



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

## Issued by the Chief Inspector

Name of designated centre:	Devon Lodge Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	15 February 2023
Centre ID:	OSV-0001494
Fieldwork ID:	MON-0036713

## About the designated centre

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

Devon Lodge provides services to adults with an intellectual disability who have been identified as requiring a support level ranging from minimum to high as per National Intellectual Disability Database classifications. It is intended to meet the needs of people whose primary diagnosis is intellectual disability and may also include co-morbidity. Devon Lodge Services provides a seven day residential placement for five residents from the age of 18 upwards. The centre comprises of one house in a residential area by the sea on the outskirts of a city, and has good access to a wide range of facilities and amenities. Residents at Devon Lodge are supported by a staff team that includes; a person in charge, social care workers and care assistants. Staff are based in the centre when residents are present including at night.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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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
Wednesday 15 February 2023	09:00hrs to 16:00hrs	Mary Costelloe	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection carried out to follow up on issues identified at the last inspection, to monitor ongoing compliance with the regulations and to review progress in the provision of alternative separate living arrangements for one resident in line with the providers commitment and as outlined in their compliance plan responses.

On arrival at the centre, staff on duty guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene and face covering.

The designated centre comprises a three storey detached house located in a residential area close to a city. At the time of inspection, there were five male residents living in the centre. During the inspection, the inspector met with residents, staff and the person in charge. The assistant director of client services also visited during the afternoon of the inspection. All residents normally attended day services during the weekdays.

It was clear that there continued to be on-going compatibility issues with residents living in this house resulting in negative interactions between residents which severely impacted upon their rights and quality of life. This was evident from a review of documentation including minutes of residents and staff meetings, reports by allied health professionals, risk assessments and from speaking with staff.

On the morning of inspection, the inspector met briefly with four residents who were getting ready to leave the centre to attend their respective day services. Another resident had already left the centre and had used public transport to get to their day service in line with their usual routine. One resident was relaxing in their sitting room and two residents were finishing their breakfasts in the kitchen area. Both of these residents appeared to be in good form and stated that they enjoyed going to day services. They spoke about looking forward to going on a short holiday for a few days at Easter time. One mentioned that they were planning a trip abroad later in the year. They spoke about enjoying a variety of activities in the evenings and at weekends. One resident mentioned how he enjoyed going to mass at the local church and eating out afterwards. They described how they planned their weekly meals and could decide on their preferred meals at the weekly house meetings. They also mentioned how they liked to help out with meal preparation and emptying the dishwasher.

There were two staff on duty on the morning of inspection and both were rostered to finish at 10.30am. They arranged for another staff member to facilitate the inspection until the person in charge arrived at the centre. Some staff had worked in the centre for many years and knew the residents well. The photographs of staff on all shifts for the upcoming week were clearly displayed on a large notice board in the kitchen. Residents were observed reviewing the rota to check what staff were

due on duty. Staff were observed to interact with residents in a respectful and reassuring manner. Staff spoke of recent staffing shortages and how there were days when there was only one staff on duty in the morning time. They spoke about their concerns and ongoing challenges in supporting all residents in the house, the recent escalation in behaviour of concern and the negative impact the current incompatibilities were having on all residents. They described residents as 'living in fear', 'living on edge', 'unable to relax' and 'walking on egg shells'. Staff advised that despite safeguarding plans in place being implemented and good supports being available from the designated officer and psychologist, they were unable to prevent behaviour of concern such as shouting and threats of aggression.

The house was designed and laid out over three floors, however, due to incompatibility issues, the current living arrangements did not suit the residents needs as they were required to share some communal spaces and facilities. Accommodation for residents was provided on the ground and first floor, with storage rooms located on the second floor. There were five bedrooms, two with en suite shower facilities for residents use. One of the bedrooms with en suite facilities was located on the ground floor and four bedrooms were located on the first floor. There was an additional shower room available on the first floor. There was an additional bedroom/office available for use by staff. There was a variety of communal day space available including a well equipped kitchen cum dining room and two sitting rooms. One of the sitting rooms was allocated for use solely by one resident. There was a separate utility room, storage rooms and an external store. Residents had easy access to well maintained mature garden areas. The building was accessible with suitable ramps provided to the front entrance area.

