

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

Issued by the Chief Inspector

Name of designated centre:	Croaghane Heights
Name of provider:	Orchard Community Care Limited
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	19 March 2025
Centre ID:	OSV-0008802
Fieldwork ID:	MON-0044655

About the designated centre

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

Croaghane Heights is a residential community facility located in a rural location. The designated centre can support up to three residents, male and female, over 18 years of age with varying conditions, abilities and disabilities. These include residents with intellectual disability and or autism, who may also present with mental health needs. The building is a large bungalow with four bedrooms, one of which has en-suite facilities. There are three separate toilet facilities which include a shower room, wet room and toilet. There is a large kitchen-dining room, two living rooms, and a utility room. The staff office is located in the fourth bedroom which is also the sleep-over room. The bungalow is surrounded by a large garden area with ample space for parking. There are security gates at the entrance. The residents are supported by a social model of care with staff available by day and waking staff by night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 19 March 2025	15:45hrs to 17:20hrs	Elaine McKeown	Lead
Thursday 20 March 2025	09:00hrs to 13:40hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was a short announced inspection completed to meet with the residents and staff team following the registration of this new designated centre in August 2024. It was also being conducted to monitor the provider's compliance with the regulations. There were two residents availing of residential services at the time of this inspection.

The inspection commenced on the afternoon of the first day to meet with the residents at times that did not impact on their routine. The inspector met with both residents on both days of the inspection. The person in charge was given copies of the information document, "nice-to-meet you" outlining the purpose of the inspector's visit in advance of the inspection. It was evident that this document was being used to assist both residents to understand why the inspector was visiting their home.

On arrival the inspector met with the person in charge, a regional director with the provider and three members of the staff team. The inspector was introduced to the first resident in a living room area as they were about to depart for a planned spin in the locality. Staff spoken with outlined how they knew the resident was ready to go on the planned activity as they had put on their shoes. The resident was observed to smile and interact with the staff supporting them. They appeared to be relaxed in the transport vehicle as they departed.

The second resident had returned from their day service and was walking outside on the grounds of the designated centre before entering the house and being introduced to the inspector. The resident communicated using a limited amount of words but understood the spoken word which was evident during interactions that were observed by the inspector. Staff explained that the resident enjoyed listening to music and was later observed to be blowing bubbles outside with a staff member.

On arrival on the second day, the inspector was informed that both residents were completing their morning routine. One resident was in the sitting room waiting to go to their day service. They were observed seeking assistance from a staff member to turn on their radio to listen to music. The night staff outlined to the inspector how the previous evening activities had gone well and the resident had slept throughout the night. The resident was observed to be supported to go to their day service by a member of the staff team a short while later. The resident had their own dedicated transport vehicle.

The other resident had completed their breakfast and was resting on a couch in the sunshine before being encouraged by staff to leave the designated centre. Staff spoke of how they had prepared a packed lunch for the planned trip to a tourist location. Staff were observed to communicate with the resident, informing them it was time to go and allowing the resident time to prepare. Staff were aware of sensory items which supported the resident to transition to a new activity and this

was observed to be effective. The resident was assisted with minimal support to a standing position and then made their way independently out to their dedicated transport vehicle.

The atmosphere throughout the designated centre was observed to be relaxed and calm. Music or a television programme was playing in the background on both days in a communal area. The privacy and dignity of residents was observed to be consistently respected by all staff members. This included respectful greetings and interactions and introducing the inspector. There was ample space for residents to spend time alone in the multiple communal areas if they chose not to be with their peer. Individual interests and hobbies were being encouraged. For example, one resident liked to be out travelling to different locations, an information folder with photographs had been developed to assist the resident and staff to discuss possible locations to visit. The other resident had an interest in farm animals and related activities. This was being supported with plans to introduce them to social farming and gardening activities.

Staff spoken to during the inspection, outlined the progress being made by both residents since they moved into the designated centre in October 2024. Staff spoke of the learning that had taken place in recent months to ensure the ongoing safety for each resident. This included daily routines in the designated centre and shared community activities, when it best suited both residents to engage in such activities. Staff were encouraging one resident to engage in daily walking activities thus reducing their reliance on using a wheelchair. The other resident enjoyed walking long distances and this was supported in the evening-times after the resident returned from their day service on weekdays. Staff also spoke of residents being encouraged to pay for items in the shops, going shopping for groceries and enhancing their skills completing household chores. Staff also demonstrated flexibility, consideration and consultation in providing person centred support to each resident. Routines and activities had changed and progressed as the residents settled into their new home over the last few months.

