

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

Issued by the Chief Inspector

Name of designated centre:	St Francis Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	08 November 2023
Centre ID:	OSV-0001774
Fieldwork ID:	MON-0040752

## About the designated centre

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

St Francis Residential Service is a designated centre which supports residents with a low to moderate intellectual disability. The centre can also support residents with mental health needs and residents who require some medical interventions. A social care model of care is provided in the centre and residents are supported by both social care workers and social care attendants. Additional staffing is deployed during the week day evenings to facilitate residents to engage in community activities and a sleep-in arrangement of one staff member is used to support residents during night-time hours.

The centre is a large sized two-storey building which is located with walking distance of a large town. Each resident has their own bedroom and there is ample shared living space for residents to have visitors in private, if they so wish. There is also a large patio area for residents to enjoy and there is transport available for residents to access the community.

**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 8 November 2023	11:00hrs to 18:30hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

This centre is run by Western Care Association in Co. Mayo. Due to concerns about the governance and oversight of Western Care Association centres and their impact on the wellbeing and safety of residents, the Chief Inspector of Social Services undertook a targeted safeguarding inspection programme which took place over two weeks in March 2023 and focused on regulation 7 (positive behaviour support), regulation 8 (protection), regulation 23 (governance and management) and regulation 26 (risk management procedures). The overview report of this review has been published on the Health Information and Quality Authority's website. In response to the findings of this review, Western Care Association submitted a compliance plan describing all actions to be undertaken to strengthen these arrangements and ensure sustained compliance with the regulations. Inspectors have now commenced a programme of inspections to verify whether these actions have been implemented as set out by Western Care Association, but also to assess whether the actions of Western Care Association have been effective in improving governance, oversight and safeguarding in centres for people with disabilities in Co. Mayo. At the time of the inspection, the provider had made improvements in its governance arrangements at the centre, including the management of safeguarding concerns, positive behaviour support and risk. These were occurring in line with time frames in the provider's compliance plan and therefore required further time to become established and show a sustained improvement in the governance of the centre and consequently on the long-term safety and welfare of residents.

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met, and spoke with, the residents who lived in the centre. The inspector also met with the person in charge and staff on duty, and viewed a range of documentation and processes.

It was clear from observation in the centre, conversations with residents and staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre, at day services and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised and supported the autonomy and independence of residents.

The inspector met with residents who lived in the centre at the time, three of whom were happy to discuss their lives there. Residents who spoke with the inspector said they were very happy with all aspects of living in the centre. These residents said that they were well supported by staff, who provided them with good care, and that they always made their own choices around how they lived their lives. For example, residents said that they made their own decisions about their weekend plans for going out, and said that staff always supported these plans.

Residents also enjoyed sporting activities. One resident told the inspector about going to the gym, playing table tennis and being part of a bowling team. Residents also talked about activities that were meaningful and enjoyable to them, including attending a drama group, housekeeping, shopping, going to the barber and hairdresser in the local area. They also talked about places of interest that they go to for outings and walks.

Residents told the inspector that they enjoyed their meals in the centre. They explained that they had choices around their food shopping and meals, that they had meals that they liked, at the times that suited them and that they could help with meal preparation. They also said that they often went out to the town for a meal or coffee and that they enjoyed this. Resident also explained that they liked to have a take-away meal in their home at weekends, and that this was always arranged in accordance with their choices and preferences.

It was clear during the inspection that there was a good rapport between the residents themselves and between residents and staff, and residents told the inspector that they all get on well together. These residents knew who was in charge in the centre, and they said that they trusted the staff. They also said that they would raise any concerns with staff and were confident that any issues would be addressed.

The centre consisted of one house and could provide full-time residential accommodation for up to five adults. This centre was centrally located with a busy town nearby, which gave residents good access to a wide range of facilities and amenities. The centre was designed and equipped to meet the needs of the people who lived there and provided them with a safe and homely living environment. The house was comfortably furnished, and rooms were personalised. The centre had dedicated transport, which could be used for outings or any activities that residents chose. The staffing levels in the centre ensured that each resident could be individually supported by staff to do activities of their preference.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how this impacts the quality and safety of the service and quality of life of residents. While this inspection identified a good level of personalised care and social support for residents, there were some areas for improvement related to documentation and training, which will be discussed in the next sections of the report.

