

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

## Issued by the Chief Inspector

|                            |                               |
|----------------------------|-------------------------------|
| Name of designated centre: | Curraghboy and West Waterford |
| Name of provider:          | Health Service Executive      |
| Address of centre:         | Cork                          |
| Type of inspection:        | Announced                     |
| Date of inspection:        | 14 May 2024                   |
| Centre ID:                 | OSV-0005773                   |
| Fieldwork ID:              | MON-0034442                   |

## About the designated centre

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

Curraghboy and West Waterford consists of four detached houses located a short distance away from a town. Each house can provide full-time residential support for four residents so in total the centre can support a maximum of 16 residents of both genders over the age of 18 with intellectual disability and/or autism. Each resident has their own bedroom and other rooms in the four houses include kitchens, living rooms, utility rooms and bathrooms. Residents are supported by the person in charge, a clinical nurse manager, staff nurses, social care workers and care assistants.

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

|                                                |    |
|------------------------------------------------|----|
| Number of residents on the date of inspection: | 13 |
|------------------------------------------------|----|

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 14 May 2024 | 11:10hrs to 19:30hrs | Conor Dennehy | Lead |

## What residents told us and what inspectors observed

Feedback received as part of this inspection process was very positive overall. Residents had been provided with a homely setting to live in, but some wear and tear was evident. Staff were observed and overheard to interact appropriately with residents.

This designated centre was made up of four separate houses located within a short driving distance of one another. Each house had a capacity for four residents giving the centre an overall capacity of 16 residents. On the day of this inspection 13 residents were living in the four houses. As two of these houses had been visited during a previous inspection in February 2024, where all residents living there at the time had been met, the remaining two houses were focused on during this inspection. Four residents each were living in the two houses all of whom were met during the course of this inspection.

On arrival at the first house visited during the inspection, two residents were present neither of whom interacted directly with the inspector while the other two residents were on an outing. After an initial walk around of the house and an introduction meeting with management of the centre, the inspector reviewed 10 surveys that had been completed in advance of this announced inspection. These surveys had been completed on behalf of residents across all four houses with six done on behalf of residents by relatives and the remaining four by staff. These surveys asked questions in various areas impacting residents' lives in their homes with the surveys seen to contain very positive feedback overall.

As the day progressed, the two residents who had been on an outing returned. The inspector met both of these residents. One of these residents did not engage with the inspector. The other resident did interact verbally with the inspector when the inspector greeted them. At such times this resident appeared to be saying the names of the other three residents who lived in the same house and seemed to be telling the inspector where in the house these residents were. A staff member spoken with later indicated to the inspector that this reflected this resident being considerate of the other residents that they lived with.

Each of these residents had their own individual bedrooms, which were seen by the inspector. These were observed to be nicely decorated, well-furnished and personalised. For example, residents' bedrooms had furniture to store their personal belongings while one resident's bedroom had a display case that was used to show some Lego models that a visiting family member helped the resident make. The house was observed to have space to receive visitors but it was indicated to the inspector that a separate annex to the rear of the house was used for such visiting. The annex was also equipped with a water bed and a projector for movies.

This annex was not part of the footprint of the designated centre at the time of this inspection but it was indicated that all residents could avail of this facility if they

wished to do so. The inspector was also informed that the overall fire alarm for this house covered the annex also. Other fire safety systems in the house included fire extinguishers and fire doors but during the initial stages of the inspection a fire door was seen to be held open by a bin which negated its intended use. This was highlighted to management of the centre and was not seen to be an issue for the remainder of the inspector's time in this house. Aside from this the rest of the house was seen to be clean, nicely furnished and homelike overall but one toilet seat was observed to need replacing.

While the inspector was in this house, staff and management present were overheard to interact with residents in a caring and warm manner throughout. This included a member of management praising the appearance of a resident and residents being helped with personal care. Staff present also supported residents to leave the house and towards the end of the inspector's time in this house, some staff took two residents out, with one attending an appointment and the other going for a pint. Overall, the atmosphere encountered in this house during the course of the inspection was calm and relaxed.