Staff were observed to ensure the safety of both residents at all times. For example, on the second morning a resident was sitting at the dining table when the inspector arrived. Staff ensured items that were on the dining table were removed and a staff was present to support the resident in-line with their assessed needs. Staff also ensured residents were being provided with support while maintaining a homely atmosphere. Residents were provided with daily visual schedules which included planned activities, meal choices and staff on duty. These were decorated with images of the residents, full of colour and in a format the residents were able to comprehend.

The design and layout of the premises suited the assessed needs of the current residents. The decor was homely in the communal areas with plans to introduce more personalised items in each resident's bedrooms in-line with their preference and expressed wishes. The location of each resident's bedroom ensured the other would not be disturbed during the night time. The large communal areas including the kitchen facilitated residents to move around independently without impacting the other. All of the rooms were bright and well ventilated with large windows

enhancing the sense of space and the rural location.

The inspector was also informed relatives of an adult who may transition from their family home to the designated centre had visited the designated centre on the morning of the first day of the inspection. This person was expected to visit the designated centre the week after this inspection and would be introduced to the other two residents as part of a transition plan if they choose to move into the designated centre. This proposal was described to the inspector as having potentially positive outcomes for the current residents, with the development of new friendships, shared interests and the intention to support the new resident to attend the same day service as one of the current residents.

In summary, it was evident the consistent staff team were supporting both residents to settle into their new home. Routines and daily activity schedules were devised to suit each individuals' routine. Person centred care was being provided to ensure each resident was being supported in line with their assessed needs. Residents were being provided with opportunities to gain confidence and learn skills to aid their personal development, independence and enjoy meaningful activities. Residents were being supported to maintain links with relatives. Staff demonstrated throughout the inspection how each resident's human rights were being supported which included ensuring each resident's personal living space was respected by others, and they were supported to make informed decisions by being provided with communication aids such as social stories. However, further review of centre specific and individual risk assessments were required to ensure all potential hazards for residents were assessed to reduce the risk of possible harm to residents. This will be further discussed in the quality and safety section of this report.

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

Capacity and capability

Overall, this inspection found that residents were in receipt of good care and support from a dedicated staff team. The person in charge worked full time in the designated centre at the time of this inspection. The person that held the role had changed in the weeks prior to this inspection and the Chief Inspector had been notified of the planned changes. The previous person in charge/ member of the senior management team was also present on the day of the inspection to assist with information sharing and facilitating the inspection.

During this inspection, the inspector was informed and shown records of how the provider had systems in place to ensure the staff team were aware of and competent to carry out their roles and responsibilities in supporting residents in the centre. This included ensuring all staff had completed all mandatory induction

training as identified by the provider before commencing work in the designated centre.

Residents were being supported by a core team of consistent staff members. During the inspection, the inspector observed kind, caring and respectful interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required. For example, one resident was provided with gentle encouragement by the staff supporting them to leave the designated centre. When the resident initially indicated they were not ready, the staff left the resident have some space for a few moments. The staff returned again to the resident and explained in short sentences the plan for the day to the resident. On this occasion the resident was observed to engage with the staff member and began to get ready to leave the designated centre with them.

The inspector reviewed the transition plans for both of the current residents. Both plans provided details of individual preferences such as their likes, dislikes, mobility and communication needs. Both plans had outlined a schedule of planned visits and interactions with the new staff team in advance of the residents moving into the designated centre. However, there were no documented updates on how any of the planned visits went for one of the residents. This was discussed during the feedback meeting at the end of the inspection. The inspector was informed by the regional manager who was actively involved in the transition that the planned visits had gone well but the details had not been documented in the transition plan at the time. A transition plan had not yet been devised for the proposed new resident. The inspector was informed that once the residential place is accepted a transition plan in conjunction with the resident, their family and the staff team would be completed.

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to the designated centre and that they held the necessary skills and qualifications to carry out their role. They worked full time and their remit was over this designated centre at the time of this inspection.