While the house was spacious and furnished in a homely style, residents were not always able to enjoy living in the house in a relaxed environment, could not always choose to spend time in the rooms of their choice and could not always choose to use various facilities in the house for fear of negative peer interaction.

Residents spoken with and staff reported that residents continued to be supported to engage in meaningful activities in the centre and in the local community. Residents decided on and planned their preferred activities at the weekly house meetings but could also decide to choose their preferred activity on a daily basis. Residents enjoyed going for regular drives and day trips, going shopping, going for walks, visiting the local pharmacy, attending music concerts and sporting events. One resident was supported by a volunteer one day a week and advised that he could choose what he wanted to do and where he wanted to go each week. Residents' independence continued to be promoted. Some residents liked to help out with shopping, cooking, cleaning and laundry. One resident independently used public transport and went about his own routines on a daily basis and another resident regularly used taxi services to go to places of his choice.

Residents had access to televisions, the Internet and information technology. There was a range of easy-to-read documents and information supplied to residents in a suitable accessible format. For example, easy-to-read versions of important information such as 'the right to feel safe', the complaints process, anti bullying procedures, respecting personal space, fire safety notices, national advocacy service

and the contact details for the confidential recipient. While the rights of residents were respected and promoted by staff, as discussed previously, the on-going incompatibilities with residents living in the house seriously impacted upon their rights. Some residents had restricted access to parts of the house at times. For example, some residents had to go directly to their bedrooms on return from day service to allow staff time to determine how another resident was presenting. Some residents were restricted regarding the times they got up, from using parts of the house and using facilities in the house due to fear of verbal abuse and negative interactions with another resident. Residents had also reported to staff and other allied health professionals that they felt the need to go out and stay out longer than they wished particularly at weekends. Staff also reported how residents right to have visitors in the house was being impacted upon as friends and families could not freely visit due to the on-going issues in the house.

The next two sections of the report outline 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 residents lives.

## Capacity and capability

The governance and management arrangements were not effective in ensuring this service was safe or appropriate in meeting the assessed needs of the residents. There continued to be on-going incompatibility between residents living in this house resulting in safeguarding issues and negative interactions between residents which severely impacted upon their rights, mental health and quality of life. These issues had previously been brought to the attention of the provider at the previous inspection in October 2021 and a cautionary meeting was held with the provider representative in June 2022 due to lack of progress in addressing the issues.

Despite the providers plans to provide alternative living accommodation for one resident, progress was slow and there was no definitive date as to when the proposed property would be ready for occupation. There had been a further escalation in a residents behaviour of concern resulting in other residents living in an atmosphere of fear. The provider needed to urgently consider interim alternative living arrangements for a resident in line with recommendations of the senior psychologist. The provider also needed to ensure that the service was adequately resourced in terms of staffing and on-call management arrangements to ensure effective delivery of care and support.

On the day of inspection while there were adequate staff on duty to meet the needs of residents, staffing arrangements required review. The planned roster included two staff on duty in the morning, afternoon and evening time, with one staff on duty at night time. The staff roster reviewed showed gaps in the roster with only one staff member rostered on some mornings. Staff spoken with advised of recent staffing shortages and how all staff including the person in charge were working

additional hours in order to cover the rota. They advised that this was not sustainable in the long term. The person in charge advised that there was one staff member on long term sick leave, another on maternity leave and another due to retire in the coming weeks. She advised that relief staff were not always available at short notice as they also worked in other designated centres. These shortages in staffing posed a risk to residents as one staff on duty could not supervise the communal areas of the house in line with safeguarding plans and provide support required to individual residents. It also impacted upon the overall governance and oversight of the service due to the person in charge being required to work her allocated hours as a social care worker on the floor.

