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:	Oakvale
Name of provider:	Health Service Executive
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	06 February 2024
Centre ID:	OSV-0002463
Fieldwork ID:	MON-0042492

About the designated centre

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

Oakvale provides high support residential care for up to 28 adults with an intellectual disability and/or autism and acquired brain injury. Oakvale is comprised of five separate bungalows located in a campus setting in County Cork. All 5 bungalows are joined by a link corridor. Two of the bungalows have five bedrooms while three of the bungalows have six bedrooms. Within each bungalow there is a kitchen/dining room, sitting room, bedrooms and bathrooms. All bedrooms are single occupancy rooms. Oakvale is the residents' home and is open twenty four hours a day, 7 days a week. Residents are supported through a medical model of care. The staff team is comprised of nurses and health care assistants who provide support to residents by day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25

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 6 February 2024	09:45hrs to 18:15hrs	Deirdre Duggan	Lead
Tuesday 6 February 2024	09:45hrs to 18:15hrs	Conor Dennehy	Support

What residents told us and what inspectors observed

This was a focused inspection, carried out to assess the providers' progress with the compliance plan submitted following the previous inspection carried out in January 2023 and was unannounced. From what inspectors observed, residents in this centre were seen to be receiving adequate day-to-day supports in their home. Some improvements had been made since the previous inspection. However, as noted on previous inspections, some residents continued to be impacted on an ongoing basis by a lack of appropriate activation, including regular community access. Some ongoing issues were also identified in relation to personal plans, the recording of complaints in the centre, notification of incidents, fire safety practices, staff training, and governance and management.

This designated centre was a large campus-based building divided up into five individual units all linked together by one corridor. Overall, the centre had a maximum capacity for twenty eight residents. On the day of this inspection taking place, twenty five residents were present. All five units were visited by inspectors and in total 24 residents were met or observed by the inspectors. There had been two recent cases of the COVID-19 virus in one unit, and one resident remained isolating from their peers due to being symptomatic at the time of the inspection. To limit the potential of the spread of infection, one inspector visited this unit towards the end of the inspection and spent a limited amount of time meeting residents and observing practices. In addition to meeting residents, inspectors used their time in the units to observe practices and resident/staff interactions, review documentation and speak with staff members.

Between four and six residents were living in each unit. During the time inspectors spent in all five units, some residents were observed in their rooms and others were seen spending time in the communal areas of their homes. Some residents were in bed when the inspectors arrived and staff were seen to support residents to attend to personal care and daily routines throughout the day. Some residents engaged with inspectors and others chose not to. Some residents did not use spoken communication, communicating using other methods, and staff were observed to be familiar with the communication styles of residents. Some residents did engage verbally and the inspectors had an opportunity to speak in detail with some residents and spend time and engage briefly with others throughout the day, depending on the residents' own preferences.

Residents were observed enjoying dinner in some units while the inspectors were present. This dinner had been prepared in a kitchen that located in another nearby building. Inspectors were informed that breakfast, dinners and suppers were delivered each day. Staff spoken with told inspectors that residents were offered choice in these meals but that staff generally knew what the residents preferred. Records reviewed indicated that menus were recorded as being discussed with residents during weekly resident meetings occurring in the units. It was also highlighted that food was available in the units outside of these meals times and

that specific meals could be made for the residents if they did not want the meals that were delivered on a given day.

Food that was available on each unit was stored in the respective unit's kitchen and adjoining store room. Other rooms present in each unit included a quiet room, a living room and a dining room and each unit also had accessible bathroom and shower areas available to residents. All residents in this centre had their own individual bedrooms and overall the centre was seen to be clean and well-maintained. Communal areas, particularly the living rooms in each unit, were seen to be well-furnished and bedrooms were personalised according to residents preferences and tastes. Many residents had pictures on display of family and friends and important times in their lives.

Inspectors observed some locked presses in the centre and that some signage on display referred to an individual who was not currently involved with the centre being both a complaints officer and a designated officer. Such matters were queried and it was indicated that the locked presses were "dummy presses" that contained pipes and that the signage was waiting to be updated. Pending this it was highlighted that any complaints would come to the centre's person in charge who also served as a designated officer. When viewing bedrooms in the centre it was observed that some presses and wardrobes in these bedrooms had locks on them but an inspector was assured that none of these were actually locked. Rooms which were designated on the floor plans as a "kitchen store" served as an area to store not only food but also medicines and documentation amongst other items.

In one unit a resident was seen to mobilise around the unit in their wheelchair. On two occasions this resident was seeking to leave or enter the unit's dining room but was having difficulty opening the door which was closed. The inspector went to help the resident with this door on both occasions with a staff member then coming to help after the inspector very shortly after. On another occasion this resident took the inspector by the hand and guided them down the unit's hall before a staff intervened and supported the resident to go to a bathroom.

Another resident was seen sitting in their bedroom in a recliner chair with a blanket around them. This resident appeared quite content and at one point a staff member was seen bringing a drink towards the resident. The staff member engaged very pleasantly with the resident. Some residents, particularly those who used wheelchairs, appeared to spend much of their time in their respective units' living room. Usually, staff were observed to be present with these residents and were seen to interact regularly with them. As the day progressed other residents were also seen to spend time in their bedroom watching television or resting.