- The person in charge was aware of their role and responsibilities, including their legal remit with regards to the regulations.
- The person in charge was observed to be familiar to the residents during interactions observed during the inspection.
- The person in charge was aware of the assessed needs, preferred routines and preferences of each of the residents.
- They were able to demonstrate the ongoing oversight and review of services by the provider since the designated centre opened in October 2024.
- The person in charge demonstrated their priorities since taking up the role in the weeks prior to the inspection taking place which included building a rapport with the residents and staff team.

- The person in charge outlined to the inspector plans to further delegate duties among the staff team which included reviews of personal plans and personal goals of residents by key workers.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of the staff team was appropriate to the number and assessed needs of the residents. There was a consistent core group of staff working in the designated centre.

- There were no staff vacancies at the time of the inspection. No agency staff were working in the designated centre.
- Actual and planned rosters since the 10 February 2025 until the 31 March 2025, seven weeks, were reviewed during the inspection. These reflected changes made due to unplanned events/leave. The minimum staffing levels and skill mix were found to have been consistently maintained both by day and night. The details contained within the rosters included the start and end times of each shift and scheduled training.
- The provider had plans to implement a new roster in April 2025. A sample of this was shown to the inspector during the inspection. The roster would provide the staff team with advanced notice of their planned shifts. It would also ensure all staff had experience working at all times of the day and night including waking and sleep -over shifts. This was envisaged to provide the whole team with experience to support each resident in-line with their assessed needs at all times of the day and night.
- The provider also had identified the staffing resources required to support the new resident, these resources were ready to support the transition of the new resident into the the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

At the time of this inspection the staff team was comprised of 11 members which included the person in charge, a team leader, four social care staff and six health care assistants.

- The person in charge outlined the provider's processes to ensure the staff team's training requirements was monitored on an ongoing basis. The human

resource department centrally located for the provider would contact the person in charge in the designated centre to inform them in advance of training requirements and refresher training of staff members.

- All new staff must complete all training deemed mandatory and essential to work in this designated centre in advance of commencing their role. On review of the training matrix it was evident all staff had completed mandatory training in safeguarding, fire safety and training in crisis management.
- Medication training was booked for two new staff members on 28 March 2025. These staff were currently rostered on duty when at least one other staff member was trained in the safe administration of medications.
- Additional training to support the staff team to meet the assessed needs of the residents had been identified and was planned to take place in person in the weeks after this inspection. This included training in report writing, dysphagia and assisted decision making.
- One of the staff team was scheduled to complete a train the trainer course on 26 and 27 March 2025 to assist with training being provided to the staff team within the designated centre.
- A schedule of staff supervisions was planned for 2025 by the person in charge
- The person in charge had been supported to commence their own supervision with their line manager at the end of February 2025.
- Regular staff meetings were also planned to take place with the staff team regularly. The most recent team meeting had taken place on 13 March 2025, agenda items included safeguarding, fire safety, reviews of policies and residents goal progression.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had ensured a directory of residents had been established once the designated centre commenced providing services to residents in October 2024. The provider ensured the information specified in paragraph (3) of Schedule 3 was available for the inspector to review during the inspection.

Judgment: Compliant

Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre at the time of this inspection. There was a management structure in place, with staff members reporting to the person in charge. The remit of the person in

charge who worked full time was over this designated centre. The person in charge was also supported in their role by senior managers within the organisation.

The person in charge had been provided with a detailed handover by the previous person in charge in the weeks prior to this inspection taking place.

The provider was aware of the regulatory requirements for internal provider-led six monthly unannounced audits and an annual report to be completed within the designated centre. In the interim period the provider had ensured monthly quality and safety audits were being conducted in the designated centre. The most recent audit had been completed on 12 March 2025. The inspector was informed of the oversight process which included the provider's quality department review of the audit findings, monitoring of the outcomes, trends and actions that have been identified. For example, a centre specific infection prevention and control strategy had been developed prior to the centre beginning to provide supports to residents in the designated centre. The progress of actions and reviews of the strategy took place on 23 September, 7 and 21 October 2024. All actions had been addressed to the satisfaction of the provider.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The admission of the two residents was found to be in-line with the criteria as outlined in the statement of purpose.