The person in charge was supported by the assistant director of client services who was appointed to the post in recent months. An updated statement of purpose had been recently submitted reflecting the changes to the management arrangements in the centre. The assistant director of client services visited and met with the person in charge on a regular basis. They advised that recruitment of staff was on-going and that interviews were being held on the day of inspection.

The assistant director of client services confirmed that the provider had completed the purchase of alternative accommodation for one resident who wished to have their own apartment and that a planning application was currently under consideration. They advised that a planning decision was due by the end of March and that an architect was currently drafting plans for the project. They advised that it was difficult to advise of a time line for completion of the project due to the requirements of the tendering process, building and renovation works and registration as a designated centre. They acknowledged that an interim plan was now required to provide alternative suitable accommodation to meet the needs and ensure the safety of all residents as a priority. They advised that a meeting had been held by the senior management team to discuss the issues, to escalate their concerns and seek support from the Health Service Executive.

While there were arrangements in place for out of hours management cover at weekends, there were still no formal on-call arrangements in place to ensure that staff were adequately supported out of hours during the weekdays. This was of concern given that there was five residents and only one staff member on duty at night time. This posed a risk to both staff and residents particularly in the event of an emergency at night time.

Training was provided to staff on an on-going basis and there was a training plan in place for 2023. Records indicated that all staff had completed mandatory training. Regular team meetings were taking place at which identified areas for improvement and staff training updates were discussed and learning could be shared.

The provider had systems in place to monitor and review the quality and safety of care in the centre including six monthly provider led audits. However, while the most recent review which took place in December 2022 had identified that safeguarding and safety was non compliant, it had not highlighted that residents rights were being significantly and seriously impacted upon. The areas for improvement identified in the action plan included the provision of alternative accommodation for



one resident, however the time frame for implementation of same (end of 2023) was not reflective of the urgency of same. The person in charge continued to oversee and review areas such as records management, medicines management, incidents and restrictive practices.

#### Regulation 14: Persons in charge

The person in charge had the required qualifications and management experience to manage the centre. They worked full-time in the centre and were known to residents and staff. They were knowledgeable regarding the assessed needs of residents. They had systems in place to ensure oversight of the service.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing arrangements in the centre require review. Staffing levels were not sufficient to meet the assessed needs of residents on some shifts. There were gaps in the staff rota with only one staff rostered on duty on some mornings. Staff spoken with advised of recent staffing shortages and how all staff including the person in charge were working additional hours in order to cover the rota.

Judgment: Not compliant

#### Regulation 16: Training and staff development

Staff training records reviewed indicated that all staff had completed mandatory training including fire safety, safeguarding and behaviour management. Additional training in various aspects of infection control, respiratory emergency, feeding eating and swallowing difficulties, managing complaints, open disclosure, chemical safety and administration of medicines has also been completed.

Judgment: Compliant

#### Regulation 23: Governance and management

The provider did not have effective governance and management arrangements in place to ensure that the service provided was safe or appropriate in meeting the

assessed needs of all residents. The provider had not ensured that the service was adequately resourced in terms of staffing to ensure effective delivery of care and support. The provider had not ensured that suitable on-call management arrangements were in place to ensure the safety of residents and staff.

There continued to be on-going compatibility issues with residents living in this house resulting in negative interactions between residents which severely impacted upon their rights, mental health and quality of life. While the provider had purchased a property and was in the process of obtaining planning permission, there was no definitive date as to when the proposed property would be ready for occupation. There had been a further escalation in a residents behaviour of concern with multiple incidents occurring on a daily basis resulting in residents living in fear. The provider needed to consider interim alternative living arrangements for a resident and put measures and actions in place to address identified risks.

Judgment: Not compliant

### Regulation 31: Notification of incidents

Notifications as required by the regulations had been submitted to the Chief Inspector.

