical miscommunication.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were well supported in managing their own finances and possessions. All residents maintained their own banking accounts and financial affairs. Residents could purchase items online and in person without support from staff. As an oversight measure with the permission of residents, bank statements were routinely checked to ensure no misappropriation of funds.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that each resident had appropriate care and support to access activities of choice and recreation.

Residents' personal development was promoted through the actions of the staff team and management of the centre. Residents reported that their development was facilitated, and they were encouraged to partake in areas of personal interest. A review of records also indicated that they were out and about in the local area and community on a daily basis. Residents also discussed how they attended day service groups to meet with other deaf people in their community. One resident was in paid employment.

Judgment: Compliant

Regulation 17: Premises

The centre comprised a two-storey house in a busy Dublin suburb. The premises were found to be appropriate to the number and needs of the residents living in the centre. It was clean, bright, warm, comfortable, and well-maintained.

The premises was designed and laid out to meet the number and needs of residents in the centre. Adaptations had been made to areas of the premises to make them more accessible for one resident. This included the installation of a ramp at the front of the house, the installation of an accessible bathroom, and the widening of the residents' bedroom door.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector found that fire drills were done regularly, and residents were supported to evacuate in the event of an emergency, with individual personal evacuation plans undergoing regular review. Additional equipment and tools had been provided to assist residents in the event of a fire or evacuation. For example, vibrating pillows and alarms and flashing lights to alert residents to the alarm sounding. While fire drills were taking place in the centre, no stimulated night-time drill had occurred to demonstrate that residents could be safely evacuated with the reduced number of staff working in the centre at night time.

Actions were completed from the previous site visit, including installation of fire doors and closing mechanisms, emergency lighting to ensure that exit routes would be illuminated in the event of an emergency and thumb locks on the back patio doors for ease of access.

All staff had received suitable training in fire prevention and emergency procedures.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Whilst residents were living in a signing environment which promoted their ability to be social and interact freely with staff and peers, improvements were required in relation to the assessment, planning and review of residents' personal, health and social care needs to ensure residents were afforded a formal assessment process to identify all aspects of need.

There was evidence of goals set by residents and staff supporting the same. The plans were under regular review and contained clear guidance on how staff members could maximise each resident's personal development in accordance with

their wishes. Key working sessions were completed regularly. These sessions were carried out using a person-centred approach where the input and decision-making of residents were prioritised.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Where a resident's behaviour necessitated intervention, every effort was made to identify the cause of the behaviour and appropriate strategies were put in place to support the resident. Detailed positive behaviour support plans were in place for residents who required this support. The positive behaviour support plan reviewed was comprehensive and explored aspects such as the residents' environmental profile, communication skills and health. A function-based assessment was used to identify possible functions of behaviours, and there were clear proactive and reactive strategies to guide staff practice to support the resident appropriately. The plans were reviewed on a quarterly basis to ensure the strategies put in place were effective.

The use of restrictions in the centre was governed by a written policy prepared by the provider. A register of restrictive practice was in place, which gave an overview of the restrictive practice, justification, associated risk assessment, and a review date to ensure the restrictive measures were used for the least amount of time.

In addition, there was good evidence of ongoing support from psychology with regular reviews directly with residents, including calling to the residents' home to visit them as part of the review.

Judgment: Compliant

Regulation 8: Protection

There were systems to ensure that residents were protected from abuse and had an understanding of the skills needed for self-care and protection. There were systems to investigate and follow up on allegations or suspicions of abuse in line with the organisation's and national policy. Residents had intimate care plans, and staff had completed safeguarding training

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were promoted in the centre, and residents participated in decisions about their care and support, and about the organisation of the centre. The privacy and dignity of each resident was respected through practices in the centre, and the choices of residents formed the basis of the day-to-day operation of the centre.

Residents chose how they wished to spend their day; some residents went to day services every day, and others chose to go to the day services on a sessional basis based on their interests and friend groups.

The inspector found the roster was devised in line with residents' needs and interests. For example, the roster was changed and amended in order to support one resident to attend Saturday morning park runs.

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	
Registration Regulation 7: Changes to information supplied for registration purposes	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Teach Lorcán OSV-0008368

Inspection ID: MON-0039516

Date of inspection: 02/11/2023

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
Registration Regulation 7: Changes to information supplied for registration purposes	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: As per HIQA Regulation, Chime will ensure that PIC documentation is submitted twice and in line with the timeframe identified.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Any restrictive practices including physical restraints in use Teach Lorcan will be notified to the Chief Inspector on a quarterly basis.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Stimulated night-time drill are now in place, to demonstrate that residents could be safely evacuated with the reduced number of staff working in the centre at night time.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Individual assessment and personal plans are currently being finalised in relation to the assessment, planning and review of residents' personal, health and social care needs to ensure residents were afforded a formal assessment process to identify all aspects of need.	

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
Registration Regulation 7(2)(b)	Notwithstanding paragraph (1) of this regulation, the registered provider shall in any event supply full and satisfactory information, within 10 days of the appointment of a new person in charge of the designated centre, in regard to the matters set out in Schedule 3.	Not Compliant	Orange	20/12/2023
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	01/12/2023
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the	Not Compliant	Orange	31/01/2024

	chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	31/01/2024
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and	Substantially Compliant	Yellow	31/01/2024

	circumstances, but no less frequently than on an annual basis.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	01/12/2023