Although the inspector spent much of the day in the first house visited, he did get to spend some time in a second house where he met all four residents living there. On entering this house the inspector quickly met two of these residents in the communal areas both of whom shook hands with the inspector. One of these residents mentioned going for a pint and also appeared keen to dance with the inspector. The other resident appeared happy and smiling when met by the inspector with a staff member present indicating that the resident had recently been to see a Waterford hurling match. The inspector was also informed that the resident had been baking earlier in the day where they had made a pizza. The resident seemed happy when this was mentioned.

The inspector asked if he could see this resident's bedroom which they agreed to. While this resident was showing the inspector this they indicated that they liked their bedroom and were happy living in the house. Shortly after this, the inspector was introduced by a staff member to a third resident as they were resting in their bed. This resident greeted the inspector and was noted to be reading a copy of the Farmers Journal with the staff member talking to the resident about the price of sheep. The resident seemed comfortable in the presence of this staff member. This was the only occasion which the inspector met this resident while present in the second house. They appeared calm and relaxed during this period.

A fourth resident who lived in this house returned to the house while the inspector was present having been initially out for a drive when the inspector arrived. This resident did not interact verbally with the inspector but they did appear curious as to what the inspector was doing and entered some rooms where the inspector was reviewing documents or speaking with staff and management. It was subsequently indicated to the inspector that the resident could associate the inspector's presence in the house with the resident having to leave their current home. The resident had been assured that this was not the case by staff and management in advance of the inspection.

The house where this resident lived with their peers was seen generally to be seen to clean and well-presented. As with the first house visited, each resident living in the second house visited had their own individual bedrooms while there was sufficient communal space available including to allow visitors to be received in private. There were some aspects of the premises provided showing some wear and tear in the second house visited. Examples of such wear and tear included the stairs and flooring on the first floor being worn, external window sills being weathered and the press in the kitchen being marked. Overall though the house presented as homelike with the environment relaxed while the inspector was present. As the inspector was leaving, the two residents initially met in this house were in the lounge watching television with staff and appeared content.

In summary, feedback from completed surveys was positive while residents met during the inspection appeared content, happy or relaxed. Both houses visited were generally seen to be clean and well-presented but some wear and tear was evident, mostly in the second house visited. The two houses visited provided space for residents to receive visitors. Staff interacted appropriately with residents with residents appearing to be comfortable with such staff.

The next two sections of the report 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 delivered.

## Capacity and capability

Overall, this inspection found residents to be well-supported which indicated that the centre was being appropriately governed and managed. Some regulatory actions were identified relating to policies and staff training.

This designated centre was registered until September 2024 and had last been inspected by the Chief Inspector of Social Services in February 2024. That inspection, which focused on two of the four houses that made up this centre, found that overall arrangements were in place to support needs of residents. However, a number of regulatory actions were identified although most did not pose a high risk to residents. Following that inspection the provider submitted a satisfactory compliance plan response outlining the measures that they would take to come back into compliance. Since then concerns were identified related to the management of residents' finances during an inspection of one of the provider's other designated centres. This prompted the Chief Inspector to seek more assurances in this area for all of the provider's centres in this locality, including the current centre. The provider responded to this in April 2024 and indicated that further works was to be completed in this area which was due to be completed in July 2024. Notification of an adverse event from this centre in April 2024 also resulted in the Chief Inspector seeking assures around this event with the provider responding to this in the same

month.

As the provider had submitted an application to renew the registration of this centre for a further three years beyond September 2024, the current inspection was conducted to help inform a decision on this. Given the relatively recent inspection of the February 2024, the current inspection was focused on the remaining two houses of this centre and on some regulations that had not been reviewed during the previous inspection. Overall, the current inspection found residents to be well-supported which indicated that there was appropriate governance and management arrangements in operation. This contributed to there being appropriate staffing arrangements in place to meet the needs of residents although some staff were overdue refresher training in some areas. Relevant policies were in place to guide staff practice also. However, under the regulations such policies must reviewed at least every three years but some policies seen during this inspection and communication post the inspection indicated that this requirement had not been met for all policies. The provider though had recently re-established a rights review committee which would have a role in the review of some of these policies.

### Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted all of the required documents as part of the registration renewal application. These included floor plans for the four houses that made up this centre. However, during this inspection, a minor difference were noted between the floor plans submitted and the actual layout of one house visited. For two other houses it was seen that the presentation of the floor plans needed review to ensure that they corresponded with the requirements for the floor plans as outlined in relevant guidance issued by the Chief Inspector.