One resident though was met as they spent time in the unit's quiet room. A radio was playing in this room as the resident sat on a comfy chair with a magazine in front of them. This resident greeted the inspector and seemed happy. The resident was well presented and wore a cowboy hat. It was indicated by this resident that they were reading a book and they also talked about cars. When the inspector asked the resident if they liked living in the unit, the resident responded by saying "Oh I do". The inspector asked the resident what they liked about living in the unit

but the response was unclear. This resident appeared to spend the remainder of this day in the quiet room and was brought meals there. Staff were heard to engage with this resident in a warm manner at various points.

When an inspector arrived in another unit, two of the residents living there had just left the unit with an activation staff to go on a drive. Of the remaining two residents, one of the residents was initially met in the hall of the unit. They did not initially interact with the inspector but he met the resident again in the resident's bedroom in the company of a staff member who was pleasant towards the resident. The inspector asked the resident some questions but they did not initially respond but then answered with a place name. The staff member informed the inspector that the place name was the location where the resident's family lived and that the resident was still adjusting to living in the unit having only recently moved in from their family home. The inspector was further advised that specific arrangements were followed with the resident when leaving the unit during their period of adjustment. Another resident was also met with in the company of staff and the supervision arrangements observed for this resident are outlined under Regulation 7.

While the inspector was in this unit, one resident spent much of their time in the living with staff overheard to engage warmly with the resident during this time. The two residents who had initially gone for a drive returned to the unit. Once they returned the resident whom the inspector had met earlier in their bedroom went for a drive. Of the two residents that returned, both spent time moving between the unit's living room and the dining room. One did not engage directly with the inspector but did briefly sit at a table where the inspector was based. The other resident did not communicate verbally with the inspector but at one point was seen to move some chairs in the dining room and also sought to change the way the inspector was seated in the same room. This resident was using a wheelchair and it was noticeable that compared to some observations earlier in the day in another unit, they were able to freely move in and out of the dining room unaided as the door to the dining room was left open.

In another unit, a resident who used a wheelchair was observed to enjoy spending time in the company of staff and staff were observed to position their wheelchair where they would be central to the activity in the dining room. Staff were seen to interact on a very regular basis with this resident and were heard to provide personal care in a dignified and respectful manner and the resident was heard to vocalise and laugh in a happy manner in response to staff interactions. Staff on this unit were heard singing to residents and talking in a respectful, gentle manner with residents.

In a different unit, a resident spoke with an inspector and presented a very positive overview of how they were supported in the centre. They told the inspector that staff were very good to them and about the way they liked to spend their day. This resident spent a lot of their time in their bedroom due to ill health and this space was seen to be nicely personalised, with the resident having access to all of their preferred items easily. When asked what they would change in the centre, the resident responded that they would "like things to be sparkly". The resident showed the inspector her collection of sparkly headbands and a collection of soft toys on her

bed as well as speaking about some family photos that were on display in her bedroom. After speaking with the inspector, the resident was observed to be served their dinner in their bedroom. Afterwards, the inspector heard to call staff to request a drink and this was provided. A staff member was observed thickening a drink for another individual in line with their assessed needs and overall staff were observed to be interacting in a jovial manner with residents, engaging in friendly banter and communicating with residents in a manner that indicated that they were very familiar with residents' communication styles and preferences.

On the day of the inspection both inspectors observed that some residents spent a lot of their day sitting in the communal areas of their units or walking around their units. Towards the end of the inspection, an inspector briefly visiting the unit where there had been two recent cases of COVID-19, taking appropriate infection prevention and control (IPC) precautions. There were three staff observed in the communal area of this unit, with most of the residents sitting in the sitting room watching TV, one resident in the dining area working on a tabletop activity, and one resident spending time in the quiet room as they were isolating due to a COVID-19 outbreak. One resident was observed to be quite anxious at the time of the inspectors visit and was reaching out to hold the inspectors arm. Staff told the inspector that this resident was restless due to wanting to go for a walk and that it was raining. Having previously met this resident during another inspection, the inspector was aware that they enjoyed to go walking a number of times a day. When the inspector queried if the resident would go walking in the rain with the appropriate clothing, staff confirmed that they did. Shortly afterwards, the inspector observed that this resident leaving for a walk with staff wearing outdoor clothing.

Some in-house activation was being offered to residents by both the staff working in the units and activation staff and inspectors did observe some residents leaving the centre to go for drives, attend activities and attend the activation day service. The CNM2 told the inspectors that an increase in music sessions, which were enjoyed by almost all the residents, had been sanctioned recently and that some residents accessed the on campus activation centre on a limited basis. An inspector spoke with a number of residents who utilised this activation service regularly and enjoyed the activities provided there. However, it was also observed that some residents did not leave their respective units for the duration of the inspection and that efforts to engage some residents in activity within the units was limited. Residents who enjoyed self activation such as art and reading were afforded these opportunities. However, some residents spent long periods of time in the sitting room watching TV or mobilising around the units. While it was observed that staff were present with residents for a lot of the time and did interact with them while inspectors were present, it was observed that some opportunities to engage residents in activities that were in line with their capacities and developmental needs were missed and that this was not a priority in some units.

