



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

Issued by the Chief Inspector

Name of designated centre:	Glen Heron
Name of provider:	Dundas Unlimited Company
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	17 October 2024
Centre ID:	OSV-0005890
Fieldwork ID:	MON-0036827

About the designated centre

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

Glen Heron is situated close to a village in Co. Louth. Facilities offered within Glen Heron support residents to experience life in a home like environment and to engage in activities of daily living, typical of those which take place in many homes with private access to laundry, cooking and personal care facilities, with additional supports in place in line with residents' assessed needs. Glen Heron provides a residential service for six adults, both male and female, over the age of 18 year of age. It is a two-storey community house. Its design and layout replicates a family home and the comfortable and welcoming feel of the house is consistent with a home like environment, where possible. There are six individual bedrooms for residents; two bedrooms are on the ground floor and they share an adjacent bathroom and shower facilities. There is an additional toilet on the ground floor. The remaining four bedrooms are on the first floor, two of which are en-suite and two which have shared bathroom and shower facilities. All bedrooms are fitted out to a very high standard and residents are encouraged to bring personal items which will ensure their environment is as homely as possible. There is a domestic kitchen-diner and a separate dining room where residents are encouraged to get involved with the grocery shopping and with the preparation of meals and snacks. The house has three living rooms as well as an open plan sitting room off the kitchen area. There is also a southwest facing sun room off the kitchen-diner and a utility room and storage area off the kitchen. Glen Heron is surrounded by a large garden and a private driveway with ample parking outside. The centre is staffed by a full-time person in charge, a team leader and a team of direct support workers. Additionally, where required, residents have access to a community care nursing professional.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 17 October 2024	10:00hrs to 16:40hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This service comprised of a large detached house in Co Louth and at the time of this inspection, there were six residents living in the centre. The inspector met with all six at various times over the course of the inspection. The inspector reviewed written feedback on the service provided from two of the residents and five family representatives as part of this inspection process. Additionally, on the day of this inspection, the inspector spoke with two family members over the phone so as to get their feedback on the quality and safety of care provided to the residents.

On arrival to the centre, the inspector observed that the house was spacious, clean, warm and welcoming. There was a large private garden/driveway area to the front of the property and a large private garden areas to the rear. The gardens were well maintained and provided a safe, tranquil space for residents to enjoy in times of good weather.

One resident was observed relaxing in one of the sitting rooms, lying down on the coach. They did not speak with the inspector but they appeared relaxed and comfortable in their surroundings and staff were observed to be kind, caring and person centred in their interactions with the resident. Later in the inspection process this resident sat in the same room as the inspector for 20 minutes, shook the inspectors hand and smiled. Again, they appeared in good form and every so often staff linked in with the resident so as to ensure they had everything they needed.

Another resident was observed to be relaxing in a different sitting room/relaxation room listening to their favourite music on the phone. When the inspector asked how they were, they smiled and gave a 'thumbs up'. This resident had a sensory profile/assessment in place and the inspector observed that recommendations arising from that assessment were in place for them. For example, it was recommended that a swing chair be purchased for the back garden and, a bubble tube, fibre optic lamps and wall mirrors, be installed in another sitting room/relaxation room. All these sensory items were in place and on the day of this inspection, the resident was observed relaxing in this room and listening to music. They also appeared to be at ease and very happy in the company and presence of staff. Later on in the day, another resident was observed to spend some time in this room and although they did not speak directly to the inspector, they also appeared relaxed and comfortable in their home and staff were observed to be attentive to their needs.

A fourth resident spent some time with the inspector on and off over the course of the day. This resident was in very good form and when asked were they happy in the house, they smiled at the inspector. They also went through some paperwork with the inspector and enjoyed this activity. The resident liked to spend time in the kitchen and dining room having a cup of tea and chatting with staff and staff were observed to be person centred, kind and caring in their interactions with the

resident.

Later in the day, the inspector observed a fifth resident in the kitchen. This resident chose not to speak with the inspector. However, they appeared relaxed and settled in their home and in the company and presence of staff. They wanted something to eat and staff were observed to ensure their choice regarding what food items to have, were respected.

From a review of a sample of training records the inspector noted that staff had undertaken training in human rights. One staff member spoken with said they put this training into practice so as to ensure the residents got to live lives of their choosing and participate in activities that they enjoyed. For example, the staff member informed the inspector that some of the residents had their own unique style of communication and this was understood and respected by the staff team. Some residents used hand signals while others used pictures/easy-to-read materials and the staff member said this supported the residents to make their choices known to staff.