Judgment: Substantially compliant

### Regulation 15: Staffing

The findings of this inspection, from rosters reviewed, discussions with staff and observations in both houses visited, indicated that appropriate staffing arrangements were in place to meet the needs of residents. The staffing arrangements provided were also in keeping with the centre's statement of purpose which included the provision of nursing support. Staff spoken with demonstrated a good knowledge of the needs of residents and how to support the residents.

Staff rosters were also being maintained. However, it noted that sometimes the actual rosters maintained did not reflect an arrangement whereby a social care worker usually assigned to one house of the centre would work in another house every Tuesday. In addition, it was noted that the staff rosters did not always show



the second names of some agency staff (staff sourced from an agency external to provider) who worked in these houses.

Staff files were not reviewed as part of this inspection.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Records provided indicated that staff had completed relevant training to support residents' needs. However, a number of staff were overdue refresher training in areas such as fire safety, food safety and positive behaviour support amongst others. The inspector was informed that most of these staff had been booked in to receive such training by the end of June 2024.

Judgment: Substantially compliant

### Regulation 22: Insurance

Appropriate evidence of insurance was provided for this centre as part of the registration renewal application submitted although it was noted that the insurance document provided was due for renewal on 1 June 2024. As such updated evidence of insurance would need to be submitted to inform the current renewal application for the centre.

Judgment: Compliant

### Regulation 23: Governance and management

The inspection findings indicated that the needs of residents were appropriately met and that there was effective governance arrangements in place for the centre. As part of this a clear organisational structure was in operation for the centre which included front-line staff and management of the centre. Staff members spoken with talked very positively of the support they received from management while highlighting how approachable such management were.

Staff team meetings were taking place and it was indicated that the frequency of such meetings was increasing to monthly. A schedule of such meetings was seen to be in place for the remainder of 2024. In one house the inspector viewed notes of two staff meetings that had taken place already in 2024. These indicated that various topics related to the running of the centre and supports for residents were

discussed. These included safeguarding, risk management and audits. Audits conducted in the two houses visited covered areas such as infection prevention and control, personal plans and medicines. A new audit had also been introduced relating to restrictive practices.

The previous inspection had identified an action around the timeliness of a provider six monthly unannounced visit to the centre. As such a provider visit had not been completed since the February 2024 inspection, the inspector was unable to assess compliance in this area on the current inspection. The previous annual review for the centre had been completed in September 2023 and had been reviewed as part of the February 2024 inspection.

Judgment: Compliant

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

Residents had contracts for the provision of services in place with two of these reviewed by the inspector in one house. It was seen that such contracts outlined the services to be provided and the fees residents were to pay. Amongst the fees that residents were to pay was a household contribution fee of €80 each. The contract indicated that this was to be used for items that benefited residents such as food items and household items which could not be sourced from the provider's central stores. These contracts had recently been reviewed following the assurances sought by the Chief Inspector from the provider related to the residents' finances and residents were indicated as having agreed to these contracts. The description of what the €80 contribution fee actually covered had been improved from an April 2024 inspection in another of the provider's centres. However, the description of this contribution fee as outlined in the contracts seen on this inspection did appear to be broad in its description.

Attached to the contracts seen was information about the fees residents were paying for Internet access. It was indicated that the provider did not provide for Internet access for residents in this centre although it had previously identified that this was not the case in another designated centre operated by the provider in the same locality. As a result access to Internet and costs for same varied across the four houses of the current centre. In one house it was indicated that there was no Internet access as residents did not want this. In another house there was Internet access but residents did not pay for this as the costs were covered by a family member of a resident at the family member's choice. In the other two houses resident did pay varying amounts for Internet. These different amounts were contributed to by the number of residents living in the respective houses and one house having reception difficulties.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