Overall, inspectors observed that residents were well cared for and safe in the centre. However, access to regular and appropriate activation and community based activities was still very limited for some residents and this will be discussed in further detail in the other sections of this report. The next two sections of this report will present the findings of this inspection in relation to the governance and

management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Management systems in place in this centre were ensuring that many aspects of the service being provided were appropriate to residents' needs. Residents' day-to-day care needs were being met and from what inspectors saw during this inspection, residents' healthcare needs were being considered and met and systems in place were indicating that residents were safe in the centre. However, the governance and management systems in place had not yet ensured that the ongoing non compliance with a number of regulations had been fully addressed at the time of this inspection, although there had been some progress in relation to the plans the provider had to address some of these issues.

There was a clear management structure present in the centre. Frontline staff consisting of care assistants and care attendants reported to staff nurses in each unit, who in turn reported to two CNM1's and a CNM2 at centre level. These staff reported to the person in charge who in turn reported to the interim director of services (IDOS). The governance arrangements in place in this centre had changed since the previous inspection. A new person in charge, who was also a clinical nurse manager 3 (CNM3) had been appointed and an interim director of service was in place. Both of these individuals met with inspectors on the day of the inspection and presented as committed to addressing the regulatory non compliances present in the centre. The CNM2 was employed on a full time basis in the centre. This individual met with inspectors on their arrival as the PIC was initially unavailable. This individual was experienced in their role and was very knowledgeable about the residents and the centre. Two CNM1's were also employed. An inspector met with one of these individuals and found that they were also very familiar with residents and their care and support needs. At the time of the inspection, the person in charge was covering night management duties for the provider in the area due to unanticipated leave. She spoke with an inspector about this and told the inspector that this was not impacting on their oversight in the centre and meant that they had an opportunity to work from the centre and observe practice during the night shift. This was an interim measure and the IDOS informed the inspector about the arrangements to ensure that these duties would not impact on the person in charge's oversight of the designated centre.

Throughout this inspection, the staffing arrangements present during the units' visits appeared to be in line with the staffing arrangements as outlined in the centre's statement of purpose. In line with this there was a mixture of nursing and care staff present in each of the unit while in one unit a housekeeping staff member was also seen present during the inspection. Management and staff in the centre reported that overall staffing levels were good in the centre and were sufficient to meet the day-to-day needs of residents. Inspectors spoke to a number of staff during the

inspection and many of these staff confirmed they had worked in the centre for a period of time and were very familiar with the residents that they worked with. Staff spoken with indicated that there was a good continuity of staff support which is important in ensuring consistent care and professional relationships. The CNM2 told the inspectors that some agency staff worked in the centre, but that these staff tended to be very familiar with the centre, having previously worked with the provider. An inspector spoke to two agency staff in one unit who both outlined how they had worked in the centre previously. One of these staff did indicate that while they had worked in the centre previously, the day of the inspection as their first time working in that particular unit. However, they outlined how upon commencing their shift that morning that they had received an induction from the staff nurse on duty and was able to outline to the inspector key risk in the centre.

While staffing levels were not identified as an issue during this inspection, the flexibility and ability of the staff team in place to meet the needs of residents in relation to their social needs, activation, and community access was not fully demonstrated. The statement of purpose for this centre outlined how 'social and community integration is an integral part' of the service and set out how residents would be supported to access activities and programmes of their choice. Daily records and activity records viewed in relation to a number of residents showed that some residents were still not being afforded regular opportunities to leave the centre and that the arrangements in place did not fully support residents to explore options for personal development or recreation in their community. Inspectors were told that although residents had access to appropriate transport, there were a limited number of staff who would agree to drive in the service and a lack of drivers sometimes meant residents were not offered opportunities to participate in activities that might otherwise have been available to them. Also, inspectors viewed some documentation that showed a resident's family had complained about a resident not being supported to spend Christmas Day at home with his family due to staffing arrangements and no driver being available to facilitate this. While this was resolved to a point, some issues were noted with how this was recorded. Also, the evidence found on this inspection showed that staffing arrangements did not allow for flexibility within the service to allow for this residents' preferences and wishes to be fully considered in relation to this matter. This will be discussed in further detail in the next section of this report and under Regulation 13.

Staffing was an area that was focused upon by the most recent unannounced six-monthly visit that had been conducted in the centre in August 2023 by a representative of the provider. These unannounced visits are specifically required by the regulations and are intended to review the quality and safety of care and support provided to residents. A report of this unannounced visit was provided to inspectors and it was seen that it did assess relevant areas related to residents care. It was noted that the report of this visit raised no issues related to areas such as the staffing arrangements in place nor the governance of the centre. It did however highlight issues around areas such as staff training and person-centred planning, matters that also identified during this inspection on behalf of the Chief Inspector of Social Services. An action plan was put in place following the provider unannounced visit which gave dates for completion and assigned responsibility. The majority of dates given in the action plan were in 2023 but the copy of the action plan provided

did not indicate if all stated actions were completed or not.

