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:	Railway View
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	18 October 2022
Centre ID:	OSV-0005488
Fieldwork ID:	MON-0036794

About the designated centre

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

Railway View provides 24 hour full-time residential support to both male and female residents some of whom have complex support requirements. The centre can accommodate 4 adults and comprises one detached bungalows which is located on a small campus based setting. There is a centralised kitchen on the campus from which meals are provided to the residents. There is also a day service where residents can attend external to the campus. The campus is within walking distance to a large town in Co. Donegal. Transport is provided to accommodate residents' access to community based facilities. Each resident has their own bedroom. The bungalow has considerable collective space and spacious gardens. The centre is staffed on a 24/7 basis with a full-time person in charge (who is a clinical nurse manager II), a team of staff nurses and a team of health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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
Tuesday 18 October 2022	09:05hrs to 14:50hrs	Stevan Orme	Lead

What residents told us and what inspectors observed

This centre is run by the Health Service Executive (HSE) in Community Healthcare Organisation Area 1 (CHO1). Due to concerns about the management of safeguarding concerns and overall governance and oversight of HSE centres in Co. Donegal, the Chief Inspector undertook a review of all HSE centres in that county, including a targeted inspection programme which took place over two weeks in January 2022 and focused on regulation 7 (Positive behaviour support), regulation 8 (Protection) and regulation 23 (Governance and management). The overview report of this review has been published on the HIQA website. In response to the findings of this review, the HSE submitted a compliance plan describing all actions to be undertaken to strengthen these arrangements and ensure sustained compliance with the regulations. Inspectors are now completing a programme of inspections to verify whether these actions have been implemented as set out by the HSE, but also to assess whether the actions of the HSE have been effective in improving governance, oversight and safeguarding in centres for people with disabilities in Co. Donegal.

At the time of the inspection the provider had implemented a number of actions to strengthen governance and management arrangements (regulation 23). In addition, actions relating to positive behaviour support (regulation 7) and protection (regulation 8) were in progress or completed with positive impacts on the care and support provided to residents. However, some improvements were still required at Railway View to both improve and sustain compliance with the regulations, these will be described later in this report.

On the day of inspection, the Person in Charge (PIC) was absent due to planned annual leave, and therefore the inspection was facilitated by the centre's Clinical Nurse Manager (CNM1).

During the inspection, the inspector had the opportunity to meet with all three residents living at the centre currently. Although they were unable to tell the inspector about the quality of care and support they received, the inspector was able to spent time observing daily activities at the centre and interactions between staff and residents during the day.

Throughout the day, residents appeared relaxed with the care and support they received, and staff were knowledgeable about residents' needs and provided support as and when required in line with residents' non-verbal communication and observed behaviours.

One resident on the inspector's arrival at the centre was being supported to prepare for a medical appointment, and staff were helping them to get ready in line with their own pace and ensuring they had personal items they would need during the day such as their favourite magazines.

The other two residents were supported to get ready for the day in their own time as they did not have external day services to attend. Staff members spoke about the range of activities residents enjoyed at the centre in the absence of an external day service, which included attending a local activity hub in the local town. The hub provided a range of activities such as reflexology and arts & crafts. Staff members also spoke about how since the hub had moved its location from a local leisure centre, other residents at the centre had been more keen to attend, with one resident although not participating in activities enjoyed the opportunity to 'people watch' and interactions with their peers.

Staff members spoke about the current Halloween competition being run at the hub, which involved the making of decorations and a prize for the best decorated house in the Ard Greine Court campus. In addition, to the activity hub, staff members also spoke about a local day service for the elderly which residents also attended for activities during the week.

Staff members spoke about how both the centre's residents and elderly people looked forward to seeing each other, and one resident had attended a music session organised at the day service the previous day. The inspector was also told that residents attended the day service for other activities such as regular bingo sessions and would also go for meals which they enjoyed.

During the inspection, one of the residents was supported to go to the local activity hub for a reflexology session. On their return back to the centre, the inspector asked if they had enjoyed the activity to which they responded with smiles and clapping.