Judgment: Compliant

### Quality and safety

The person in charge and staff team strived to ensure that residents received an individualised and good quality service. However, as discussed under the capacity and capability section of this report, on-going incompatibility issues between residents living in this house continued to impact on the quality and safety of care. This along with a further escalation in a residents behaviour of concern was severely impacting on residents rights, mental health and quality of life. While there were safeguarding plans in place, regular input from the designated officer and senior psychologist, staff reported that it was difficult to safeguard residents, promote resident choice and support residents rights given the current living arrangements.

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Staff spoken with were familiar with and knowledgeable regarding residents up to date health care needs. Residents were supported to identify and achieve personal goals and these were kept under regular review.

Residents had access to General Practitioners (GPs), out of hours GP service,

consultants and a range of allied health services. Residents had also been supported to avail of vaccination programmes. Files reviewed showed that residents had an annual medical review. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident in the event of them requiring hospital admission.

While the centre was well maintained, comfortable, furnished and decorated in a homely style, the layout and design did not suit the needs of residents currently living in the centre. All residents had to share the kitchen, dining area, some bathrooms, utility room as well as household appliances. Due to the incompatibilities between residents living in the house, the sharing of facilities and communal areas posed on-going difficulties for residents as discussed previously in this report.

Staff demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. Regular fire drills had been completed involving staff and residents. Evacuation times recorded provided assurances that residents could be evacuated safely in a timely manner.

There continued to be on-going safeguarding concerns in the centre. The provider had identified that 13 safeguarding incidents had taken place during 2022 and a further incident had taken place in February 2023. Safeguarding incidents had been submitted to the Chief Inspector as required by the regulations. All incidents had been investigated and managed in line with the safeguarding policy. All residents had a safeguarding plan in place and there was evidence that plans were kept under regular review. The recently appointed designated officer had visited and spoken with residents and staff, they advised that they were available for advice and support at any time. Staff spoke of good supports in place from the psychologist, who also regularly visited and spoke with residents. The 'right to feel safe' document was discussed with residents on a regular basis at the weekly house meetings. The charter of rights was clearly displayed. All staff had received specific training in the protection of vulnerable people. There were comprehensive and detailed personal and intimate care plans to guide staff. Staff outlined that they strived to ensure that safeguarding plans in place were implemented but despite this, they advised that it was challenging to safeguard residents until such time as the current living arrangements were addressed.

While staff continued to promote and support the rights of residents, the current living arrangements and on-going incompatibilities between residents living in the centre impacted negatively and consistently on the rights of residents. Residents did not feel safe living in their home, were restricted in their movements within their home and were unable to exercise choice and control in their every day lives.

A resident who required support with behaviour issues had a behaviour support plan in place. Monthly case management reviews continued to take place involving the head of psychology and members of the senior management team. Discussions included updates on behavioural issues, day service activities, staffing challenges, and progress on planned alternative accommodation. Consideration had also been given to an alternative short term plan but no viable options were identified.

There were systems in place locally for the identification and assessment of risks, however, the provider had not yet put arrangements in place to manage the risks identified. The person in charge had systems in place for the on-going review of risk, the risk register was regularly reviewed and updated. The person in charge had escalated identified risk including safeguarding, aggression and violence, compatibility, bullying, behaviours that challenge, lone working and workplace stress to the senior management team. The person in charge and assistant director of client services advised that further risk escalation of these identified risks was in progress at the time of inspection.

### Regulation 17: Premises

The provider had not ensured that the design and layout of the centre met the needs of residents currently living in the centre. The layout was such that all residents were provided with shared communal day spaces as well as household appliances and equipment. Due to the incompatibilities between residents living in the house, residents were regularly restricted from using parts of the house and from using some household appliances for fear of negative peer interaction. Residents were not always able to enjoy living in their surroundings in a relaxed and calm environment.