An area that was not specifically assessed by the provider's August 2023 unannounced visit was Regulation 31 Notification of incidents. Under this regulation the Chief Inspector must be specifically of specific events or occurrences in a centre within a particular time period. Such notifiable matters include an outbreak of an infectious disease and the use of any restrictive practices in use. This inspection found that not all incidents had been notified as appropriate. During the previous inspection of this centre in January 2023 inspection, non-compliance in this regulation had been found also, with some of the same issues identified.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 16: Training and staff development

Staff were provided to training appropriate to their roles in a variety of areas in the centre. However, a training matrix was reviewed in respect of the centre and this showed that there were a number of gaps in the mandatory training provided to staff. For example, almost half of the staff on this matrix did not have up-to-date manual handling refresher training completed. 41 staff out of 90 did not have up-to-date fire safety training although it is acknowledged that a large number of these had gone out of date in the three months prior to the inspection. These training deficits had been identified also in the providers six monthly audit of the care and support provided in the centre and there was an action plan in place that detailed these training deficits would be addressed by June 2024.

Judgment: Not compliant

Regulation 23: Governance and management

The findings of this inspection did not fully demonstrate that the designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose at the time of the inspection. While there was sufficient staff to meet the day to day and basic care needs of residents, the staffing arrangements in place did not promote social and community integration or access for all residents to activities and programmes of their choice. This is covered in further detail under Regulation 13.

The management systems in place did not ensure that the service provided was fully appropriate to residents' needs. The findings of this inspection showed that there was continued non compliance in this centre in a number of areas including Regulation 13, Regulation 23, Regulation 5 and Regulation 31. A number of issues

that had been identified in previous inspections of this centre had not been addressed in full at the time of this inspection including resident activation and community access, a system to ensure the timely notification of adverse events and the updating of personal planning documentation. It is acknowledged that the provider did have advanced plans in place that were anticipated to address some of these issues. For example, the addition of four new social care worker posts to the staff team was imminent according to the information received on the day of the inspection and this was anticipated to have a significant impact on activation for residents, the setting and achieving of residents' personal goals and community access for residents. However, at the time of this inspection, these issues continued to impact on the lived experience of the residents who lived in this centre.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose was available in the centre and an inspector reviewed the statement of purpose that was in place for this centre at the time of the inspection. The statement of purpose did not fully detail the services which are to be provided by the registered provider to meet the care and support needs of residents. For example, the statement of purpose detailed that residents have access to a visiting psychiatrist. One resident was availing of external psychiatry services as the visiting psychiatrist was unable to provide services to the resident based on their clinical diagnosis. There was no distinction made on the statement of purpose if residents will receive this service elsewhere or who would be responsible for paying for this.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspectors were notified by the CNM1 of two recent cases of COVID-19 in one unit of the centre following their arrival to the centre. This outbreak of COVID-19 had not been notified within three works days as required. This was subsequently notified retrospectively two days after this inspection. It was also evident during this inspection that some restrictive practices in use had not been notified on a quarterly basis as required by the regulations. For example, the tilting of chairs for some residents and the use of a helmet had not been notified even though records of the use of these restrictions were being kept in the centre. This had been identified during the previous inspection of the centre also. The use of some motion sensors had been included in the most recent quarterly notification submitted but it was identified during this inspection that details of the use of these for one resident were entered in error.

Judgment: Not compliant

Regulation 34: Complaints procedure

Each unit in the centre had a complaints book. The person in charge told the inspector that some complaints were also logged on an electronic record.The complaints logs for two areas were reviewed by an inspector. These had been updated following a change in the management/complaints officer in the centre. However, inspectors viewed signage on display in the centre about the complaints procedure and this had not been updated with this information. In one area, an inspector saw details of one complaint by a resident had been logged and this had been dealt with by the staff team at the time of the complaint. In the other area, no complaints had been logged. The inspector viewed daily notes pertaining to a resident in this unit where a number of complaints from a family member had been documented. On speaking to the person in charge about this, they were unaware that these complaints had not been documented in the local complaints log and discussed how they had dealt with one specific complaint that had been made verbally over the phone. While the family member had been referred to the complaints procedure no further correspondence had been received and this had not been documented.

Judgment: Substantially compliant

Quality and safety

This inspection found that overall this centre offered safe and good quality supports to residents to meet their day-to-day needs. However, ongoing non compliance was found in relation to a number of areas including general welfare and development for residents, personal planning and residents rights. Continued improvements were required to ensure that residents were being afforded autonomy and had access to meaningful occupation on a regular basis. Some issues were also identified in relation to fire safety and staff practice in this area.

Some good practice was observed during this inspection. Residents were seen to be respectfully cared for and privacy was afforded to residents during, for example, personal care. Residents were supported by a consistent, familiar staff team that were familiar with residents and their assessed needs and there were efforts to support residents in ways that met their assessed needs. For example, the CNM2 and staff working in one unit told an inspector that a mobile X-ray unit was visiting the centre on the day of the inspection. This was to facilitate a resident to receive an x-ray after they had reported some hip pain. The inspector spoke with this resident and they confirmed that they had some pain and that they were having an X-Ray. From speaking with this resident, the inspector saw that this arrangement

would be in line with their needs and wishes.

Prior to this inspection, the person in charge had identified that the person centred plans in place for residents that outlined their goals and wishes were not fit-for-purpose and these had been removed for updating. Therefore, at the time of this inspection, all residents did not have up-to-date plans in place and while plans had been reviewed, they had not yet been updated and were not accessible to residents or their representatives. There was documentation such as support plans in place to provide information to staff about the care and support requirements of residents.

