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:	Glebe Lodge
Name of provider:	Kerry Parents and Friends Association
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	19 November 2024
Centre ID:	OSV-0001966
Fieldwork ID:	MON-0043241

About the designated centre

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

Glebe Lodge is operated from a large purpose built bungalow located on the outskirts of a small town. The centre has a maximum capacity of 11 and can provide full-time residential support for 10 residents and respite for one resident. The centre is intended to support residents with intellectual disabilities and those with high support needs related to aging of both genders over the age of 18. Support to residents is to be given by the person in charge, nursing staff, care assistants and catering staff. Within the centre there are eleven individual bedrooms for residents in addition to lounges, a kitchen-dining area, bathrooms and staff offices.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10

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 19 November 2024	09:40hrs to 17:15hrs	Lisa Redmond	Lead
Tuesday 19 November 2024	09:40hrs to 17:15hrs	Lucia Power	Lead

What residents told us and what inspectors observed

This inspection was an unannounced risk based inspection. The aim of this inspection was to identify if the registered provider had increased compliance with the regulations following an inspection of the centre by the Chief Inspector of Social Services in January 2024. This inspection found that although there had been improvements in the overall quality of care and support provided to residents, issues relating to the use of residents' finances had not been addressed by the registered provider. Inspectors identified that these practices did not ensure that residents were consulted with, or participated in decisions relating to their care and support in Glebe Lodge. As a result, two urgent actions were issued to the registered provider on the day of this inspection. This will be further discussed throughout the inspection report.

Glebe Lodge is a bungalow located a short drive from the local town. At the time of the inspection, Glebe Lodge was home to 10 residents. Each resident had their own private bedroom. There was one additional bedroom for individuals to access respite supports in the centre, however this bedroom was vacant on the day of the inspection.

On the day of the inspection, inspectors had the opportunity to meet with the 10 residents living in Glebe Lodge. On arrival to the designated centre, residents were observed being supported by staff members to have their breakfast in the kitchen and dining room area. Inspectors said hello to the residents and introduced themselves to them. Inspectors gave staff members an accessible document which introduced the inspectors, explained the reason for their visit to the centre and showed their photograph. Staff members were observed using this document to explain the inspectors' presence in the residents' home to them.

Residents were observed to be offered choice as to what they would like to eat at mealtimes. Where residents required individualised equipment to support their feeding, eating and drinking needs, these were provided. It was a sunny day and residents were observed to be sitting in the sunshine in the dining area as they ate their breakfast. However, when one resident entered the dining area the blinds were pulled down in line with their behavioural support needs. It was also identified in a safeguarding plan that a resident should not be supported to sit in the area in front of the window as this is a known trigger for another resident. However, inspectors observed the resident being supported in this area when the other resident was also present, which was not in line with the measures required to protect the resident from abuse.

Inspectors spoke with residents and chatted with them throughout the day of the inspection. One inspector sat and had a cup of tea with a resident. This resident told the inspector that they had been out for lunch the day before the inspection, and spoke about what they had ordered and how they had enjoyed the outing. Staff members told the inspector that the resident loved to be out in their local

community engaging in activities. When the inspector asked the resident if they got to go out much they shook their head and said 'no'.

Residents living in Glebe Lodge required a high level of staffing support to meet their personal support and healthcare needs. Many residents had retired and were supported to engage in a slower pace of life in line with their medical needs and age profile. A number of residents attended a day service up to twice weekly, while other residents did not attend day services. Access to transport continued to prove a challenge in the centre to support residents to access their local community. However, some improvements had been made since the inspection completed in September 2023. The centre's transport had been adapted to increase the capacity of wheelchair users. An external transport company was also now used to bring residents to day services and to access their local activities. At the time of the inspection, management in the centre were engaging with the external bus company to ensure residents who required oxygen therapy could be provided with safe storage of oxygen on the transport to ensure they could also access this service in the future.