The provider had ensured both residents had been provided of written agreements on the terms of their residency in the designated centre. While copies of both contracts were available for the inspector to review, a signed copy from relatives of one resident was expected to be returned at a planned meeting scheduled for the week after this inspection.

Both residents and their relatives had been supported to visit the designated centre in advance of their admission.

The planned transition of a third resident was in the early phase of progress at the time of this inspection. The inspector was informed of the systems the provider had in place to ensure the assessed needs of all residents would be considered in advanced of any new admission taking place.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had ensured an up-to-date version of the statement of purpose was available for review on the day of the inspection. This included details of the change to the person in charge.

Some minor changes were required on the day of the inspection to ensure all information as set out in Schedule 1 were included in the most recent version of the document.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured the Chief Inspector had been notified in writing within three working days of all adverse incidents. There was evidence of review and recommendations to reduce the risk of similar incidents occurring which included staff ensuring residents were not displaying signs of over stimulation while engaging in activities, using dedicated transport vehicles and the residents meeting in community locations was another recommendation that was effectively supporting both residents.

The person in charge had ensured that a written report had been provided to the Chief Inspector at the end of each quarter since the designated centre opened as required by the regulations

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had ensured a complaint policy was in place and subject to review by the provider. Details of who the complaint officer was were observed to be available within the designated centre.

At the time of the inspection no complaints had been made. Residents were supported to have information available in a suitable format regarding the process to make a complaint.

The staff team had received one compliment since the designated centre opened from family representatives of a resident.

Judgment: Compliant

Quality and safety

The purpose of this inspection was to review the quality of service being afforded to residents and ensure they were being afforded a safe service, were supported to engage in meaningful activities in line with their expressed wishes while promoting their human rights.

Residents were consistently supported to make decisions about their everyday lives, including regarding their meals and engage in different activities of their choice. It was evident the voice of the resident was being listened to by the staff team. Using pictorial aids residents were being supported to make choices each day. One resident attended a day service each week day, while the other resident was supported by the staff team to engage in daily activities from the designated centre.

All staff working in the designated centre had completed training in safeguarding. Residents and staff were provided with information regarding the Assisted Decision Making Act 2015. The provider was also offering relatives of both residents to attend information sessions regarding this subject matter.

Both residents had been supported to have comprehensive personal plans developed following their admission to the designated centre. It was evident staff had read and signed relevant sections as required by the provider. Both plans had been subject to review as required to reflect any changes that had occurred. This included ensuring the safety of residents in communal areas and the staff resources required to support both residents by day and night. The information provided clear and concise direction for staff to ensure consistent approaches were provided to both residents regarding communication for example. However, one resident did not have an intimate care plan in place to assist them with the personal care which had been identified as a support the resident required to have.

Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes. This included ensuring access to documents in appropriate formats and visual signage were available for a range of topics including safeguarding, advocacy and consent.

Residents also had access to television and Internet services.

Social stories were available and used to assist a resident to understand the information being provided to them .

Staff spoke of the use of particular key words by one resident to express themselves or indicate particular choices that they were making. This was also noted to be

documented in the resident's communication passport.
Judgment: Compliant
Regulation 11: Visits
<p>The provider had ensured each resident was facilitated to receive visitors without restrictions. For example, one resident had monthly visits from a relative in their new home which was reported as being a positive experience for both parties.</p> <p>The other resident choose to go to stay with relatives at weekends since they moved into the designated centre.</p>
Judgment: Compliant
Regulation 17: Premises
<p>Overall, the designated centre was found to be clean, well ventilated and comfortable. Communal areas were large and spacious including hallways. The decor in these areas was minimal but created a homely atmosphere.</p> <p>Personal bedrooms were decorated with minimal furniture. However, each resident was being supported in line with expressed wishes and preferences to add more personal items. Family representatives were also being consulted and encouraged to assist each resident to decorate their personal space with additional personal items such as photographs.</p> <p>There was evidence of ongoing maintenance both internally and externally. The person in charge outlined an external contractor was expected to visit the designated centre to address some electrical wiring for fixtures both internally and externally which included the security gates.</p> <p>Prior to the end of the inspection the inspector was provided with an update to a pipe that was observed to be uncapped and entering into the attic space on the first day of the inspection in the hot press. Assurances were provided by the facilities manager that the pipe had been previously capped in the attic space and outlined additional measures that would be taken to further address the issue.</p>
Judgment: Compliant
Regulation 18: Food and nutrition

The person in charge ensured residents were supported to purchase food in the community. The inspector was informed of how one resident was being supported to assist staff in the preparation of their meals.