Another resident during the day was supported to access the campus' sensory room and on their return showed their enjoyment of the activity through singing songs and chatting to staff. The resident also came on several occasions to see the inspector and showed them a cuddly elephant they had got on a recent visit to Dublin Zoo. The resident also encouraged the inspector to sing along to their favourite songs on the radio. The inspector also observed that the resident was involved in the day-to-day running of the centre, by assisting a staff member with centre's laundry as well as having support to paint their finger nails.

The inspector observed that Railway View was homely in appearance, clean, spacious and in a good state of repair .The inspector had the opportunity to see residents' bedrooms and these were personalised with photographs and ornaments and clearly showed the interests and likes of the individual residents. In addition, personal items were observed in centre's communal areas such as the two living rooms and quiet room.

Residents also had access to the centre's kitchenette to prepare simple meals, get snacks and make beverages, the main meals being provided by the campus' centralised kitchen. Although, some residents were able to access the kitchenette, due to its size this opportunity was limited to residents with mobility needs. Staff members spoke about how they currently negotiated this obstacle through bringing cooking equipment for activities like baking into the nearby dining room so residents could be as involved as possible. The CNM1 also updated the inspector on the

provider's plan to reconfigure the kitchenette in order to give greater accessibility, however this would not be completed until 2024.

In summary, the inspector found residents' needs were supported at the centre and care and support was provided to a good standard, although further improvements were required to build upon and sustain compliance with the regulations which will be described through the content of the report.

Capacity and capability

In addition, to reviewing the actions taken by the registered provider in response to the targeted inspection programme in January 2022, the inspection also reviewed actions undertaken by the provider in response to the findings of the centre's previous inspection in March 2022. Actions undertaken were also reviewed in the context of the provider's improvement plan for all designated centres within the Ard Greine Court campus submitted the Chief Inspector in April 2021.

Governance and management arrangements at Railway View had been further enhanced and built upon since the last inspection in March 2022. A new person in charge (PIC) had been appointed in July 2022, and they were assisted in the day-to-day management of the centre by a Clinical Nurse Manager (CNM1). As part of the provider's improvement plan for the Ard Greine Court Campus, the management team at Railway View were also responsible for the governance of another centre within the campus. Through the course of the inspection it was evident that the current management structure and processes in place enabled the effective running of both centre. Staff members commented on the consistent availability of management support at the centre, which was further illustrated by the presence of the CNM1 during the day, and arrangements in place to ensure that the PIC and CNM1 did not take annual leave at the same time. In addition, the provider had introduced an 'On Call' system which enabled staff to gain management support outside of office hours across all of their designated centres in Co. Donegal.

Staff members spoke about the approachable nature of the centre's management and how they could raise any concerns they had when they arose and these were promptly responded too. Staff members told the inspector about team meetings they attended which occurred every two months, and how they could put items for discussion on the agenda. However, a review of team meeting minutes showed that these meetings had not occurred since June 2022. When discussed further with the CNM1, this situation was due to staffing difficulties at the time and as an interim measure they had attended daily shift handovers in order to ensure important information on changes in policy or care practices were cascaded staff. The CNM1 also spoke about arrangements to ensure team meetings were now held in line with the local policy of every two months, with the next meeting being planned to occur before the end of October.

Following the last inspection and in response to the targeted inspection programme

in January 2022, the provider had reviewed the effectiveness of its management audits. A new schedule of management audits had been implemented in August 2022, which looked at the effectiveness of all areas of care and support and was completed by either the PIC or the CNM1. The CNM1 spoke about the importance of completing all of the audits which was evidenced in documents reviewed. She also spoke about the priority areas in the centre, and the importance due to the residents' assessed needs to ensure that the audit on personal plans was completed, as this would ensure that care practices were up-to-date and reflected changes in the residents' health needs.

The results of completed audits along with the outcome of the provider's six monthly unannounced visits and HIQA inspections were included in the centre's Quality Improvement Plan (QIP). The QIP included actions to be undertaken to address areas for improvement such as outstanding staff training, with clear deadlines for when these actions should be achieved. Progress on the outcomes were updated weekly and subsequently submitted to the campus' Director of Nursing for review and action. A review of the current QIP showed that all identified actions were either completed or progressing in line with agreed deadlines.