During the two previous inspection of this centre in May 2021 and January 2023 it had been identified that the registered provider had not ensured that all residents had been provided with the opportunities to participate in activities in accordance with their interests, capacities and developmental needs. As a result the provision of activities was a particular focus during the current inspection. It was seen that that there were some facilities in the centre for residents to engage in activities such as an activity room, where arts supplies and a projector amongst others were present, and a multisensory room. It was also outlined to inspectors that activities provided for residents within the centre included drama, reflexology, messages, music sessions and cooking. Residents did not pay to take part in most of these activities. One member of management advised that efforts were in progress to increase the amount of music sessions being provided. The centre also had two activation staff and some wheelchair accessible vehicles to facilitate activities away from the. Efforts were made to try and have a driver in each unit of the centre but this was not possible on all days and it was highlighted to inspectors that the ability for residents to leave the centre grounds could depend on the unit that they lived in and the staffing and driving arrangements in place.

Correspondence with the provider prior to the inspection and discussions with management in the centre during this inspection indicated that the provider was aware that appropriate activation for residents was an ongoing issue in the centre and was working towards improving this aspect of the service provided. Different members of management spoken with throughout the day of the inspection told inspectors about the ongoing efforts to increase external activation and community access for residents in the centre. The inspectors were told and observed that there were a number of vehicles available to residents and that the staffing levels in place were not contributing significantly to this issue. Although there was adequate staffing in place to allow for resident activation, members of the centre management spoken with during the inspection confirmed that there were ongoing issues in relation to some staff declining to drive the centre vehicles in line with their contractual agreements. This meant that some residents were not being offered regular opportunities to leave the centre to participate in community based activation and access ordinary places. During the inspection, the inspectors were provided with documentation that showed that some efforts were being made by the management of the centre to address this issue for residents. For example, there had been some communication with a local community bus service with a view to residents utilising this local support and also communication with local entertainment venues to identify activities such as concerts and classes that might be of interest to residents. Also, the CNM2 on duty in the centre told inspectors

about plans to start an outdoor herbal garden with residents this year.

A number of residents had received visitors and some residents had been supported to visit home by family members. Three residents had spent the Christmas period away from their centre with their families. As mentioned previously, there was an absence of arrangements for one resident to visit their family on Christmas Day and this will be discussed in further detail under the judgment section for Regulation 13: General welfare and development. Although, arrangements had been put in place to facilitate a home visit in the days after Christmas for this resident, the evidence available did not demonstrate that there was an option available to the resident to visit their family home or attend mass with their family and local community on this important religious feast day. A member of management confirmed that no residents had been supported by the provider with transport to travel home on Christmas Day as staffing arrangements could not facilitate this.

Regulation 13: General welfare and development

The previous two inspections of this centre had identified that issues in relation to activation and community access for some residents in this centre were ongoing. The provider had submitted a compliance plan following the most recent inspection in January 2023. That compliance plan outlined that four new posts would be created to work in conjunction with the two activation staff already in place. Initially the provider had committed in their compliance plan to have these staff in place by September 2023. The provider subsequently informed the Chief Inspector that this was delayed and informed that there was a plan to complete this process by February 2024. At the time of the inspection, these staff were not yet in place in the centre. However, the inspectors were told that the recruitment process was in the final stages and it was expected to be completed by the end of April 2024. Communication received from the provider prior to this inspection indicated that these four posts, which were planned to be social care worker posts, would allow greater flexibility when planning and initiating activation and would promote an increased social care approach to services in Oakvale.

However, pending the commencement of these staff, at the time of this inspection not all residents were being provided with regular or opportunities to participate in activities in accordance with their interests, capacities and developmental needs. While some residents continued to access the community on a regular basis, some residents still did not have regular opportunities to develop and maintain personal relationships and links with the wider community in accordance with their wishes. Some examples of this are outlined below and in the main body of the report.

Inspectors specifically reviewed a number of residents' activities records. The recording sheets in place included prompts to record activities within the centre and also social activities. While it was acknowledged that residents' needs varied across the five units, it was observed that the vast majority of activities conducted within the centre were activities such as watching television, listening to the radio or

chatting with staff. For one resident it was observed that their activities in the unit where they lived were regularly listed as "active on unit". Inspectors observed that some residents spent a lot of their day sitting in the communal areas of their units or walking around their units. Social activities were recorded for residents which included spins, getting coffee out, going to a farmer's market and attending the cinema. However, the frequency of such activities did vary across the units. It was also noted that there were times when medical appointments were listed as being a social activity. These included some residents' trips to a hospital being recorded as such. There were also some instances where no social activities or any activities were recorded in some records reviewed although these were in the minority.

At the time of this inspection, there were two dedicated activation staff to support all 25 residents and these staff did facilitate some community access for residents. An activation timetable viewed by an inspector showed that external activities took place every 1-2 days facilitated by these staff. However, given the large number of residents in the centre, not all residents were offered regular opportunities to leave the centre. In particular, residents who were wheelchair users, were not always able to access the community regularly. The inspectors were told by management in the centre that there were efforts made to try to ensure that staff who would drive were rostered to be spread across the units to allow residents with some opportunities to access the community on a day-to-day basis.

Residents had limited access to taxis for local journeys and medical appointments if required. A memo from September 2023 to staff from the then director of services was viewed by an inspector. This directed that taxis could only be used for medical purposes, medical appointments and approved excursions only. A log of taxi requests was viewed by an inspector and this showed that usually such requests were approved by the management of the centre. However, inspectors were told by centre management and also by staff that access to these was limited, particularly for wheelchair units, as suitable taxi services were not always available.