A statement of purpose was present that contained key information such as details of the organisational structure for the centre, the staffing arrangements to be provided and the arrangements for the review of residents' personal plans. The statement of purpose had been reviewed in the days leading up to this inspection and was seen to be present in the two houses which were visited during of this inspection. It was observed though that the statement of purpose contained the same floor plans as referenced under Registration Regulation 5 Application for registration or renewal of registration so the statement of purpose would need to be updated also to accurately reflect the floor plans.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Under this regulation the provider is required to have specific policies in place and to ensure that such policies are reviewed at intervals not exceeding three years. Despite this, the policies provided during this inspection for the provision of behavioural support, the use of restrictive practices and admissions were all marked as being overdue a review since October 2023. In addition, the policy provided on recruitment and Garda vetting was indicated as last being reviewed in March 2007. In light of this the inspector afforded an opportunity to confirm if these policies had been reviewed since these dates. The day following the inspection it was indicated that the admissions policy had been reviewed on 13 May 2024 and it was hoped that policies on the provision of behavioural support and the use of restrictive practices would be reviewed by the end of June 2024. No further information was provided regarding the provider's recruitment and Garda vetting policy. Taking into account the information provided during and after this inspection, the provider had not ensured that all of the required policies had been reviewed within the required time period.

Judgment: Not compliant

### Quality and safety

The needs of residents were set out in their personal plans. Residents were supported to access health and social care professional although one resident was waiting for a dietitian review for over a year.

Residents had individualised personal plans in place which were found to set out the

needs of residents while also containing a good level of recently reviewed information on how to support such needs. This included information on how to meet residents' health needs with specific healthcare plans in place around areas such as eye care, skin integrity, weight, mobility and care at particular stages of life. Residents were also facilitated to avail of various health and social professional such as general practitioners, psychiatrists, dentists and opticians. However, when reviewing the centre's risk register it was noted that there were two open risk assessments relating to access to dieticians and psychologists. This was queried during the inspection and it was indicated that psychologist access was not an issue for the residents in the two houses visited. The centre's statement of purpose indicated that residents would be supported to access a dietician when required but records reviewed highlighted that one resident had been waiting over a year for a dieticians review. The status of this referral had been queried by management during this period and it was indicated that the resident did not urgently require this dieticians review. The inspector was also informed that a dieticians was to review one resident in one house of this centre later in May 2024 and it was hoped that they would review all residents then but this was not confirmed at the time of inspection.

Aside from this matter it was seen that both houses visited during this inspection were equipped with fire safety systems including fire alarms, emergency lighting, fire extinguishers and fire blankets. Such systems were subject to maintenance checks by external contractors to ensure that they were in proper working order. Records reviewed in one house indicated that fire drills were conducted regularly to reflect different times of the day with low evacuation times recorded. Residents also had personal emergency evacuation plans provided that outlined the supports they needed to evacuate the centre if required while the fire evacuation procedures were seen to be on display in both houses visited. These two houses were also observed to have multiple unobstructed evacuation routes. The presence of fire doors in both house also generally provided for protected evacuation routes or circulation spaces. Despite this, in one house it was observed that the layout of one house visited meant that one lounge was an inner room. This is a room that is not accessed from a circulation space and the only way in or out of the room is through another room. In this case accessing the lounge required access to the lounge via the kitchen. As such if a fire occurred in the kitchen, occupants in the lounge would be required to enter the kitchen to evacuate. As such this layout did not represent an optimal fire evacuation route.

## Regulation 11: Visits

Both houses visited were observed to have sufficient space available for residents to receive visitors in private if they wished to do in rooms other than their bedrooms. Staff members spoken with indicated that residents did receive visitors in their homes.

Judgment: Compliant

### Regulation 12: Personal possessions

The residents living in this centre had person-in-care accounts which meant that for residents to access their finances, a form would have been filled out, signed by management of the centre and managed centrally before the residents could access their finances. Such arrangements could limit residents' access to and control over their own finances. It was highlighted to the inspector though that residents of this centre had been asked about such arrangements in recent months and were happy for the existing arrangements to continue.

During the course of this inspection, in the two houses visited it was mentioned that that the residents living in both houses all contributed to a house kitty in their respective home. This was despite the provider's policy which covered residents' finances expressly indicating that pooling of funds was not permitted. Such matters were being reviewed by the provider following the assurances sought the Chief Inspector related to the residents' finances.

Judgment: Substantially compliant

### Regulation 17: Premises

Both houses visited were generally seen to be clean, homely and well-presented. However, some wear and tear was evident particularly in one of the houses. Such wear and tear included a toilet seat needing replacing, the stairs and flooring on the first floor of one house being worn, external window sills being weathered and a press in a kitchen being marked.