The staff member also stated that at residents' weekly meetings, concepts such as advocacy, rights and complaints were discussed with the residents using easy-to-read materials/symbols and pictures so as to suit the communication preferences of the residents. For example, at the residents weekly meeting on 13 October 2024, the right to feel safe in the house was discussed with the residents and residents were encouraged to speak with staff if they had any issues or concerns. Pictures of the designated officer and complaints officer were also on view in the service and available to the residents. The staff member also said that they ask residents at these weekly meetings for their feedback on the service or if they have any complaints. The inspector observed that at this meeting on 13 October 2024, no issues were raised.

Written feedback on the service from residents was positive and complimentary. One resident completed the feedback questionnaire independently while the other needed staff support in compiling their feedback. Both reported that the house was a nice place to live in, people were kind, they felt listened to and they felt safe in their home. They also said that they could make calls and receive visitors in private, were supported to make their own decisions, staff knew what was important to them, staff provided support when it was needed and, they got on well with the people they shared their home with.

Written feedback on the quality and safety of care from relatives of the residents was also positive and complimentary. For example, one relative reported that the care was fantastic and they were more than happy with the care, kindness and support their family member received. They said that the staff team were amazing and professional, treated their family member so well and nothing could be improved upon. Another family representative said that their family member was happy in the house and their needs were being met, staff were approachable and there was good continuity of care.

A third family representative reported that they were satisfied with the quality of

care provided and, happy with staff members' attitudes and approach while a fourth said that their family member was very well looked after, they were happy with the staff team and were always kept informed on how their family member was getting on. The fifth family representative said that their family member was very happy and settled in the service and was positive about the staff team. They also said that they were satisfied with the level of communication from the service and that they felt no improvements were needed.

Additionally, two family representatives spoken with over the phone on the day of the inspection were equally as complimentary about the quality and safety of care provided in the centre. One said that they were very happy with the service, their family member loved it there and that the staff team were great. For example, they said that staff were very approachable, committed and consistent. They also said that staff were supportive of their family members choices and, that they had everything they needed in the house. They were satisfied the service safe and said they were always made to feel welcome when the visited the house. They also told the inspector that they had no complaints about the service and that their family member had settled into the house very well.

The second family representative said that they were happy with the service and their family member had also settled in very well. They said that staff were approachable and they were always made to feel welcome when they visited the house. They said that their family member got on well with staff and liked to go on outings with them. For example, they liked to go on train journeys with staff support and liked to go out to get something to eat. The family representative also said that the food options available in the service was very good. They brought to the inspectors' attention that at times, their family member could be in a different residents clothes when they go home however, they had spoken to staff about this and also mentioned it in written feedback on the service. Notwithstanding, they said again that they were very happy with the service and their family member got on well with staff team.

While minor issues were identified with the staffing and fire safety arrangements, residents appeared happy and content in their home on the day of this inspection. Staff were observed to be person centred, kind and caring in their interactions with the residents. They were also observed to be respectful of the individual choices of the residents and respectful of their preferred individual style of communication.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care provided to the residents.

Capacity and capability

Residents appeared happy and content in their home and systems were in place to

meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge who was a social care professional. A review of a sample of rosters from October 2024 indicated that for the most part, there were sufficient staff on duty to meet the needs of the residents as described by the person in charge. However, these arrangements required review so as to ensure there was adequate staffing cover on the floor at all times.

Staff spoken with had a good knowledge of residents' individual care plans. Additionally, from a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

The inspector observed that a number of staff had undertaken training in human rights. Examples of how staff put this additional training into practice so as to further support and respect the individual choices of the residents were included in the first section of this report: 'What residents told us and what inspectors observed'.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2023/2024 and, a six-monthly unannounced visit to the centre had been carried out in June 2023.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a complete application for the renewal of the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge met the requirements of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

They were a qualified social care professional with an additional qualification in management. They demonstrated a knowledge of their legal remit to the regulations and, were found to be responsive to the inspection process.

They had systems in place for the oversight of the centre to include the supervision of staff and localised audits.

They also demonstrated a good knowledge of the assessed needs of the residents.

Judgment: Compliant

Regulation 15: Staffing

From a review of a sample of rosters for the month of October 2024, the inspector found that for the most part, there were adequate staffing arrangements in place to meet the assessed needs of the residents.