An inspector met with a resident in the unit that they lived in and observed staff supporting this resident with their activities of daily living. This resident did not communicate using speech and this meant that they depended on family and staff members to ascertain what it is this residents' wishes might be and to advocate on behalf of their behalf if required. The inspector saw in this residents' personal file that specific Roman Catholic religious practices such as mass, hymns and prayers were important to this resident. The inspector reviewed this residents' daily notes for a number of months, including the Christmas holiday period. These records showed that this residents' family had advocated for them to visit home for the Christmas feast-day. The inspector viewed the residents' daily records and communication records between staff and family and this showed that there had been some communication between the family and the provider in relation to the arrangements for the resident to travel home on preferred days to visit their family, including that the resident could pay a large sum of money for a taxi to facilitate this request. The records viewed did indicate that this communication did eventually result in arrangements being put in place for the resident to travel home at a mutually convenient time in the days after Christmas and that additional staffing was put in place to facilitate this visit without the resident having to pay for a taxi.

However, as outlined in the main body of the report, the resident did not have an opportunity to visit their family home or attend mass in their local community on Christmas Day.

Judgment: Not compliant

Regulation 26: Risk management procedures

The provider had an appropriate risk management policy in place as specified in the regulations. There was a risk register in place in the designated centre. This regulation was not reviewed in full but during this inspection it was noted that some risk assessments were overdue a review since November 2023. An inspector spoke with an agency staff member, who had previous experience of working in the centre, but had not worked previously in the unit she was based in that day. The staff member told the inspector that they had received an induction that morning prior to commencing work on the unit and they were able to outline the key risks to be considered in the unit.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider were taking ongoing action to ensure that adequate precautions against the risk of fire were taken, and, in that regard, provide suitable fire fighting equipment and building services. The management in the centre spoke about ongoing fire upgrading works that were taking place in the centre. Some of these works had taken place prior to the previous inspection also. This included the replacement of some fire doors, the adjustment of others and the fitting of magnetic closure systems on fire doors. As this is a large centre, this work was occurring in phases over a lengthy period of time.

Fire safety systems such as emergency lighting, a fire alarm, fire extinguishers and fire doors were present and observed by the inspectors. It was observed by an inspector in one unit that a fire door to the laundry room in the unit was initially being prevented from closing fully by a towel, which was removed very shortly after the inspector arrived in the unit. Another fire door between a staff office and a storage room was seen to be held open by a chair throughout the inspection despite this door having a sign on it saying "Fire door keep shut". The second inspector also noted a fire door wedged open for a short period in another unit. Fire doors are important to prevent the spread of fire and smoke in the event of a fire and protect residents and staff. The use of fire doors in this way had the potential to negate the intended purposes of fire doors and would not ensure sufficient containment in the

event of an outbreak of a fire in the designated centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had not ensured that the designated centre had fully effective, appropriate and suitable practices relating to the administration of all medicinces to ensure that they were administered as prescribed. This regulation was not reviewed in full but while an inspector was reviewing documentation relating to one resident a protocol for the use of a PRN medicine (medicine only taken as the need arises) was reviewed. This did not set out the time to wait between administering two doses of this PRN medicine in a 24 hour period. A staff member spoken with indicated that one would have to wait 12 hours between doses but recently administered medicine records reviewed indicted that the PRN medicine had been administered twice within eight hours and 19 minutes of one another. The lack of an effective PRN protocol meant that there was not sufficient guidance available to staff to ensure that residents received this medication appropriately or as intended when it was prescribed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

At the time of this inspection, all residents did not have up-to-date plans in place and while plans had been reviewed, they had not yet been updated and were not accessible to residents or their representatives. There was documentation such as support plans in place to provide information to staff about the care and support requirements of residents. However, folders that contained documentation related to person-centred planning for the resident were observed to be kept in each unit. Person centred planning is used to find out key information about the resident such as what is important to them and what they want to do so that meaningful goals for residents to achieve can be identified. Residents may then be supported in achieving these goals. However, in the folders reviewed the majority of the person-centred planning documents had not been completed. Where some documentation for one resident had been completed, it was noted that it had not been completed in full. For example, a section on the resident's likes and dislikes had no entries. When reviewing residents' documents in another unit, no person-centred planning documents were evident. The person in charge told inspectors that person-centred planning documents for 2023 had been removed following a review by the person in charge as they had not been up to standard, and that person-centred planning for 2024 was due to commence. Inspectors were also told that staff were to receive

training in this area.

Judgment: Not compliant

Regulation 7: Positive behavioural support

While reviewing documentation for resident's, records were also seen relating to some restrictive practices in use in the centre. The review process for such restrictions were queried by an inspector to a member of management and they were told that these restrictions were reviewed locally with the centre but that they were not currently subject to a multidisciplinary review. The inspector was told that a rights review committee was not currently in place for this centre but had been in the past. Given some of the findings and observations made during this inspection relating to areas such as activities, the tilting of chairs for some residents and the supervision of a resident observed on the day of inspection, the review of rights restrictions and restrictive practices in use in the centre was an area that could be improved upon. During the feedback session for this inspection it was indicated that a plan was in process to reintroduce a rights review committee for the centre.

