



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

Issued by the Chief Inspector

Name of designated centre:	Morenane House and Apartments
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	20 June 2024
Centre ID:	OSV-0001819
Fieldwork ID:	MON-0043689

About the designated centre

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

Morenane House and Apartments consists of a detached house and two apartments located in a rural area within close driving distance to a nearby town. The centre provides full-time residential support for a maximum of six residents of both genders over the age of 18 with intellectual disability and/or Autism who may have additional needs. Each resident had their own individual bedroom and other rooms in the house and apartments include kitchens, living rooms, a sitting room, a conservatory, a utility room, bathrooms and staff rooms. Residents are supported by the person in charge, social care staff and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
--	---

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 20 June 2024	09:35hrs to 17:35hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Four residents were met during this inspection with one of these indicating to the inspector that they liked living in the centre. The residents met appeared comfortable in the presence of staff who interacted appropriately with residents during the inspection. The centre where residents lived was generally well-presented but the exterior of the main house continued to need repainting.

This centre was comprised of a main house and two apartments located to the rear of the house. Combined these could provide a home for a maximum of six residents. At the time of the previous inspection in August 2023, there had been six residents living in the centre but one of these has since transitioned to another designated centre operated by the same provider. As a result there were five residents living in the centre at the time of the current inspection with the inspector informed that there were currently no plans to admit a new resident to the centre. Four of the five residents living in the centre were met by the inspector during the course of this inspection. The fifth resident was present on the day of inspection but was not met by the inspector.

While towards the end of the inspection the inspector did briefly attend the provider's head office to review certain documentation, the majority of the inspection day was spent in the centre. Upon the inspector's arrival to the centre to commence the inspection, two of the five residents were initially away from the centre on a drive. While these two residents did return to the centre later in the day, it appeared that they along with two other residents came and went from the centre at various points during the day. This was facilitated by the availability of staff support and two separate vehicles for the centre. The inspector was informed that the residents living in this centre went on regular outings. Examples of such outings given to the inspector included residents going for coffee, going shopping, going to the beach, swimming and attending dancing classes.

The fifth resident who was present in the centre on the day of inspection was preparing to leave the centre to go visit their family as the inspection commenced. This resident initially indicated that they did not want to speak with the inspector but just before they left the inspector was informed that the resident did want to meet him. As such the resident was met briefly in the presence of a member of management. When asked what they were doing that day, the resident told the inspector that they were going home to mind a younger relative. The resident indicated that they liked living the centre but when asked by the inspector what they liked about living in the centre and what they liked to do, the resident said that they could not think about either.

Soon after this the resident left the centre having been collected by a family member. Given that the other four residents came and went from the centre during the day, there were periods of the inspection when no resident was present. However, the inspector did meet three of these residents. One of these resident did

not interact with the inspector but was seen to move around the main house and seemed content when doing so. Another resident did not communicate verbally but waved at the inspector when he greeted them. The inspector greeted the remaining resident at one point but this resident was heard to say that they did not want to speak to him.

It was suggested that this resident may have been referring to someone elsewhere at that time. Later on the inspector met this resident again when they came into the staff office with staff to get some money before leaving on an outing. At this time the resident greeted the inspector and asked him his name before asking staff present if the inspector would be in the centre the following day. The staff present responded pleasantly to the resident at this time. Although the inspector's opportunities for staff and residents observations were limited during this inspection, the staff that were duty were overheard to engage with residents in a warm manner generally.

This contributed to residents appearing comfortable in the presence of staff and also contributed to the atmosphere in the centre being relatively calm during the inspection. However, when present in the centre one resident was heard talking loudly at certain points with a staff member informing the inspector that they resident could boss around another resident. When reviewing incident records for the centre, the inspector also read some instances where it appeared that there was a lot of noise occurring in the centre on some occasions. For example, in one incident report a resident was described as having gotten up at 6:10am where they were screaming and slamming doors. Such incidents will be returned to later in the report.