For example,

- three staff members worked 8am to 8pm each day in the designated centre
- two staff members provided waking-night cover from 8pm to 8am each night.

However, these arrangements required some level of review so as to ensure there was adequate staffing cover on the floor at all times. For example, only one resident attended a day service Monday to Friday each week and another attended a day service for one day each week. This meant that for four days every week, five residents were at home with three staff available to provide care and support.

The inspector observed on the morning of this inspection that staff were busy in meeting the assessed needs of the residents. They also needed to be aware of the whereabouts of one resident at all times. Additionally, one of these staff were required to bring and collect one resident to their day service each day which meant that for short periods of time, there were two staff providing cover on the floor.

Taking into account the assessed and complex needs of some of the residents, this required review so as the service was assured there were adequate staffing arrangements in place to provide cover on the floor at all times.

It was also observed that the service was operating with a shortfall of one team leader however, this was in the process of being addressed and the person in charge informed the inspector that they were confident this post would be filled in the near future. The inspector also noted that one relative in their feedback on the service said they would like more opportunities for their family member to engage in more social activities. Notwithstanding, they also said that they were very happy with the overall service provided.

The person in charge maintained planned and actual rosters in the centre clearly showing what staff were on duty each day and night and contingency plans were in place for unexpected leave or absences.

From reviewing three staff files, the inspector observed that the centre maintained relevant information and documents as specified in Schedule 2 of the Regulations.

Additionally, the person in charge informed the inspector that all staff working in the

service had vetting on file.

Judgment: Substantially compliant

Regulation 16: Training and staff development

From reviewing three files, the inspector found that staff were provided with the required mandatory training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included:

- infection prevention and control (IPC)
- hand hygiene
- donning and doffing of personal protective equipment (PPE)
- respiratory hygiene and cough etiquette
- capacity legislation
- Children's First
- communicating effectively through open disclosure
- trust in care
- safeguarding of vulnerable adults
- epilepsy awareness (to include the administration of emergency medication)
- feeding, eating, drinking and swallowing difficulties (FEDs)
- fire protection equipment demonstration
- fire safety
- first aid
- food safety
- medication management (theory and practical)
- people and manual handling
- positive behavioural support
- positive risk taking
- putting people at the centre of the decision making process.

The team leader had also completed additional training relevant to their role to include:

- time management
- effective problem solving
- advanced feeding, eating, drinking and swallowing difficulties (FEDs).

Staff had also undertaken training in human rights. Examples of how they put this additional training into practice so as to further support the individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

From speaking to the person in charge and one staff member over the course of this inspection, the inspector was assured that they had the required knowledge to meet the needs of the residents. Staff were also observed to be person centred, kind and caring in their interactions with the residents and, residents were observed to be relaxed in the company and presence of the staff team.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted up-to-date insurance details as part of the renewal registration process for the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in this service. The centre had a clearly defined management structure in place which was led by an experienced and qualified person in charge. They were supported in their role by an experienced assistant director of services and an experienced team leader.

The designated centre was being audited as required by the regulations and an annual review of the service had been completed for 2023/2024 along with a six-monthly unannounced visit to the centre in June 2024

Additionally, local audits of the centre were being facilitated by the person in charge and/or team leader.

A quality improvement plan had been developed based on the findings of the auditing process and this identified any issues along with a plan of action to address those issues in a timely manner.

For example, the auditing processes and quality improvement plan identified the following:

- the kitchen floor required replacing
- some internal doors required painting
- the risk register required review
- staff were to sign off on the minutes of staff meetings
- the minutes from a governance meeting were to be printed off and placed in the governance folder
- human rights were to be discussed/reviewed at team meetings.

All these issues had been identified via the auditing processes, actioned and addressed at the time of this inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Chief Inspector of Social Services of any adverse incident occurring in the centre in line with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

Judgment: Compliant

Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and assessed needs. It was observed however, that an aspect of the fire safety arrangements required review.

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals to include GP services. Residents also had access to mental health support as required to include input from a behavioural specialist.

Systems were in place to safeguard the residents to include policies, procedures and reporting structures. Systems were also in place to manage and mitigate risk and keep residents safe in the centre.

Additionally, adequate fire-fighting equipment was provided for and was being serviced as required by the regulations. It was observed however, that an aspect of the fire safety arrangements required review.

The house was found to be spacious, clean, warm and welcoming on the day of this inspection and, was laid out to meet the needs of the residents

Overall this inspection found that the individual choices and preferences of the residents were promoted and residents appeared happy and content in their home.