The CNM1 spoke about governance changes implemented by the provider following the outcome of HIQA's targeted inspection programme in January 2022. The CNM1 spoke about and provided meeting minutes from a range of new governance meeting that either she or the PIC attended. The CNM1 explained that these meetings gave her and the PIC the opportunity to be updated on changes in policy and practices, raise concerns and share learning on activities across all of the provider’s designated centres. These meetings included Donegal PIC meeting, as well as meetings associated with driving quality in services, developing policies, reviewing safeguarding concerns and highlighting trends in accidents and incidents and associated responses to be implemented.

Other meetings which had been introduced such as the Human Rights Committee were not attended currently by the PIC or CNM1, but they did receive meeting minutes so that summarised discussions and agreed actions could be shared and implemented at Railway View.

Staffing arrangements at the centre showed that residents were supported by a team of nurses and health care workers, with four staff being on duty each day and two at night. Reviewed documentation and discussions with staff members showed that staffing arrangements ensured that residents' assessed needs were meet and they were supported to access a range of activities both at the centre and in the local community.

However, rosters showed on several occasions that nursing staff had been relocated to other designated centres within the campus due to staffing difficulties. Although, these occurrences did not have a negative impact on residents and alternative nursing support was provided by the PIC, CNM1 or another nominated nurse on the campus, it did mean that residents’ were not supported consistently by appropriately qualified staff as described in the centre's statement of purpose.

In addition to the centre's designated staff team, arrangements were also in place in the event of unplanned absence, with a core group of regular temporary workers being available to the centre. In order to ensure a consistency of care for residents, the centre had developed a comprehensive induction folder providing information on residents' needs as well as key aspects of the day-to-day running of the centre. In order to ensure that all temporary workers had read and understood the folder's content they were required to complete the centre's induction checklist.

Staff development and knowledge was reinforced through both the provider's 'Professional Management and Development System' (PMDS) and the opportunity to access regular training. Staff told the inspector that their PMDS involved one-to-one meetings with the CNM1, where they discussed their own career development aspirations and training needs.

Although staff members had access to a range of training, which was both mandatory for all and specific to the needs of residents, a review of the centre's training matrix showed that not all staff had completed all required refresher training to ensure their practices were updated in line with current health and social care practices. Records showed that not all staff had completed refreshers in areas such as safeguarding, manual handling, food hygiene and infection control.

In summary, the inspector found improvements had occurred following the last inspection in March 2022, which had further strengthened the governance and management arrangements at the centre and had led to improvements in residents' quality of life particularly in ensuring they had access to a range of activities reflective of their choices, likes and interests. However, further action was required to ensure staff completed up-to-date refresher training and to ensure staffing arrangements were consistently in line with the centre's statement of purpose.

Regulation 14: Persons in charge

The provider had engaged a suitably qualified and experienced person in charge. The provider had also ensured that structures were in place to enable the person in charge to have effective oversight of both Railway View and another designated centre within their responsibilities.

Judgment: Compliant

Regulation 15: Staffing

Staffing arrangements in place at the centre ensured that residents' assessed needs were supported. However on several occasions, nursing staff had been reassigned to other centres in the Ard Greine Court Campus due to staffing difficulties. Although alternative nursing supports were made available to support residents, this was not

in line with the staffing arrangements as described in the centre's statement of purpose.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Although staff had access to training and were knowledgeable about residents' needs, the provider had not ensured that all staff had completed required refresher training to ensure their practices was up-to-date. Records showed that not all staff had completed training in areas such as:

- Safeguarding
- Donning and Doffing of PPE
- Manual handling
- Infection Control
- Food Hygiene

Judgment: Not compliant

Regulation 23: Governance and management

In response to the targeted safeguarding inspection programme, the provider had committed through its compliance plan to complete 11 actions aimed at improving governance arrangements at the centre. At the time of the inspection all 11 actions had been completed. The provider had established a range of governance meetings which were attended by the PIC / CNM1 or meeting minutes were circulated to inform staff practice or for agreed actions to be implemented at the centre. In addition, a recent review of management audits ensured that all aspects of the care and support provided to residents were monitored to ensure their effectiveness.