Judgment: Not compliant

### Regulation 26: Risk management procedures

The provider had not put arrangements in place to manage identified risks. Risks identified and escalated to the senior management team including safeguarding, aggression and violence, compatibility, bullying, behaviours that challenge, lone working and workplace stress were still of concern at the time of inspection.

Judgment: Not compliant

### Regulation 28: Fire precautions

There were fire safety management systems in place. Daily, weekly and monthly fire safety checks were carried out. The fire equipment and fire alarm had been serviced. Staff spoken with were knowledgeable regarding the workings of the fire alarm system. Regular fire drills continued to take place involving both staff and residents. A further fire drill was scheduled for the end of February 2023. Fire exits were observed to be free of obstructions. All staff had completed fire safety training.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

A comprehensive assessment of the health, personal and social care needs of each resident had been carried out. The inspector reviewed a sample of residents files and noted that support plans were in place for all identified issues. Support plans were found to be individualised, person centered and provided clear guidance for staff. Residents were supported to identify and achieve personal goals. Files and photographs reviewed showed that some residents had been supported to achieve their chosen goals during 2022. Goals achieved during 2022 included celebrating a important birthday milestone, attending a sporting event, attending a music concert and going on specific day trips. Another residents goal of moving to their own apartment was still in progress.

Judgment: Compliant

### Regulation 6: Health care

Staff continued to ensure that residents had access to the health care that they needed. Residents medical conditions continued to be closely monitored. Residents had regular and timely access to general practitioners (GPs) and health and social care professionals. A review of a sample of residents files indicated that residents had been regularly assessed and reviewed by psychology, psychiatry, speech and language therapy (SALT), occupational therapy(OT), chiropody, dentist and physiotherapist.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents who required support with behaviours of concern had comprehensive support plans in place. Behaviour support plans were regularly reviewed by relevant members of the multidisciplinary team. All staff had completed training in the management of behaviours that challenged.

While staff continued to promote a restraint free environment, some residents were regularly restricted from using communal areas in the house, restricted from carrying out certain activities in the house or had to leave communal areas of the house because of negative peer interaction. A resident had reported at recent

meeting that they felt very restricted living in the house. Staff continued to record each occasion that restrictions were required.

Judgment: Compliant

### Regulation 8: Protection

The provider had failed to protect all residents from abuse. There continued to be on-going safeguarding concerns in the centre. 13 safeguarding incidents had taken place during 2022 and a further safeguarding incident had taken place in February 2023. While all residents had a safeguarding plan in place and there were good supports in place from the designated officer and psychologist, staff advised that it was challenging to safeguard residents until such time as the current living arrangements were addressed.

Judgment: Not compliant

### Regulation 9: Residents' rights

The provider had not ensured that the rights of residents were protected including the right to feel safe living in their own home and the freedom to exercise choice and control in their every day life. Residents reported that they were afraid and did not feel safe living the house. Residents were restricted in their movements within the house. They could not always choose to spend time in the rooms of their choice such as the kitchen and sometimes having to have meals in their bedroom. They could not always choose to use facilities or partake in activities of their choice such as listening to the radio or using the washing machine and clothes dryer. Some residents were restricted regarding the times they got up in the morning, waiting for a second staff member to come on duty before feeling safe to do so. Residents also reported that they felt the need to go out and stay out longer than they wished particularly at weekends in order to avoid negative peer interaction in the house. Residents right to have visitors in the house when they wished was also impacted upon as friends and families could not freely visit due to the on-going issues in the house.