Regulation 10: Communication

Residents were assisted to communicate in accordance with their assessed needs and preferences and their communication needs were detailed in their personal plans.

Staff were observed to be knowledgeable, supportive and respectful of the individual communication preference of each resident.

Where required, easy-to-read information was provided to the residents. This also included the use of pictures, picture boards and symbols.

Residents had access to a telephone, computers, mobile phones and other media such as television and radio.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to facilities and supports to engage in recreational and social activities of their interest, choosing and preference.

For example, one resident attended a day service five days per week and one attended one day per week. Residents engaged in activities of interest while at their

day service such as swimming and other recreational activities.

From reviewing two residents personal plans, the inspector observed that they also liked to engage in social activities such as bowling, walking dogs, picnics, taking trips to the recycling centre, eat out, go for drives, go for walks on the beach and hiking in a number of national parks and studs.

The inspector saw a number of pictures and photographs of residents engaging in the above activities and they appeared to have enjoyed them very much.

As identified above, the inspector noted that one relative in their feedback on the service said they would like more opportunities for their family member to engage in more social activities. Notwithstanding, they also said that they were very happy with the overall service provided and this issue was actioned under regulation 15: staffing

Residents were also supported to maintain regular contact with their families and to maintain links with their community in accordance with their wishes. Family representatives were also very positive about the quality and safety of care provided to their family members in the designated centre.

Judgment: Compliant

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents. Each resident had their own bedroom which were decorated to their individual style and preference. Two of these bedrooms had an ensuite facility.

The premises were spacious, warm, welcoming and in a good state of repair. They were also clean and generally well maintained. There were three sitting rooms that residents could avail of to relax in, spend time on their own, and listen to music or watch television. One of these rooms was also furnished with a number of sensory items to include a bubble tank, soft lighting and fibre optic lights and some of the residents enjoyed spending time in this room.

There were large garden areas to the front and rear of the property and the grounds of the property were very well maintained. Garden furniture and a large garden swing/relaxation chair were available to residents to use in times of good weather.

Adequate private parking facilities were provided to the front of the property and adequate space was available to the residents so as they could receive visitors in private.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available and each resident had a number of individual risk assessment management plans on file so as to support their overall safety and well being.

For example, where a resident may decline to engage in healthcare-related appointments, the following measures were in place:

- access to multi-disciplinary support
- a care plan to guide practice
- the general practitioner (GP) was aware of the issue
- where the resident declined to attend an appointment, another appointment was rescheduled
- the service had access to a community-based nursing professional
- familiar staff were available to support the resident.

Where a resident may present with behaviours of concern the following measures were in place:

- access to and on-going review by a behavioural support specialist
- a behavioural support plan was in place (to include guidelines for staff on how to manage behaviour)
- staff had training in positive behavioural support
- occupational therapy (OT) review as required
- adequate indoor and outdoor space was provided to the resident
- environmental changes were made to the premises to support the residents safety.

It was observed that a risk assessment concerning the staffing levels in the centre required review. However, when this was brought to the attention of the person in charge, they updated this assessment prior to the completion of the inspection process.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. However, aspects of the fire safety

arrangements required review.

On reviewing the fire documentation in the centre the inspector observed that fire equipment was being serviced as required by the regulations. For example:

- the fire alarm system was serviced by a fire consultancy company in March, June and September 2024
- the emergency lighting was also serviced by a fire consultancy company in March, June and September 2024
- the fire extinguishers were serviced in March 2024 and the fire blanket was also checked in March 2024.

Staff completed daily checks on all escape routes, weekly checks on emergency lighting and weekly checks on the fire alarm system.

Fire drills were being facilitated as required by the regulations and each resident had a personal emergency evacuation plan in place. On reviewing the six personal emergency evacuation plans, the inspector observed that all residents should be able to evacuate the premises in three minutes or less.

However, on reviewing a fire drill facilitated in July 2024, the inspector observed that it took five minutes to evacuate all six residents to the fire assembly point. It was also observed that some residents could present with difficulties when evacuating the house and needed prompting and, two required physical assistance from staff. Additionally, there were only two staff members working in the centre from 8pm to 8am each night.