- Residents were offered choice at meal times, individual meal plans were in place for both residents
- The person in charge ensured staff were aware of how to properly and safely prepare, cook and serve food to residents.
- Both residents were being supported to make health eating choices
- A referral had been sent to the dietician to assist one resident with their healthy eating plan
- It was evident on the day of the inspection there was adequate provision for residents to store food in hygienic conditions. All open food packaging had the date of opening labelled on the item. Safe segregation of food items in the fridge was also evident.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured residents were provided with information in a format suitable to their assessed needs in respect to the services being provided and included the arrangements for residents involvement in the running of the designated centre. The residents guide had been updated to reflect the details of the new person in charge.

Residents were also provided with easy-to-read documents, social stories and signage relating to processes such as fire evacuation to assist with their understanding of information being provided to them.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy which outlined the processes and procedures in place to identify, assess and ensure ongoing review of risk.

There were no escalated risks at the time of this inspection. Residents were being supported by staff to access all areas of their home and engage in activities of their choice while also being introduced to new experiences such as food preparation, cooking and laundry.

However, further review of centre specific and individual risks was required. On

review of the centre specific risks, a risk relating to the internal environment had not considered the known lack of safety awareness of one resident to hot and cold surfaces.

While an individual risk had been identified for the resident regarding their safety awareness, it was not evident measures to ensure the safety of the resident while in the vicinity of hot surfaces were being considered. This was discussed during the feedback meeting.

In addition, the rationale for the risk rating for a number of risks including safeguarding while control measures were in place required further review to ensure it was in -line with the provider's guidance on the assessment of risks identified.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had ensured effective fire safety management systems were in place. Fire safety equipment was subject to regular checks including annual certification of the fire alarm and emergency lighting systems.

Both residents had personal emergency evacuation plans (PEEPs) in place reflective of their assessed needs. For example, if staff were required to support residents with verbal prompts to safely leave the building. These had been subject to review in February 2025 with no changes required to be made.

Fire safety checks were scheduled to be completed which included daily, weekly and monthly checks. However, weekly checks were not being completed on a particular day each week which at times led to these checks not being completed every week. For example, a weekly check had been completed on 6 February 2025 and the next documented weekly check on 28 February 2025.

The inspector observed internal fire doors were in place and working effectively. However, there were "grab bags" observed to be located at two exits on the floor on both days of the inspection. These were described as containing items to support the evacuation of residents in the event of a fire evacuation. The inspector noted the location of these bags could possibly result in difficulty to aid a safe evacuation route free from obstructions or a risk of a resident or staff tripping as they exited the building in the event of an emergency. This was discussed during the feedback meeting at the end of the inspection.

Two fire drills had taken place since the residents moved into the designated centre. One had occurred on 17 December 2024 and the most recent on 5 March 2025. A minimal staff fire drill had yet to take place at the time of this inspection. While details documented in the fire drills included which exit was used there were no details of a scenario outlining where the fire may have been located during the drill to ensure staff and residents used the safest exit closest to them at the time of the

evacuation. This was also discussed during the feedback meeting.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal plans for both residents. These had been completed once each resident had commenced availing of over night residential services in the designated centre. They had been subject to frequent review since the residents admission by both local management and the residents keyworkers.

Both plans provided detailed and comprehensive information on what the resident liked, disliked, the supports they required and health care needs. For example, one resident had a dysphagia care plan in place and a referral had been sent to get a dietetics review to assist with a healthy eating plan that best suited the resident.

There was regular progress documented regarding residents personal goals which included attending to nail and hair care, increased walking activities. Staff spoke of plans to further develop goals to include interests that were previously known to be enjoyed by residents which included swimming, horse riding and farming.

Judgment: Compliant

Regulation 7: Positive behavioural support

The staff team were being supported by the provider's behaviour support specialist team to support the assessed needs of both residents. One resident's behaviour support plan had been subject to ongoing review since the resident had moved into the designated centre. On the day of the inspection the behaviour support specialist had contacted the person in charge with an updated behaviour support plan which was reflective of the current presentations of the resident in their new home.