Judgment: Not 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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Devon Lodge Services OSV-0001494

Inspection ID: MON-0036713

Date of inspection: 15/02/2023

## 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
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Vacant staffing lines have been identified and there are relief staff currently filling these vacancies while we recruit to fill the two vacancies with permanent Social Care Worker staff.</p> <p>There is ongoing recruitment within Ability West and the Person in charge and person participating in management are working with the HR Department to fill the vacancies</p> <p>There is ongoing recruitment within Ability West and although vacant lines have not yet been filled with full time staff, there is adequate relief staff working within the Centre to cover all vacant shifts and there is adequate staff on duty at all times.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>There is ongoing recruitment to ensure that the two vacant positions within the Centre are filled as a matter of priority.</p> <p>A revised 7/7 on-call structure has been identified by the Senior Management Team, and arrangements for this are currently being finalised. It is intended that the new on-call arrangements will be communicated across services and implemented by end of March 2023.</p> <p>The Multi-Disciplinary Team and the Designated Officer have and continue to work with</p>	

the Person in Charge, Person Participating in Management and the Staff team to ensure steps that improve the quality of life and safety of the Residents living in the Centre. The Designated Officer has linked with the HSE safeguarding team and safeguarding plans are in place for all residents.

There was a support meeting held on 2/03/2023 with the staff team and the Psychology Dept. to support the staff team and to ensure best practice going forward within the Centre.

The Person in Charge and Person Participating in Management continue to meet on a monthly basis and agenda items discussed at these meetings include a review of incidents and actions taken, risk management, updates on safeguarding and consultation with the Designated Officer and updates on progress for an alternative living arrangement for one individual

Effective from 3rd April 2023, the Resident who requires alternative living arrangements will now commence an interim plan until they transition into their full time living arrangement in the coming months. The Resident will use another vacant Centre from the hours of 16.00pm to 20.00pm, Monday to Friday and 10.00am to 18.00pm on a Saturday, Sunday and Bank holiday with support from familiar staff that they choose to work with from Devon Lodge. A detailed transition plan is in place and risk associated with the interim arrangements has been assessed. All members of the Multi-Disciplinary Team have been involved in the transition plan and the plan will be reviewed daily for the first week and weekly after that. The interim plan outlined above will remain in place until the Resident moves to a more suitable Centre.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
There is ongoing meetings and reviews between the Multi-Disciplinary Team, Designated Officer, Person in Charge, the Person Participating in Management and the staff team to ensure that residents have access to all areas within their home.  
There are other short term interim safeguarding measures being explored with the Multi-Disciplinary Team and the Designated Officer to reduce the impact on all Residents quality of life within the house.  
Effective from 3rd April 2023, the Resident who requires alternative living arrangements will now commence an interim plan until they transition into their full time living arrangement in the coming months. The Resident will use another vacant Centre from the hours of 16.00pm to 20.00pm, Monday to Friday and 10.00am to 18.00pm on a Saturday, Sunday and Bank holiday with support from familiar staff that they choose to work with from Devon Lodge. A detailed transition plan is in place and risk associated with the interim arrangements has been assessed. All members of the Multi-Disciplinary Team have been involved in the transition plan and the plan will be reviewed daily for the first week and weekly after that. The interim plan outlined above will remain in place

until the Resident moves to a more suitable Centre.

Regulation 26: Risk management procedures	Not Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  
The Person in Charge and Person Participating in Management continue to meet on a monthly basis and agenda items discussed at these meetings include a review of incidents and actions taken, risk management, updates on safeguarding and consultation with the Designated Officer and updates on progress for an alternative living arrangement for one individual.

There are regular Multi-Disciplinary supports in place for all Residents within the Centre and there are ongoing safeguarding strategy meetings with the aim of reducing the risk within the Centre. Residents meet their Psychologist on a monthly basis.

The Designated Officer has escalated the risk to the HSE safeguarding team with safeguarding plans in place to support the staff team in minimizing the risk as much as possible until alternative measures are sought for one Resident within the Centre.