On the day of the inspection, there was one staff member on duty who could drive the designated centre's transport. On review of the documentation and discussions with management in the centre, it was noted there was usually at least one driver on duty in the centre. Staff spoken with told inspectors that taxis could be used if residents expressed a wish to leave the centre to access their local community, when a driver was not on duty. Residents were observed sitting in the centre's kitchen chatting with staff members, completing artwork, listening to music or watching television. A number of residents were unable to communicate their views to inspectors about what it was like to live in Glebe Lodge. Inspectors observed residents' gestures, facial expressions and vocalisations. At all times residents appeared to be comfortable in the presence of staff members. Inspectors also reviewed documentation and spoke with staff members

The next two sections of the report present the findings of this inspection about the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Management and oversight systems in place in the centre had not ensured that the service provided to residents was consistent and effectively monitored to ensure fairness regarding the use of residents' finances. Inspectors noted that issues relating to the use of residents' finances to pay for staffing so that they could attend activities in their local community were ongoing. It was identified that this was not a consistent practice in the registered provider's organisation.

Inspectors issued two urgent actions to the registered provider on the day of this inspection. The urgent actions were issued under Regulation 23 governance and

management and Regulation 9 residents' rights. Inspectors issue an urgent action in response to a risk that must be addressed by the registered provider in a short timeframe. The registered provider submitted an urgent compliance plan response which outlined the actions taken by the registered provider, and those that they planned to take to come into compliance with the regulations outlined in the urgent compliance plan request. The registered provider's response did provide assurances that the risk was adequately addressed.

Despite these findings, inspectors were assured that residents living in Glebe Lodge were safe, and that staff providing direct care to residents were respectful, and ensured that residents medical and personal care needs were met to a good standard. There was a clear governance and management structure in the designated centre, which was outlined in the centre's statement of purpose. All staff reported directly to the person in charge, who reported to their line manager who was also a person participating in management. There were plans to recruit a clinical nurse manager to add an additional layer of oversight and governance in the designated centre.

Regulation 22: Insurance

The registered provider had a valid contract of insurance against injury to residents. This insurance policy was submitted as part of the registered provider's application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not ensured that appropriate action had been taken to come into compliance with the regulations following the inspection completed in Glebe Lodge in January 2024. The registered provider had an external agency audit their policies and procedures regarding the use of residents' personal monies. However, the audit was not conducted in this designated centre despite the fact that residents living in Glebe Lodge paid for staffing support for a number of activities provided outside of the designated centre. It was also noted by the registered provider that this was not a consistent practice within the organisation.

A six-monthly unannounced visit report had been completed in the designated centre in June 2024. In addition, a safeguarding and rights audit had been completed in September 2024. It was noted that these audits did not identify the repeated non-compliance with the regulations in relation to residents' rights and the management of residents' finances. These issues had been identified during the previous inspection of the centre in January 2024. Inspectors were not assured that

the management systems in place in the centre ensured that the service provided to residents was consistently and effectively monitored. Under this regulation the provider was required to submit an urgent compliance plan to address an urgent risk. The provider's response did provide assurance that the risk was adequately addressed.

A sustainability report had been completed in the organisation before this inspection had taken place. Although the report was not yet ready for inspectors to review, management in the centre told inspectors that it was likely that this review would highlight resource requirements in the centre. In response to the urgent compliance plan that was submitted by the registered provider, it was identified that additional funding was being sought by the registered provider to provide additional transport for residents, and additional staffing resources in the centre.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

Residents living in Glebe Lodge had a written agreement in place which outlined the care and support that they received in their home. It also outlined the fee that they paid to live in the designated centre.

Inspectors reviewed the practice of residents paying a social fund for staff support to engage in a variety of activities in the community. This is further discussed and actioned under Regulation 9 residents' rights.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had developed a statement of purpose. This document dated 18 October 2024 outlined the specific care and support needs that residents received in their home. It was evident that it contained the information outlined in Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

Overall, residents received a good quality of care and support in their home.