Judgment: Substantially compliant

### Regulation 20: Information for residents

The centre had a residents guide in place which contained all of the required information. This included a summary of the services provided, how to access inspection reports, the procedure for complaints and the arrangements for visiting.

Judgment: Compliant

## Regulation 28: Fire precautions

While the centre had fire doors in place, which are intended to prevent the spread of fire and smoke, in one house a fire door was seen held open by a bin during the initial stages of the inspection. The layout of one house meant that a lounge was an inner room and could only be accessed via the kitchen. As such if a fire occurred in the kitchen, occupants in the lounge would be required to enter the kitchen to evacuate. As such this layout did not represent an optimal fire evacuation route.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

During this inspection, the inspector reviewed two personal plans in one house. These were found to have been recently reviewed and contained a good level of information in meeting residents' assessed needs. To involve residents and their families in the personal planning process, a process of person-centred planning was followed. This process enabled goals for residents to be identified. Such goals included going to the local cinema, visiting a horse training yard, attending a concert and visiting the local library. These goals had time-frames and responsibilities assigned with documentation reviewed indicating that these goals were being progressed or had been achieved. Helping residents with such goals supported the residents' social needs and overall the findings of this inspection indicated that the needs of residents were being met in this house. However, in one house it was noted that the needs of one resident were increasing.

Judgment: Compliant

## Regulation 6: Health care

Residents had healthcare plans in place within their personal plans outlining the supports they needed in various areas while hospital passports were also provided for if required. There was evidence of residents' health needs being monitored such as through monthly checks. While residents did access various health and social professionals such as dentists and opticians, there were open risk assessments related to psychology and dietician access with records indicating that one resident had been waiting over a year for a dietician review.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

A new process had been introduced to identify restrictive practices in the centre while guidance was available within personal plans on supporting residents to engage in positive behaviour.

Judgment: Compliant

## Regulation 8: Protection

No safeguarding concerns were identified during this inspection but where any safeguarding matters had been raised, they had been appropriately screened with safeguarding plans put in place where required. Records reviewed indicated that staff had completed relevant safeguarding training. Residents had imitate personal care plans provided which outlined the supports they needed in areas such as bathing.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

| Regulation Title                                                                   | Judgment                |
|------------------------------------------------------------------------------------|-------------------------|
| <b>Capacity and capability</b>                                                     |                         |
| Registration Regulation 5: Application for registration or renewal of registration | Substantially compliant |
| Regulation 15: Staffing                                                            | Substantially compliant |
| Regulation 16: Training and staff development                                      | Substantially compliant |
| Regulation 22: Insurance                                                           | Compliant               |
| Regulation 23: Governance and management                                           | Compliant               |
| Regulation 24: Admissions and contract for the provision of services               | Substantially compliant |
| Regulation 3: Statement of purpose                                                 | Compliant               |
| Regulation 4: Written policies and procedures                                      | Not compliant           |
| <b>Quality and safety</b>                                                          |                         |
| Regulation 11: Visits                                                              | Compliant               |
| Regulation 12: Personal possessions                                                | Substantially compliant |
| Regulation 17: Premises                                                            | Substantially compliant |
| Regulation 20: Information for residents                                           | Compliant               |
| Regulation 28: Fire precautions                                                    | Substantially compliant |
| Regulation 5: Individual assessment and personal plan                              | Compliant               |
| Regulation 6: Health care                                                          | Substantially compliant |
| Regulation 7: Positive behavioural support                                         | Compliant               |
| Regulation 8: Protection                                                           | Compliant               |



# Compliance Plan for Curraghboy and West Waterford OSV-0005773

Inspection ID: MON-0034442

Date of inspection: 14/05/2024

## 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                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Registration Regulation 5: Application for registration or renewal of registration                                                                                                                                                                                                                                                                     | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:<br/>           The floor plans have been reviewed and updated by an appropriate professional to ensure they accurately reflect the layout of the building. This process was completed on 10/06/2024.</p> |                         |
| Regulation 15: Staffing                                                                                                                                                                                                                                                                                                                                | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing:<br/>           The proposed roster template has been reviewed and strengthened to ensure the location of the social care worker and the agency staff's surname are recorded accurately. Roster template was updated from the 03/06/2024.</p>                        |                         |
| Regulation 16: Training and staff development                                                                                                                                                                                                                                                                                                          | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p>                                                                                                                                                                                                                                           |                         |