## Capacity and capability

The provider had measures in place to ensure that residents' care and support was delivered to a high standard. Overall, these arrangements ensured that a good quality and safe service was provided to residents who lived in this centre. However,

some improvement was required to residents' service agreements and the food records being kept in the centre.

In response to a targeted safeguarding inspection programme in March 2023, the provider had committed through its compliance plan to complete twelve actions aimed at improving governance arrangements at the centre, and that these actions would be completed by 31 January 2024. At the time of the inspection eleven of these initiatives had been introduced in respect of this centre and the other one had commenced and was in progress. The completed improvements included the strengthening of the organisation's governance arrangements by appointment of heads of quality, safety and service improvement, clinical and community supports, and properties and facilities to the senior management team. Various quality improvement work streams have been set up, and there have been improvements to the provider audits, which are completed every six months.

The improvements that had commenced included stronger and more consistent management arrangements to ensure consistency of reporting and approach, improved arrangements for sharing information with persons in charge, improved and more focused staff training, stronger audit processes, and the review and updating of policies. While these measures had been commenced they had not yet been fully established and embedded throughout the organisation. These improvements, when completed, were intended to strengthen the overall governance in the organisation, and also in this centre, through shared learning, improved reporting and oversight, and consistency of practice.

A clear organisational structure had been established to manage the service. There was a suitably qualified and experienced person in charge who worked closely with staff and with the wider management team and was very knowledgeable regarding the care and support needs of residents. The person in charge had been recently appointed to this centre and had received a comprehensive induction and said that there was a strong emphasis on supporting managers. The person in charge was being kept well informed of the provider's ongoing improvements and plans, both through face-to-face management meetings, compliance plan updates, and a weekly information newsletter also kept the person in charge well informed about the provider's overall compliance plan progress. There were effective arrangements in place to support staff when the person in charge was not on duty.

The provider ensured that the service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided. These included ongoing audits of the service in line with the centre's audit plan, and unannounced audits by the provider, which were carried out every six months. As part of the provider's compliance plan, these audits had been strengthened and had become more in depth. These audits showed a high level of compliance and any identified actions had been addressed as part of the centre's quality improvement plan. A comprehensive and detailed review of the quality and safety of care and support of residents was also being carried out annually.

The centre was suitably resourced to ensure the effective delivery of care and support to the resident. These resources included the provision of suitable, safe and

comfortable accommodation and furnishing, transport, access to Wi-Fi, television, and adequate levels of suitably trained staff to support residents' preferences and assessed needs.

Documents required by the regulations were kept in the centre and were available to view. Documents viewed during the inspection included personal planning records, directory of residents, audits, complaints records, service agreements and a sample of operational policies. Overall, records were being maintained to a high standard, although improvement to food records was required.

The provider had suitable arrangements in place for the management of complaints, which included an up-to-date policy to guide staff, a complaints procedure and a system for recording complaints. There were complaints officers in the organisation to support the complaints process.

#### Regulation 14: Persons in charge

The role of person in charge was full-time and the person who filled this role had the required qualifications and experience. The person in charge was knowledgeable of the individual needs of each resident.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff who worked in the centre had received mandatory training in fire safety, behaviour support, and safeguarding. Staff had also attended other training relevant to their roles, such as medication management, manual handling, and various aspects of infection prevention and control.

Judgment: Compliant

#### Regulation 19: Directory of residents

There was a directory of residents which included the required information relating to each resident who lived in the centre.

Judgment: Compliant



## Regulation 21: Records

Records required by schedules 3 and 4 of the regulations were examined during the inspection. The provider had ensured that these records were maintained in a clear and orderly fashion and were kept up to date. However, while daily records of meals provided to residents were being kept, these were not in sufficient detail to enable any person inspecting the records to determine whether the diet was satisfactory in relation to nutrition, and of any special diets prepared for individual residents.