Residents living in Glebe Lodge required nursing support to meet their healthcare needs and to monitor for the signs and symptoms of illness in line with their medical diagnoses. Inspectors met with nursing staff in the centre, and they were noted to be knowledgeable regarding the residents' health care needs and medicines. At all times, supports provided to residents by staff members were observed to be respectful in nature. However, practices relating to the use of residents' finances and provision of complimentary therapies in the centre did impact on residents' rights. This will be further discussed under Regulation 9, residents' rights.

Four residents had moved into the designated centre since centre was inspected in January 2024. It was noted that one resident had engaged in behaviours that had impacted on other residents living in the centre. In response to these incidents, the resident had been supported to have a review of their medicines and access to behaviours support specialists. It was noted through discussions with staff members that some environmental changes had been made which did impact on other residents. Independent advocacy support had also been provided to the resident and a formal report of the recommendations from this advocate were awaited. It was evident from discussions with management in the centre that the designated centre may not be suitable to meet the assessed needs of this resident, and that this was actively being reviewed at the time of the inspection.

Regulation 13: General welfare and development

Residents' personal plans included an activity planner. This planner outlined the days of the week, and a timetable of activities that residents planned to engage in. It was noted that the planners for some residents were repetitive in nature. For example, one resident's activity planner stated that they completed colouring and watching television every morning of the week. This required review.

Overall, improvements had been made to the residents' access to transport to ensure that they could engage in activities in their local community. However, when one resident was asked if they engaged in community activities as frequently as they would like, they told the inspector 'no' and shook their head. Further review was required to ensure that the frequency of community activities were in line with the residents' wishes.

Inspectors did identify that residents paid for staff support to engage in family visits outside of the centre, go shopping, mass and for trips to the beach. This practice is discussed under Regulation 9 residents' rights.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

An assessment of the residents' capacity to self-administer medicines had been completed. Inspectors reviewed two of these assessments and found that these residents required support in this area. In addition, care plans how residents liked to receive their medicines. For example, one resident's care plan identified that they liked to have their medicines given to them in a medicine cup with a glass of water. It also advised that staff members remain with the resident for a number of minutes after they had administered their medicines.

The registered provider had developed a policy on the safe administration of medicines which was reviewed in August 2024. This policy contained guidance for staff members on the storage of medicines including controlled drugs and recording of medicines administration.

Staff spoken with told inspectors about the processes relating to the storage, disposal and administration of medicines. Inspectors also reviewed documentation recording the completion of these processes. This included residents' medicine prescription records, administration records and medicines stock checks. Inspectors reviewed the medicines checking records in the centre, which recorded medicines received into the centre. However, it was identified that the number of medicines received from the residents' pharmacy was not always documented. This practice was not in line with the registered provider's policy, and it was noted that this may impact on the identification of potential medicines errors in the centre during the weekly stock checks.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Inspectors reviewed the personal files for six of the ten residents living in Glebe Lodge. It was noted that they contained comprehensive assessment of the needs of residents and how best to support them to meet these needs. Goals had been developed with residents which ensured a person-centred approach in line with their wishes.

Where one resident's behaviours were impacting on other residents living in Glebe Lodge, this was being actively reviewed by the registered provider.

Judgment: Compliant

Regulation 6: Health care

Inspectors reviewed the health assessments for two residents. It was noted that each assessed healthcare need was supported by an appropriate plan of care.

Agency nurses worked in the centre at times, and it was noted that residents' health care plans were detailed and clearly outlined the supports residents required to meet their healthcare needs. These plans were subject to regular review to reflect the changing needs of residents. Where residents required monitoring of fluid intake monitoring in line with their support plans, this was recorded by staff members supporting the resident throughout the day.

Evidence of consultation with allied health professionals and medical testing for residents were recorded in their personal plan. From discussions with staff members it was evident that residents had access to their general practitioner (G.P) as required.

A support plan had been developed for a resident who required supports to engage in a blood test. A multi-disciplinary approach had been taken by staff working in the centre and the resident's G.P to support the resident. This included providing accessible health information to the resident, and practicing the steps in the procedure with the resident in the centre to de-sensitize them. It was clear through a review of the documentation that the resident's choice to refuse this medical treatment was respected and recorded in their personal plan.