Taking this into account, the arrangements in place for evacuating the centre required review. This was to ensure that, the service had adequate systems, supports and resources in place at all times to safely evacuate all six residents from the centre, in line with their personal emergency evacuation plans

Judgment: Substantially compliant

Regulation 6: Health care

On review of two files, the inspector observed that residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- general practitioner (GP)
- audiology
- neurology
- dentist
- occupational therapy (OT)

- speech and language therapy (SLT)
- optician
- dietitian
- chiropody
- orthotics
- physiotherapy.

Care plans were also in place to guide practice. One staff member spoken with was aware of the medical needs of one of the residents in their care.

Residents also had an annual check up with their GP, screening were required was provided for and, hospital appointments facilitated.

Judgment: Compliant

Regulation 7: Positive behavioural support

Therapeutic interventions were available to the residents and formed part of their personal plans. Residents had access to a range of multi-disciplinary professionals including as required access to a behavioural specialist.

Where required, residents had a positive behavioural support plan in place. Additionally, from reviewing three files, staff had training in positive behavioural support and active listening and positive behavioural support in responding to behaviours of concern.

One staff member spoken with on the day of this inspection demonstrated a good knowledge of one of the residents behavioural support plans including how best to support the resident with managing behaviour.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. A number of safeguarding issues had been ongoing in the centre earlier this year. However, one resident transitioned to a new service in June 2024 and there had been no safeguarding concerns since.

The inspector also noted the following:

- information on how to contact the designated safeguarding officer was easily available in the centre

- information on how to contact the complaints officer was also available
- information on how to contact an independent advocate was available to residents
- one staff member spoken with by the inspector said they would have no issues speaking with the person in charge and/or team leader if they had any concerns about the welfare or safety of any of the residents
- feedback on the quality and safety of care from family representatives was both positive and complimentary
- the right to feel safe in your home was discussed with residents at one of their weekly meetings
- residents were supported to make a complaint about the service if they had one
- safeguarding formed part of the standing agenda and discussion at staff meetings.

From reviewing three files, staff also had training in the following:

- safeguarding of vulnerable adults
- trust in care
- communicating effectively through open disclosure
- Children's First.

Additionally, from reviewing three staff files, the inspector observed that the centre maintained relevant information and documents as specified in Schedule 2 of the regulations and, these three staff had vetting and references on file.

The person in charge also informed the inspector that all staff working in the service had vetting on file.

Judgment: Compliant

Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported by management and staff.

Residents were supported to choose their daily routines and engage in activities they liked and enjoyed.

Additionally, residents were consulted with about decisions that impacted them through residents weekly meetings and key working sessions.

Staff were observed to be respectful of the individual communication style and preferences of the residents and ensured supports were in place so as the residents voice was heard and respected. Staff were also observed to be person centred, kind and caring in their interactions with the residents and on the day of this inspection,

residents appeared happy and content in their home.

Rights and advocacy were discussed with the residents at their weekly meetings and it was explained to them who the designated safeguarding officer was and who the complaints officer was.

Staff also had training in human rights. Examples of how they put this additional training into practice so as to further support the individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Glen Heron OSV-0005890

Inspection ID: MON-0036827

Date of inspection: 17/10/2024

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>A senior management meeting held on 11/11/2024 completed on review of staffing levels within the centre, and it was agreed that a house manager position would be advertised. Once filled, this role will provide additional floor support from Monday to Friday, 9 am to 5 pm, especially during peak times. A resident’s three-day-per-week home leave also reduces staffing demands on those days. Weekly roster reviews by the person in charge will ensure adequate coverage, with adjustments made as resident needs or staffing levels change. The centre has an open-door ethos which allows relatives and residents to report any unmet social or care needs, ensuring responsiveness to their evolving requirements. These measures will help maintain appropriate staffing levels to meet all assessed needs.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Personal Emergency Evacuation Plans (PEEPs) for each resident have been reviewed and it has been agreed to introduce a ski sheet for one resident, allowing faster and safer evacuation through their bedroom’s double doors. A nighttime fire drill utilising the newly introduced ski sheet is scheduled for 18/11/2024, and it is envisaged that the this ski sheet will allow for safe and timely evacuation for the resident, reducing the evacuation time to an estimated 3 minutes for all residents. Quarterly drills will reinforce familiarity with procedures, and ongoing staff training will emphasise assistance techniques for residents needing support during emergencies. Ski sheet demonstration schedule with staff team on 18/11/2024. Continuous equipment servicing, daily escape route checks, and a record of compliance further ensuring preparedness for any potential fire incidents.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	25/11/2024
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	25/11/2024