Judgment: Substantially compliant

Regulation 9: Residents' rights

It is acknowledged that residents were offered some choice in this centre. However, as identified on the previous inspection all residents did not have access to meaningful occupation and to regular community access and this impacted on residents' capacity to exercise personal independence and choice in their daily lives. As mentioned previously in this report, wheelchair users were particularly impacted. Despite a number of wheelchair vehicles being allocated by the provider for use in the centre and staff numbers being adequate to care for residents, the staff arrangements in place meant that there was not sufficient access to staff that would drive these vehicles and the lack of suitable wheelchair taxi services locally meant that many residents who used wheelchairs were not afforded opportunities to leave the centre as often as their ambulatory counterparts.

During the previous inspection it had been identified that one resident did not wish to remain living in the centre and wished to move back to where they had grown up and had natural supports, such as family and community connections, nearby. They also wished to return to their previous day services, which could not be facilitated while she lived in this centre. At the time of this inspection, that resident remained in the centre and the inspectors were told that she still wished to move out. An inspector viewed some documentation in the residents' personal file and spoke to the management in the centre about how the provider was supporting this resident

with their goal to move out and saw that some efforts were being made to consider this residents' wishes but progress was slow in relation to this. A member of management told inspectors that this resident was accessing external advocacy services and met their advocate every four to six weeks. The inspector viewed this residents' personal file and saw records relating to these visits that confirmed they were taking place. An alternative living arrangement had been proposed by the residents' family and inspectors were told that assessments were being completed to see if they would suit the needs of the resident. An inspector met briefly with this resident and chatted with her in the kitchen of her home. She told the inspector that she was being well looked after in the centre and continued to enjoy attending external pottery classes.

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 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Oakvale OSV-0002463

Inspection ID: MON-0042492

Date of inspection: 06/02/2024

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 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The existing staff training matrix was reviewed and updated on 28/05/2024. A schedule of training is completed and available to all staff. Management engage with staff on a regular basis identifying the available training and assisting staff in attending training dates. Access to and attendance at the necessary training is constantly supported by management at the designated centre and efforts to ensure compliance with mandatory training remains a priority. On review of the training records there are noticable improvements in compliance since the date of inspection. Additional training such as (but not limited to) Person Centred Planning training, Mental Health Workshop are also available via the training schedule. Correspondance with staff is ongoing to ensure compliance and a schedule of training is constantly being updated with additional dates to address the deficits in training is available to staff. Date for completion 29/08/2024.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Management are continuing to engage with staff to promote a social model of care, improvements have been made and celebrated within Oakvale. Key workers are developing the individual person centred plan in conjunction with the individual and their loved ones. All areas have commenced this process with some areas making significant progress on achieving individual goals.	

Key workers are supported/encouraged to fulfill their roles by ensuring individual goals are planned and carried out in conjunction with the individuals will and preference.
There has been an increased focus on developing the social aspect of care for supported individuals by staff working in the designated centre.
In addition to the PCP work a local monthly newsletter has been developed to capture the wonderful experiences for all within the centre.
Several initiatives have been developed to increase staff morale within the centre. The development of the local newsletter has encouraged staff to access the community and have fun with the supported individuals. A Suggestion Box has been placed in the main hall to encourage staff and individuals residing in oakvale to offer suggest improvements for the centre. A plan to create a sensory garden is well advanced and creating a sense of excitement for all in Oakvale.
Management have re-established an external day service for one supported individual, there are regular staff arrangements in place every Wednesday and Friday to ensure this individual is supported to avail of a day service in accordance with their will and preference.
Another individual visits their mother in a nursing home weekly in the city supported by oakvale staff.
All PCP's are to be reviewed regularly, any upcoming identified events will be planned for with the support of each individuals key workers. Forward planning to ensure identified goals are achieved, where necessary/indicated the necessary staffing arrangements are put in place to meet the desired goals.
There have been significant steps taken since the date of inspection in improving the access, options, availblility and opportunities for social activities and achieving supported individuals desired/stated goals as per each persons will and preference.
The recruitment of social care workers will further enhance the delivery of a social care model within Oakvale, interviews were held for social care workers on 05/04/24 and successful candidates will be entering the recruitment check process, on completion of same they will be allocated to centres requiring additional resources. This process is subject to recruitment checks and successful candidates accepting posts when offered. There have been delays in this process due to the recruitment pause and the requirement of derogation for additional posts.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The statement of purpose has been updated to fully detail the services that are to be provided by the registered provider. The distinction of available external services elsewhere and how said services are paid for has been addressed. This was completed on 30/05/2024.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The use of restrictive practices will be returned as per regulatory requirements any additional identified practices will be included in said returns. This will be informed/supported by an audit and review of all restrictive practices in use within the centre, completed by 30/06/2024. All additional identified restrictions during the inspection have been added to the restriction log and managed accordingly. The oversight of restrictive practices across the service will over seen by the Rights Review Committee (RRC) as part of the human rights committee for the whole of the service. The registered provider representative has initiated the reintroduction of the RRC with the first sitting of the committee on the 27/05/2024.
The registered provider representative will ensure that appropriate notification requirements are adhered too and the Chief Inspector will be notified as per regulation requirements. The Interim Director of Services has communicated and highlighted the importance of adherence of notifications to the management team. Completed 18/04/2024.
The registered provider representative has instructed that following an incident, the circumstances surrounding said incident are discussed with the team and any learning from it is shared with the wider service.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
All signage on display was updated to reflect who the current complaints and designated officers are. This was completed on 15/02/2024.
All staff will be reminded of, and where indicated/necessary requested to read, familiarise themselves with the complaints policy. This will also be discussed as part of the centre's staff meetings. Audit of complaints is to be completed on a regular basis, this audit will include an audit of additional relevant documentation (family contact notes) to ensure that all complaints are logged appropriately within the appropriate documentation. This will be completed by 30/06/2024.