However, although governance and management had improved at the centre, actions were required to enhance this further and ensure sustained compliance with the regulations. These included:

- Improved arrangements to ensure that all staff had completed required refresher training
- Improved arrangements to ensure staffing arrangements were in line with the centre's statement of purpose and residents' needs
- Improved arrangements to ensure the frequency of team meetings, in order to provide staff with the opportunity to raise concerns about the quality and safety of care provided to residents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The provider had ensured that systems were in place to ensure that all notifiable events were reported to the Chief inspector in accordance with the regulations.

Judgment: Compliant

Quality and safety

Care and support provided at Railway View was of a good quality and supported residents with their assessed needs and to achieve personal goals. However, further improvements were required to the premises to ensure it was fully accessible and action was required to safeguard residents from the risk of abuse when accessing the Internet.

Residents' personal plans were comprehensive, providing guidance to staff on how to support all aspects of residents' needs including for example health, communication, personal care and risk management. Nursing interventions based on resident's needs were reviewed every three months by a named nurse to ensure they were up-to-date and reflected any changes in support. Furthermore, plans were reviewed annually to ensure their effectiveness, with this involving the input of the resident, their family members, centre staff and invited multi-disciplinary professionals. Any subsequent recommendations were updated in the personal plan to guide staff and ensure a consistency of care. Reviews also looked at actions completed to support residents to achieve their personal goals. Goals were both development and social in nature, with residents being supported to enjoy activities such as overnight stays while visiting Dublin Zoo and music concerts, as well as going swimming or learning to make coffee in the centre's kitchenette.

The centre was in a good state of repair and condition. However, as referred to earlier in the report, although plans were in place to provide greater accessibility to the centre's kitchenette, these were not due for completion until 2024.

Where residents required supports with behaviours of concern, this was also included in their personal plan along with a detailed 'Behaviour Support Plan'. Care and support in this area was subject to regular review by a senor clinical psychologist and reviewed plans clearly described residents' behaviour of concern and agreed proactive and reactive supports to be used by staff. Furthermore, access to positive behaviour management training ensured that all staff had up-to-date skills in this area.

The centre also implemented various restrictive practices due to assessed risks associated with residents' needs. These related to security at the centre such as locking the front and garden patio doors. These practices were reviewed regularly by the CNM1 and PIC, and clear protocols were in place which guided staff on when and how they should be used.

Where incidents of challenging behaviour occurred as well as other incidents and accidents at the centre, these were recorded through the provider's accident & incident reporting system. Completed records were subject to review by the PIC on completion by staff as well as monthly through the new audit schedule. These reviews ensured that appropriate responses occurred and also identified any trends which might have emerged and improvement in practice needed as a result. Where trends or improvements were required, the PIC had access to a range of multi-disciplinary professionals through the new governance meetings such as the 'Safeguarding Meeting' and 'Quality & Performance Meeting' were discussion on alternative approaches to be adopted occurred.

In addition to accident & incident reporting, all known risks at the centre were identified through its risk register, and subsequently risk assessments were developed and regularly reviewed to ensure residents were protected from possible harm. However, the provider in response to risks associated with use of the Internet, had not finalised its policy on the 'provision of safe Wi-Fi usage' as described in its response to the targeted inspection programme in January 2022. However, due to the unavailability of this policy and as residents had access to their own personal tablets and smart telephones, the centre's management had completed individualised risk assessments for each resident, which included supports provided to ensure safety when using the Internet.

Safeguarding arrangements for residents had improved since the previous inspection in March 2022. Safeguarding plans clearly detailed identified risks to residents and the agreed supports. Although the centre, had no current open safeguarding risks, staff were knowledgeable about previous concerns and records showed that actions implemented were in line with the provider's policies and procedures, with preliminary screenings being completed and interim safeguarding plan developed.

Staff were knowledge on how to report a safeguarding concern and spoke about how they would access one of the three designated safeguarding officers assigned to the centre. In addition, staff had accessed the provider's safeguarding training, although as referenced earlier in this report, records showed that not all staff had completed the latest refresher training in this area of practice.

In conclusion, improvements to care and support provided to residents had occurred since the last inspection, although further action was required in some areas to ensure further and sustained compliance with the regulations.