Effective from 3rd April 2023, the Resident who requires alternative living arrangements will now commence an interim plan until they transition into their full time living arrangement in the coming months. The Resident will use another vacant Centre from the hours of 16.00pm to 20.00pm, Monday to Friday and 10.00am to 18.00pm on a Saturday, Sunday and Bank holiday with support from familiar staff that they choose to work with from Devon Lodge. A detailed transition plan is in place and risk associated with the interim arrangements has been assessed. All members of the Multi-Disciplinary Team have been involved in the transition plan and the plan will be reviewed daily for the first week and weekly after that.

The interim plan outlined above will remain in place until the Resident moves to a more suitable Centre.

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:  
The short-term plan for one Resident is currently under review with Multi-Disciplinary Team, Designated Officer, Senior Management and the HSE, the Person in Charge and Person Participating in Management until the Resident awaits a permanent move to a

more suitable Centre.

The Residents are all supported on a monthly basis by relevant members of the multi-disciplinary team.

The Designated Officer attended a staff meeting on 9/2/2023 and there were safeguarding strategy meetings held on 7/02/2023 and 15/02/2023.

Effective from 3rd April 2023, the Resident who requires alternative living arrangements will now commence an interim plan until they transition into their full time living arrangement in the coming months. The Resident will use another vacant Centre from the hours of 16.00pm to 20.00pm, Monday to Friday and 10.00am to 18.00pm on a Saturday, Sunday and Bank holiday with support from familiar staff that they choose to work with from Devon Lodge. A detailed transition plan is in place and risk associated with the interim arrangements has been assessed. All members of the Multi-Disciplinary Team have been involved in the transition plan and the plan will be reviewed daily for the first week and weekly after that.

The interim plan outlined above will remain in place until the Resident moves to a more suitable Centre.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Multi-Disciplinary Team and the Designated Officer are working with the Person in Charge, Person Participating in Management and the Staff team to ensure steps that improve the quality of life and safety of the Residents living in the Centre. The Designated Officer has linked with the HSE safeguarding team and safeguarding plans are in place for all residents

There is ongoing work between the Multi-Disciplinary Team, Designated Office, Person in Charge and the Person Participating in Management and the staff team to ensure that Residents have access to all areas within their home

There are also other short term interim safeguarding measures being explored with the Multi-Disciplinary Team and the Designated Officer to reduce the impact on all Residents quality of life. Regular safeguarding strategy meetings will continue to take place until a short term solution is identified while awaiting the long term solution of a new Centre for the resident.

There are ongoing discussions currently with members of the HSE in relation to the risk associated with one resident within the Centre with the aim of identifying a short term solution while awaiting the longer term solution of a new Centre for one Resident.

The short term plan for one Resident is currently under review with Multi-Disciplinary

Team, Designated Officer, Senior Management and the HSE and the Person in Charge and Person Participating in Management until the Resident awaits a permanent move to a more suitable Centre.

The Resident who requires alternative living arrangements will now commence an interim plan from the 03 April 2023 until they transition into their full time living arrangement in the coming months. The Resident will use another vacant Centre from the hours of 16.00-20.00 Mon-Fri and 10.00-18.00 Sat/Sun/Bank Holidays with support from familiar staff that they choose to work with. A detailed transition plan is in place and risk associated with the interim arrangements has been assessed. All members of the Multi-Disciplinary Team have been involved in the transition plan and the plan will be reviewed daily for the first week and weekly after that.

The Designated Officer continues to work with all Residents within the Centre to ensure the Residents exercise their rights with safeguarding plans in place.

The Multi-Disciplinary Team also continue to work with the Residents within the Centre to ensure their rights are protected.

The interim plan outlined above will remain in place until the Resident moves to a more suitable Centre.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/04/2023
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 number and needs of residents.	Not Compliant	Orange	30/04/2023
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to	Not Compliant	Orange	30/04/2023

	ensure the effective delivery of care and support in accordance with the statement of purpose.			
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.	Not Compliant	Orange	30/04/2023
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.	Not Compliant	Orange	30/04/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/04/2023
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the	Not Compliant	Orange	30/04/2023

	freedom to exercise choice and control in his or her daily life.			
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