Judgment: Substantially compliant

## Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents, although some improvements to service agreements and food records were required, in addition to completion of some areas of the provider's overall compliance plan for the organisation.

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents, although some improvements to service agreements and food records were required, in addition to completion of some areas of the provider's overall compliance plan for the organisation.

In response to the targeted safeguarding inspection programme, the provider had committed, through its compliance plan, to complete twelve actions aimed at improving governance arrangements at the centre, and that these actions would be completed by 31 January 2024. At the time of the inspection eleven of these initiatives had been introduced in respect of this centre and the other one had commenced and was in progress. The improvements that had commenced included stronger and more consistent management arrangements to ensure consistency of reporting and approach, improved arrangements for sharing information with persons in charge, improved and more focused staff training, stronger audit processes, and the review and updating of policies.

The following aspects of governance require improvement:

- records of meals provided to residents were not being kept in sufficient detail to enable any person inspecting the records to determine whether the diet was satisfactory in relation to nutrition, and of any special diets prepared for individual residents

· some service agreements had not been signed to agree their content by either the residents and or their representatives or on behalf of the provider.

The following improvements are progressing within the time frames identified by the provider but have not yet been finalised:

· the proposed new training needs analysis and training action had been developed but had not yet been introduced in this centre.

Judgment: Substantially compliant

### Regulation 24: Admissions and contract for the provision of services

The provider had prepared written agreements for the provision of service in place for all residents. These agreements included the required information about the service to be provided, but some had not been agreed and signed by either the residents or their representatives or on behalf of the provider.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. Any complaints received in the centre had been suitably managed, investigated and recorded.

Judgment: Compliant

## Quality and safety

There was a high level of compliance with regulations relating to the quality and safety of care and the provider ensured that residents received a good level of person-centred care that allowed them to enjoy activities and lifestyles of their choice. The management team and staff in this service were very focused on maximising the independence, community involvement and general welfare of residents. However, some improvement to infection control and to the external

property was required. While the provider was implementing an overall improvement plan, some aspects of behaviour support management and protection were still in progress and, therefore, required improvement.

The provider had prepared written agreements for the provision of service in place for all residents. These agreements included the required information about the service to be provided, but some had not been agreed and signed by either the residents or their representatives or on behalf of the provider.

The improvements which had been completed included the employment of additional behaviour support and psychology clinical staff, and the appointment of an interim head of clinical and community support, part of whose role would include oversight of the psychology and behaviour support team. A behaviour support specialist had been assigned specifically to this geographical area which increased the opportunity for the behaviour support specialist to work more closely and consistently with residents. Governance and clinical oversight groups had been established and were working to achieve a consistent approach to behaviour support throughout the organisation. A range of various behaviour support-related training and refresher training had been identified and was being developed, which will be delivered to all staff in line with a training programme. This training had not been completed in full in this centre, although this was within the proposed time frame for completion. An updated behaviour support policy had not yet been supplied to the centre at the time of inspection.

In response to the targeted safeguarding inspection programme, the provider had committed through its compliance plan to complete five actions aimed at improving safeguarding arrangements at the centre. The provider proposed that these actions would be completed by 31 October 2023. At the time of the inspection four actions had been completed and one had been introduced and was ongoing. The improvements that had taken place included the introduction of a face-to-face safeguarding training module for staff, and an updated and more comprehensive safeguarding policy has been developed and supplied to the person in charge and staff in this centre. The person in charge was aware that a clearer and consistent process had been introduced for responding to safeguarding concerns, and that arrangements were in place for ongoing reviews of active safeguarding plans, which were carried out every six months. A safeguarding oversight committee had been established to ensure that there was a comprehensive system for reviewing all safeguarding concerns. However, this had only occurred recently and required further time to be embedded to review its impact on ensuring the effectiveness of safeguarding arrangements in the organisation. The person in charge was aware of this work stream process.

A face-to-face staff safeguarding training programme had been developed in addition to the existing online safeguarding training for staff and the delivery of this training had commenced in the organisation. However, at the time of inspection, it had not yet been delivered to staff in this centre.