Regulation 17: Premises

Although the premises was in a good state of repair and condition, the provider's plans to increase the accessibility of the kitchenette; although in progress were not due to be completed until 2024.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Risk management arrangements at the centre were comprehensive, clearly identified the risk and measures to mitigate its effect. Staff were knowledgeable on risk interventions in place at the centre, and implemented measures were reviewed regularly to ensure they were the most appropriate and effective response.

Judgment: Compliant

Regulation 28: Fire precautions

Following the centre's last inspection in March 2022, the provider had ensured that all staff had completed up-to-date Fire Safety training in line with its policies.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' assessed needs were supported through detailed personal planning arrangements which were kept up-to-date to reflect any changes in need or multi-disciplinary recommendations. Plans were subject to regular review to assess their effectiveness in consultation with residents, their representatives, staff and associated professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

In response to the targeted safeguarding inspection programme and previous inspection of the centre in March 2022, the provider had committed through its compliance plan to complete seven actions aimed at improving governance

arrangements relating to positive behavioural support at the centre.

At the time of the inspection, the inspector found that all seven actions had been implemented, with residents having access to a range of multi-disciplinary supports including the assistance of a senior clinical psychologists for the development of behaviour support plans. In addition, the combination of behaviour support plans and access to positive behaviour training ensured that staff knowledge and practice was up-to-date and meet residents' needs.

The inspector also found that arrangements had been put in place to ensure that all staff including temporary workers had an appropriate induction on the care and support needs of residents to ensure the consistency of care.

Judgment: Compliant

Regulation 8: Protection

In response to the targeted safeguarding inspection programme, the provider had committed through its compliance plan to complete 13 actions aimed at improving governance arrangements relating to protection at the centre. At the time of inspection, the provider had commenced and completed 11 of the actions.

Actions completed by the provider involved the development of governance meetings to review safeguarding risks and identify any trends of concern. The provider had completed training in the centre relating to 'Sexuality awareness in supported services', and in addition had revised auditing processes at the centre ensured that safeguarding concerns were regularly reviewed to ensure they were effective and in line with the provider's policy requirements.

However, the provider had not completed the development of a policy on safe Wi-Fi usage to ensure residents were protected from all forms of possible risk. In addition, although staff were knowledge in this area of practice, not all staff had completed refresher training in safeguarding which has been addressed under regulation 16 in this report.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Railway View OSV-0005488

Inspection ID: MON-0036794

Date of inspection: 18/10/2022

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: 1. The Person in Charge in conjunction with the Director of Nursing will complete a full of review of the staffing in Railway View - completion 02/12/22 2. Following completion of this review the Statement of Purpose will be reviewed and updated to reflect any changes arising from the review – completion 02/12/22	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1. The Person in charge has completed a further review of the training matrix – Completed 07/11/22 2. The Person in charge will schedule 2 staff for refresher training in infection control – Date for completion: 02/12/22 3. The person in Charge has scheduled 2 staff member who is outstanding in manual handling training - Date for completion: 02/12/22 4. From the date of the inspection all staff have now ben trained in Safeguarding and Donning and Doffing of PPE and food hygiene - Completed 5. The person in charge will continue to monitor the training matrix on a monthly basis and schedule training as required.	

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
1. The person in charge will continue to monitor the training matrix on a monthly basis and schedule training as required.
2. The Person in Charge in conjunction with the Director of Nursing will complete a full of review of the staffing in Railway View - completion 02/12/22
3. Following completion of this review the Statement of Purpose will be reviewed and updated to reflect any changes arising from the review – completion 02/12/22
4. From the date of inspection one team meeting has taken place on the 03/11/22. Going forward a schedule of dates has been developed for Railway view – completed 03/11/22

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
1. The provider has set a date for the completion of works to the kitchenette – Completion – quarter 4 2024

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
1. The provider is currently developing a Safe Wifi Usage Policy for the Service. A request for an extension for this specific action has been sought by the Head of Service Disability Services on the overall Donegal Disability Services Compliance plan. – Date for completion 31/12/2022

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(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	02/12/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	02/12/2022
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the	Substantially Compliant	Yellow	31/12/2024

	number and needs of residents.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	02/12/2022
Regulation 23(3)(b)	The registered provider shall ensure that effective arrangements are in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.	Substantially Compliant	Yellow	02/12/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/12/2022