Regulation 13: General welfare and	Not Compliant

development	

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
Since the inspection there have been significant steps taken by management of the centre to achieve the social model of care within Oakvale as identified in the return under Regulation 23. There remains a lot of work to be completed in this area and the improvements identified will be supported further by the introduction of SCW's to Oakvale as also identified under Regulation 23. Management continue to review, enhance supported individuals opportunities in achieving meaningful engagement with their interests, desires and identified goals as per their will and preference. The SRC Working group launched the new Personal Plan Folder for the whole service on 10/04/2024, this folder is more person centred. The focus will be on the PCP document for the individual and all daily activities will be entered in the daily narrative notes. This change will also change the focus from the medical model of care and create a narrative within Oakvale that implementing a social model of care is fundamental in delivering a human rights based approach for all supported individuals. The working group are organising training for staff on completing narrative notes and ongoing training in Person Centred Planning is available to staff. Management are continually reviewing the staffing, making the necessary adjustments to the requirements when possible to meet the needs, social activity requirements, enhancement of integration to the community and support in maintaining meaningful relationships with their significant others for all individuals residing in Oakvale.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The risk register was reviewed and updated to ensure that all risk assessments were up-to-date. This was completed on 30/05/2024
Risk management is an every day consideration for management and staff, any identified risks are managed appropriately and when/where indicated escalated appropriately.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire safety checks are completed daily by staff. CNM's carry out a walk-around to each area throughout the day and ensure that fire doors are used appropriately. The PIC has

communicated with the staff of the centre the importance of the appropriate use of fire doors and their significance in mitigating fire risks. If management identify noncompliance with the use of fire doors appropriate steps will be taken with the identified staff up to and including disciplinary action if indicated/required.

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 PIC supported by the CNMII will ensure that appropriate PRN protocols are implanted across the designated Centre. Engagement with the medical teams/prescribers to ensure appropriate documentation of medication administration requirements/processes are outlined to ensure the safe delivery of medication and that this is communicated to staff administering medications.

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The introduction of a new personal file has allowed for the collation of all necessary documentation in place for each individual. There has been a significant body of work ongoing across the service since the 10th of April 2024 to transfer all individuals' relevant information, PCP to the new document. It is planned that all individuals will be transferred to the new personal file by the 30/06/2024. All staff are being supported in the implementation of the new document and training is running concurrently to its introduction in small groups per location at the time of implementation.

Regulation 7: Positive behavioural support	Substantially Compliant

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

behavioural support:
The initial meeting of the commencement of a Rights Review Committee (RRC) has been held with an external nominated member and the Interim Director of Services on the 02/04/2024. Discussion at this meeting focused around the structure, members, frequency of RRC meetings and training. Training/example of RRC for all relevant managers/persons involved was completed on the 30/04/2024. The inaugural RRC meeting convened on 27/05/2024 with a plan for instilling a human rights based approach within the service. Terms of Reference for the group will be drafted before the next meeting on 10/06/2024.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The limited availability of wheelchair accessible vehicles remains a challenge for the service, to adequately support the identified needs/desires/requirements of individuals. As identified in previous regulation returns above there has been significant improvement in this area. Management have enquired about upgrading of the current fleet of vehicles available to Oakvale to further support the enhancement of the development of the social model of care.
As identified in relation to the re-introduction of the RRC, this is on step in the overall human rights movement within the service. The registered provider representative and the management team fully engaged in the enhancement of the rights of the individuals residing in the service and will continue to support, engage with and educate the importance of the Human rights of all individuals.

Efforts continue to source accommodation in the desired area of one individual, however despite these efforts no suitable accommodation has been identified as of yet. Management have succeeded in reconnecting the individual with their previous day service as per their expressed desire.

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)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	30/07/2024
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.	Not Compliant	Orange	30/07/2024
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	Not Compliant	Orange	30/07/2024

	their wishes.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	29/08/2024
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/05/2024
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' needs, consistent and effectively monitored.	Not Compliant	Orange	30/07/2024
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	Substantially Compliant	Yellow	30/05/2024

	risk, including a system for responding to emergencies.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	07/02/2024
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	30/06/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/05/2024
Regulation 31(1)(b)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated	Not Compliant	Orange	07/02/2024

	centre: an outbreak of any notifiable disease as identified and published by the Health Protection Surveillance Centre.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	31/07/2024
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Not Compliant	Orange	30/06/2024
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident	Not Compliant	Orange	30/03/2024

	is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.			
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Not Compliant	Orange	30/07/2024
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Not Compliant	Orange	30/06/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/06/2024
Regulation	The registered	Not Compliant	Orange	30/07/2024

09(2)(b)	provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			