Residents were supported to take part in a range of social and developmental activities both at the centre, at day service and in the community. Suitable support

was provided to residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs.

The centre was located in a residential area of a rural town and transport was available for residents to visit the facilities and leisure amenities in the neighbouring areas. Some of the activities that residents enjoyed, and were involved in, included outings to local places of interest, visiting families, shopping, baking, using personal computer pads, pub visits, concerts, gardening and going out for meals. The staffing levels in the centre ensured that each resident could be supported by staff to do activities of their preference.

Family contact and involvement was seen as an important aspect of the service. Arrangements were in place for residents to have visitors in the centre as they wished and also to meet family and friends in other places.

Residents' nutritional needs were well met. Each resident could choose what they liked to eat each day.

The centre was well maintained, clean and comfortable, and had recently been redecorated and refurbished. The design and layout of the centre met the aims and objectives of the service, and the needs of residents. However, the driveway at the front of the centre was damaged and uneven, which needed to be addressed.

There were good processes in the centre to manage risk and to ensure that residents were safe and protected from harm. These included staff training, access to behaviour support specialist, other healthcare professionals and a designated safeguarding officer. There was a clear system in the centre for the identification and management of risk. Arrangements were in place for the safe management of residents' private property and finances. A range of processes and procedures were also in place to protect residents from the risk of infection. However, improvement to some aspects of infection control guidance was required.

## Regulation 12: Personal possessions

Residents had access to and control of their personal property and possessions and were supported to manage their financial affairs. Each resident had suitable space to store their belongings and clothing, and there were suitable facilities in the centre for laundering residents' clothing and personal bedding. There were also comprehensive auditing systems in place to ensure that residents were securely and appropriately managed.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

### Regulation 17: Premises

The centre was well maintained, clean and comfortable, and had recently been redecorated and refurbished. The design and layout of the centre met the aims and objectives of the service, and the needs of residents. However, the driveway at the front of the centre was damaged and uneven, which required to be addressed.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents' nutritional needs were being well supported. Suitable foods were provided to cater for residents' preferences and assessed needs, and residents had choices at mealtimes.

Judgment: Compliant

### Regulation 26: Risk management procedures

In response to the targeted safeguarding inspection programme, the provider had committed through its compliance plan to complete three actions aimed at improving risk management arrangements at the centre. The provider proposed that these actions would be completed by 31 October 2023. At the time of the inspection, these actions had been completed and were being implemented and embedded in all of the provider's designated centres. The development of quarterly incident data reports had commenced and these reports were being communicated to the person in charge. A review of the risk management policy had also taken place. An incident management training module had been developed and training had commenced. The person in charge had already attended this training, although

it had not yet been attended by other staff in the centre. The person in charge stated that these are welcome processes which will be beneficial for the service.

There were good risk management arrangements in the centre which ensured that risks were identified, monitored and regularly reviewed.

Judgment: Compliant

### Regulation 27: Protection against infection

Overall, the provider had good measures in place to ensure that the spread of infection in the centre was well managed, and required improvements identified at previous infection control inspection had been suitably addressed. The centre was clean and well maintained throughout, all staff had attended infection control training, and there were processes in place to reduce the risk of infection and for the management of an outbreak if required. However, some improvement was required:

- there was insufficient information available to guide staff on the management of potentially infected laundry
- the centre's infection contingency plan required review, as there was no assessment on the capacity of each resident to isolate if required and to clearly state the individual plan for each person.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

In response to the targeted safeguarding inspection programme, the provider had committed through its compliance plan to complete seven actions aimed at improving behaviour support arrangements at the centre. The provider proposed that these actions would be completed by 30 June 2024. At the time of the inspection five of these initiatives had been introduced and the other two had commenced and were in progress.

A range of various behaviour support-related training and refresher training had been identified and was being developed, which will be delivered to all staff in line with a training programme. This training had not been completed in full in this centre, although was within the proposed time frame for completion. An updated behaviour support policy had not yet been supplied to the centre at the time of inspection.

Within the centre, there were processes in place for support with behaviour management as required. These included training and access to behaviour support

specialists.