Following the completion of a training gap analysis in February 2024, a training plan was developed. The scheduled bookings for May and June 2024 are progressing as planned and there have been additional dates added to ensure full compliance in the areas of fire safety, food safety and positive behaviour support is achieved by 30/07/2024.

|                                                                      |                         |
|----------------------------------------------------------------------|-------------------------|
| Regulation 24: Admissions and contract for the provision of services | Substantially Compliant |
|----------------------------------------------------------------------|-------------------------|

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:  
 A comprehensive review of the Contracts of Care in place has been completed. The contract of care will be reviewed and updated to ensure there is increased clarity in relation to the contribution fee. This will be completed by 30/07/2024.

|                                               |               |
|-----------------------------------------------|---------------|
| Regulation 4: Written policies and procedures | Not Compliant |
|-----------------------------------------------|---------------|

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:  
 Admission, transfer and discharge policy and Positive behaviour support policy are presently under review and will be completed and circulated by 30/07/2024. The restrictive practice policy is presently under review by the newly formed Rights Review committee and will be completed and circulated by 30/08/2024. While the Garda Clearance and Staff recruitment policy remain active national policies for all HSE facilities, the provider will implement a system that ensures that all policies used in the service will be reviewed as per regulatory requirements this will be in place by 30th of August 2024

|                                     |                         |
|-------------------------------------|-------------------------|
| Regulation 12: Personal possessions | Substantially Compliant |
|-------------------------------------|-------------------------|

Outline how you are going to come into compliance with Regulation 12: Personal possessions:  
 An internal review has been completed to identify for each resident who has a PPP account, their will and preference in relation to their PPP account. The service will ensure any resident who would like to explore alternative arrangements in managing their

money will be fully supported as per their will and preference. Policies which relate to resident finance will be reviewed to ensure that conflicting guidance is addressed. This will be completed by 30/07/2024.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Toilet seat replacement was completed on 20/05/2024. The stairs requiring re varnish, kitchen press door that requires replacement and external window sills which require a repaint have been requested and are now approved and a timeline for completion has been confirmed. This will be completed by 30/08/2024.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Door closure for the office door has been inspected by an appropriately qualified professional and replacement of door and closure mechanism has been completed. This was completed on 02/06/2024.

The room layout and the fire compliance for the house identified in the report is presently being reviewed by a fire officer. Following this consultation any required actions will be implemented in as soon as is practicable.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care: There has been ongoing engagement with a dietician pre and post inspection, the referral remains open and review will be complete by 30/07/2024. Where a resident is identified as requiring psychology input, same will be arranged as evident from psychology input in February 2024 for one resident.

## 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 |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------|--------------------------|
| Registration Regulation 5(2) | A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2. | Substantially Compliant | Yellow      | 10/06/2024               |
| Regulation 12(1)             | The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.               | Substantially Compliant | Yellow      | 30/07/2024               |
| Regulation 15(4)             | The person in charge shall                                                                                                                                                                                                                                | Substantially Compliant | Yellow      | 03/06/2024               |

|                     |                                                                                                                                                                                                                                              |                         |        |            |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------|------------|
|                     | ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.                                                                                                     |                         |        |            |
| 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.                                                                  | Substantially Compliant | Yellow | 30/07/2024 |
| Regulation 17(1)(b) | The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.                                                                           | Substantially Compliant | Yellow | 30/08/2024 |
| Regulation 24(4)(a) | The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged. | Substantially Compliant | Yellow | 30/07/2024 |
| Regulation 28(3)(a) | The registered provider shall make adequate                                                                                                                                                                                                  | Substantially Compliant | Yellow | 13/06/2024 |

|                     |                                                                                                                                                                                                                                                                              |                         |        |            |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------|------------|
|                     | arrangements for detecting, containing and extinguishing fires.                                                                                                                                                                                                              |                         |        |            |
| Regulation 28(3)(d) | The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.                                                                                     | Substantially Compliant | Yellow | 30/08/2024 |
| Regulation 04(3)    | The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice. | Not Compliant           | Orange | 30/08/2024 |
| Regulation 06(2)(d) | The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.                                                       | Substantially Compliant | Yellow | 30/07/2024 |