The provider's processes in the review of restrictive practices were outlined to the inspector which included multi-disciplinary team approval and clinical responsibility for any restriction in place. This included reviews at least every six months and if a restriction was no longer required and had not been used in the previous three months, the restriction would be removed from the resident's care plan. For example, a door lock on the transport vehicle passenger doors for one resident was scheduled for further review with the consideration of possibly reducing the restriction in the coming months.

Support was also provided by the behaviour support specialist to the staff team when planning meals and shopping to ensure the safeguarding of both residents.

The provider had ensured a self assessment questionnaire relating to restrictive practices had been completed in quarter 1 2025. On review of this report the inspector noted references to the human rights committee and the behaviour support specialists. Neither of these entities are documented in the policy regarding the use of restrictive practices. This was discussed during the feedback meeting.

The previous person in charge had introduced a centre specific quarterly review by the behaviour support specialist of restrictions that were in place in the designated centre. This assisted with ongoing monitoring in the designated centre.

Judgment: Compliant

Regulation 8: Protection

All staff had attended training in safeguarding of vulnerable adults. Safeguarding was also included in staff meetings to enable ongoing discussions and develop consistent practices.

- There was one open safeguarding plan at the time of this inspection. The staff team had developed a social story to aid understanding for one resident regarding respecting the personal space of their peer.
- One resident did not have a personal and intimate care plan in place at the time of this inspection. This was not consistent with the information contained in the same resident's personal plan and the assistance they required in relation to their personal care. The inspector had reviewed the individual risk assessments for the same resident which clearly outlined the supports required by the resident to ensure they attended to their personal care.

Judgment: Substantially compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the staff team were striving to ensure the rights and diversity of residents were being respected and promoted in the centre. The residents were supported to take part in the day-to-day decision making, such as meal choices, activity preferences and to be aware of their rights through their meetings and information provided in suitable formats which aided residents understanding of what was being communicated to them.

- The provider had resources in place to support each resident to attend their preferred activities regularly, this included day services, community and social

activities. One resident was accessing a sensory room in a local library

- The staff team demonstrated how they were progressing with introducing new activities such as swimming and social farming in line with previous known interests of residents.
- Both residents were supported to purchase items in the community such as personal treats
- A resident had an independence plan in place to assist them with dressing and undressing
- Both residents were being supported to become more independent in areas such as decision making and household chores.
- Both residents had easy to read formats of information documents "All about me" which had been signed by the staff team
- Both residents had a social story folder which had pictures of local attractions and places known to be enjoyed by each of the residents over the last few months.
- Both residents had access to their personal finances. Relatives of both residents had been supporting the residents with their finances Further review was ongoing at the time of the inspection to ensure residents were being provided with financial statements. In addition, training and information sessions were being organised for relatives by the provider if they wished to attend in relation to the assisted decision making act.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	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	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Croaghane Heights OSV-0008802

Inspection ID: MON-0044655

Date of inspection: 20/03/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>All staff aware of risk regarding hot surfaces and other items such as kettles. They are supporting resident in ensuring that she has safe access to kitchen area.</p> <p>Risks in service discussed as standing agenda item at team meetings.</p> <p>Induction Hob fitted in kitchen.</p> <p>Risk ratings are being reviewed on an ongoing basis to ensure they accurately reflect risk at that time with service.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Minimum staffing fire drill took place on 24/3/2025 with good response times.</p> <p>All future fire drills will include location of where fire is occurring.</p> <p>Fire Safety checks are taking place on a fixed day each week (Mondays)to ensure consistency. All staff made aware of same.</p> <p>Grab bags have been located safely to facilitate safe evacuation routes free from obstructions or the risk of a resident or staff tripping as they exited the building in the event of an emergency.</p>	

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Resident has Intimate and personal Care plan in place , which clearly outlines the supports required by the resident to ensure they are appropriately assisted where required with their personal care.</p> <p>Both residents are supported with social stories regarding Intimate and Personal care , and staff team aim to promote independence in this area insofar as possible.</p> <p>Residents support needs and progress discussed as standing agenda item at team meetings.</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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	18/04/2025
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	24/03/2025
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to	Substantially Compliant	Yellow	21/03/2025

	<p>residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.</p>			
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