Inspectors reviewed the do not attempt resuscitation (DNAR) plans in place for two residents. It was evident that these had been completed in consultation with the residents and their G.P. When residents had a DNAR plan in place, it was evident that the residents were supported to discuss their wishes and choices for the end of their life, ensuring that their wishes and spiritual needs would be promoted and respected.

Judgment: Compliant

Regulation 8: Protection

The registered provider had developed a policy for the safeguarding of vulnerable adults. This policy was updated in October 2023, and provided guidance to staff members on the management of an allegation of suspected abuse.

When an allegation of suspected abuse was made, these were reported in line with statutory guidance for the protection of vulnerable adults. Safeguarding plans had been developed in response to incidents to protect residents from allegations of abuse. These plans were subject to review. As previously mentioned, inspectors observed a resident being supported by a window which was a known trigger for a resident. This was not in line with the most recent safeguarding plan completed for this resident, following an incident in November 2024.

Judgment: Substantially compliant

Regulation 9: Residents' rights

It was identified during the inspection of Glebe Lodge in January 2024 that a number of residents had to pay for staff supports to access activities in their local community. This was referred to as a social fund. Inspectors reviewed the documents relating to the practice of a social fund for five residents. On review of this practice, it was identified that a number of residents had been charged to visit their family members, go shopping and go to the beach. For example, one resident paid 90 euro to go shopping with the support of one staff member, while one resident paid 75 euro to visit their family with the support of a staff member. Inspectors were not assured that residents consented with, or were consulted with regarding the decisions to use their finances for the social fund for the following reasons;

- The social fund practice was not included in the organisational policy relating to the personal use of residents' monies. This policy stated that residents' personal monies must not be used to provide support staff.
- The social fund was not outlined in the written agreement with resident's which outlined the care and support they would receive in the centre and the fee they were charged.
- The social fund was not outlined in the designated centre's statement of purpose. This document stated that the registered provider would support residents' family contact, and encourage integration in the wider community.
- Management in this designated centre informed inspectors that the 'social fund' was not a consistent practice in the organisation.

Residents received complimentary therapies which were provided by therapists in the residents' home. Inspectors reviewed the documentation regarding the provision of these therapeutic supports to six residents, and spoke with staff members about the therapies provided. It was identified that a number of residents received therapies on the same day, by the same therapist. Although it was documented that residents enjoyed the complimentary therapies, it was not demonstrated that alternative choices regarding therapies or therapists were offered, or that residents were supported to receive complimentary therapies in their wider community. Where it was identified that residents sometimes engaged in these therapies on consecutive days, it was not evident that this was each individual resident's choice.

Residents living in Glebe Lodge had their own bank account. On discussions with staff supporting residents, it was noted that when residents needed to withdraw money from their bank account that staff members did this on behalf of the residents. It was not evident that the residents were consulted with regarding this process, or supported to attend the bank with the staff member to withdraw their money. It was also identified that all residents held a bank account with the same financial institution. It was not evident if this was in line with the residents' choice and wishes.

Under this regulation the provider was required to submit an urgent compliance plan to address an urgent risk. The provider's response did provide assurance that the

risk was adequately addressed.
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
Capacity and capability	
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Glebe Lodge OSV-0001966

Inspection ID: MON-0043241

Date of inspection: 19/11/2024

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 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Governance and management: SOP has been developed for the Additional Personal Services Policy. In this, it clearly identifies that Additional Personal Services only applies to holidays or overnight stays. This SOP will be distributed to all areas of the Service on the 25.11.2024.(Completed)

SOP is in the process of being developed to facilitate social outings that cannot be provided in Glebe Lodge within its current resources. The costs will be funded by a pot of fundraised income and the person we support will not be liable for the costs of the additional staffing costs. This change of practice is effective immediately and the Glebe Lodge PIC has been informed 22.11.2024. SOP will be forwarded 25.11.2024.(Completed)

A Business Case will be submitted to the HSE for additional staffing to support the assessed needs of the residents in Glebe Lodge appropriately. 6.12.2024(Completed)

Finance Dept. will develop an audit by 31.1.2025 and bi-annual audits will take place from 2025 - to review any Additional Personal Services applications.