Judgment: Substantially compliant

### Regulation 8: Protection

In response to the targeted safeguarding inspection programme, the provider had committed through its compliance plan to complete five actions aimed at improving safeguarding arrangements at the centre. The provider proposed that these actions would be completed by 31 October 2023. At the time of the inspection four actions had been completed and one had been introduced and was ongoing. A face-to-face staff safeguarding training programme had been developed in addition to the existing online safeguarding training for staff and the delivery of this training had commenced in the organisation. However at the time of inspection, it had not yet been delivered to staff in this centre.

Within the centre there were comprehensive arrangements in place to safeguard residents from any form of harm, and there were suitable supports provided to ensure that any potential safeguarding issues would be promptly addressed and suitably managed if required.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant



# Compliance Plan for St Francis Residential Service OSV-0001774

Inspection ID: MON-0040752

Date of inspection: 08/11/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:            The Person in Charge has ensured that sufficient detail is provided in the records to enable any person inspecting to determine whether the diet is satisfactory in relation to nutrition, and of any special diets prepared for individual residents. These requirements have been communicated to the staff team on 14/12/2023 and reiterated again following receipt of inspection report on 30/01/2024.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            The Provider has restructured the Senior Management team to represent Operations, Finances, Human Resources, Quality, Safety and Service Improvement, Clinical and Community Supports and Safeguarding and Protection. The Senior Operations Team has been assessed and reconfigured into defined eight service areas to ensure equitable and consistent governance, management and oversight. Under the remit of the HSE's Service Improvement Team the Models of Service sub-group has been merged as part of the Quality, Safety and Service Improvement workstream. The Provider has revised the unannounced visit template and unannounced visits are scheduled up to 31/7/2024. The next bi-annual thematic governance and quality improvement report will be presented to the Board in March. A learning management system has been agreed for staff training and development and the provider continues to facilitate monthly staff regulatory events. The quarterly properties and facilities plan is presented at senior management for oversight with regard to its monitoring and implementation. An organisational report is</p>	

submitted to the provider from the senior management team through the Chief Executive Officer every 2 months. The provider has submitted a business case to the commissioner of services to strengthen the current on-call arrangement.

The Person in Charge has ensured that sufficient detail is provided in the records to enable any person inspecting to determine whether the diet is satisfactory in relation to nutrition, and of any special diets prepared for individual residents. These requirements have been communicated to the staff team on 14/12/2023 and reiterated again following receipt of inspection report on 30/01/2024.

Agreements for provision of service have been arranged with residents or their representatives. These will be signed at scheduled Circle of Support meetings on dates in February 2024.

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:  
Agreements for provision of service have been arranged with residents or their representatives. These will be signed at scheduled Circle of Support meetings on dates in February 2024.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
Outside contractor has been engaged and agreed to complete required works by July 2024.

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:  
Updated protocol developed to guide staff on the management of potentially infected laundry.

The centre's infection contingency plan is being reviewed to include an assessment on the capacity of each resident to isolate if required and an individual plan for each person is being updated in line with assessments.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

The Governance and Clinical oversight Group has been renamed as the Critical Response Team and meet on a quarterly basis. The Neurodiversity training module has been developed and will be delivered to staff by June 2024 with refresher training every three years. The Behaviour Support Plan Governance and Oversight Committee has been established and the Listening and Responding Policy has been reviewed and will be considered by key stakeholders prior to implementation.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

The organisational safeguarding policy has been reviewed and updated in alignment to the National Safeguarding Vulnerable Person's at Risk of Abuse Policy and Procedure. A safeguarding committee has been established to ensure a robust system is in place to review safeguarding concerns. Safeguarding plans are reviewed with the HSE Adult Safeguarding and Protection Team every six weeks. The organisation will provide face to face safeguarding training to all staff by June 2024.

The Person in Charge has nominated staff to attend face to face safeguarding training.

## 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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/07/2024
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	31/01/2024
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'	Substantially Compliant	Yellow	31/07/2024

	needs, consistent and effectively monitored.			
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	28/02/2024
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	09/02/2024
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	30/06/2024

Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Substantially Compliant	Yellow	30/06/2024
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