A committee will review and assess for approval any Additional Personal Services Requests – the Committee will comprise of two members from the Senior Management Team and one member from the Finance Department. 22.11.2024(Completed)

The Statement of Purpose and Contracts of Support will be updated to include the changes to the SOP for Additional Personal Services Policy and it will also highlight new SOP for social outings in Glebe Lodge. 29.11.2024(Completed)

Review the Safeguarding and Rights Provider Audit to ensure it is capturing the areas of concern identified by HIQA during the inspection on the 19.11.2024.(Completed)

13.12.2024
A Business case for additional transport for Glebe Lodge will be reviewed and sent to the HSE, in line with the current and changing needs of the residents. 5.12.2024(Completed)
A deputy manager has commenced a 19.5 hr role in the Designated centre to enhance governance and management.

Regulation 13: General welfare and development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
SOP has been developed to facilitate social outings that cannot be provided in Glebe Lodge within its current resources. The costs will be funded by a pot of fundraised income and the person we support will not be liable for the costs of the additional staffing costs. This change of practice is effective immediately and the Glebe Lodge PIC has been informed 22.11.2024. A Business Case has been submitted to the HSE for additional staffing to support the assessed needs of the residents in Glebe Lodge appropriately, this will include a request for a fulltime activation staff, a new bus and a bus driver, and this will offer more opportunities for community inclusion and involvement to all the residents in Glebe Lodge once approved. 6.12.2024(Completed)
Social outings and community inclusion will be included as an agenda item at residents meetings going forward to ensure that all requested outings are facilitated.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
The system for receiving medicines from the pharmacy will be reviewed by 24/01/2025 to ensure that all medicines being received will be accounted for. The CNS will be tasked to complete a medication audit at the designated centre by the end of February 2025.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection: The PIC will include all active safeguarding plans as an agenda item at the monthly staff meetings to ensure that all plans are being adhered to and that all staff are familiar with all aspects of all safeguarding plans.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Source information on all therapeutic services available in the local area and share this information with the residents and offer opportunities for them to avail of therapies outside the house, in line with their will and preference. 31.1.2025. In the residents meetings, the residents will be advised of the changes to the Additional Personal Services Policy and the protocol for overnight stays and holidays. 13.12.2024. The residents in Glebe Lodge will be advised at residents meetings that they will no longer be charged for outings as they had been under the previous social funding process. 13.12.2024. NAS Advocate has been contacted regarding residents' bank accounts and finances on 21.11.2024. A meeting will be scheduled with the advocate for the residents in Glebe Lodge. Any actions and recommendations will be shared across the other designated centres and an opportunity will be given to all residents to avail of the NAS service. 13.12.2024 for Initial meeting with Glebe Lodge Residents. Discuss the following documents in a weekly Banking Education Programme to support residents to become familiar with banking. "My Money, My Rights, My Options", "Manage your money Info guide 2020 by Council for Intellectual Disabilities" and "Guide to the Basic Bank Account". This will commence by January 2025 and will be adapted to suit the needs of the residents in Glebe Lodge 30.6.2025. An opportunity will be offered to all residents to avail of the Training Programme "Managing Your Money" 31.3.2025. Offer the residents the opportunity to visit the local banking institutions to support informed decision making regarding their banking options. 31.3.2025. Organise meeting with chosen financial service to discuss setting up a bank account for the residents. 30.3.2025. Finance Department to explore option of setting up HSE Patients' Private Property Accounts with the HSE and AIB, in consultation with the residents in KPFA, which would allow KPFA to set up accounts on behalf of the residents. This consultation can be replicated with other financial institutions if this banking option is chosen by any of the residents. 31.3.2025

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	28/02/2025
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	28/02/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre	Not Compliant	Red	22/11/2024

	to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	28/02/2025
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	28/02/2025
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and	Not Compliant	Red	22/11/2024

	support.			