Both apartments and the main house of the centre were visited by the inspector during the inspection. In general, these were seen to be clean, well-furnished and well-maintained although some kitchen décor was of an older style. It was noted that since the August 2023 inspection, some new flooring has been installed in the main house including in one resident's bedroom. A recent cleaning audit for the centre had recommended that new flooring was needed in one bathroom with the inspector informed that a maintenance request had been submitted for this. At the time of the inspection, some works were being completed to the grounds of the centre but, as had been seen during the August 2023 and May 2022 inspections of the centre, the exterior of the main house required repainting. The inspector was informed that this due to happen by August 2024.

Within the main house and apartments, the inspector also observed some restrictive practices in operation. These included the presence of key pads on some doors and the use of fish key lights. In one apartment it was seen that the fridge and a food press there were locked. This was related to the assessed needs of one resident and these were included in the centre's restrictive practice documents. Such documents also indicated there was only one locked press in the main house for chemicals. Despite this, on the day of inspection, five other presses were seen to be locked in this house two of which had nothing in them. The inspector was informed by staff and observed that four of these presses were to be used for archiving of documents with various documents seen to be waiting proper archiving in the main house's

storage room.

In summary, while some external repainting was needed, overall the centre was observed to be clean and well-presented on the day on inspection. The atmosphere in the centre on the day of inspection was relatively calm. The five residents living in the centre spent much of the inspection day away from the centre, either on outings or going to spend time with their family.

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

This inspection found that, for the most part, assurances previously given by the provider were in place for this centre. Despite these, the inspection also found that some matters of a safeguarding nature had not been notified in a timely manner.

Registered until February 2027, this designated centre had been last inspected by the Chief Inspector of Social Services in August 2023 where an overall good level of compliance with the regulations was found. This included compliant judgments in Regulation 8: Protection and Regulation 23: Governance and management. However, in February 2024 the Chief Inspector received some notifications of concern from this centre, one of which involved some late internal reporting of a safeguarding matter. The nature of these notifications prompted the Chief Inspector to request a provider assurance report (PAR) from St Joseph's Foundation's seeking assurance in areas such as governance and safeguarding. The PAR response received in March 2024 outlined the measures and systems that the provider had in place in these areas and was accepted by Chief Inspector.

However, in May 2024, the Chief Inspector again received a notification of concern which involved delayed internal reporting. As a result of that, the decision was made to conduct the current inspection to determine if the measures and systems outlined in the PAR response regarding Regulation 8: Protection and Regulation 23: Governance and management were in place. The findings relating to Regulation 8 will be discussed elsewhere in this report but, for the most part, this inspection found that Regulation 23 measures and systems were in place. For example, an annual review and various audits had been conducted for the centre. It was noted though that the audit schedule for the centre did need some improvement while visits to the centre by a member of the provider's management were not happening as regularly as suggested by the PAR response. In addition, this inspection also found that some matters of a safeguarding nature had not been notified to the Chief Inspector in a timely manner.

Regulation 23: Governance and management

In keeping with the regulations the provider had ensured that an annual review was conducted for the centre in January 2024. This annual review was reflected in a written report which was read by the inspector. It was seen that the annual review assessed the centre against relevant national standards while also providing for resident and family feedback. Another regulatory requirement is for the provider, or their representative, to conduct an unannounced visit to the centre every six months. Since the August 2023 inspection, one such provider unannounced visit had been conducted in December 2023. Like the annual review, the provider unannounced visit was reflected in a written report while it also included an action plan to address any issues identified. The December 2023 provider unannounced visit identified few areas for improvement but it was noted that some actions relating to external painting and archiving of documents had time frames of 31 May 2024. Based on observations during this inspection, such time frames had not been met.

Aside from such regulatory requirements, it was seen that various audits had been conducted in the centre in keeping with the March 2024 PAR response. These included audits in areas such as cleaning, personal plans, medicine management, complaints and finances. The most recent safeguarding audit for the centre had been completed in August 2023 as had been seen during the August 2023 inspection. According to an audit schedule in place for the centre, the next safeguarding audit was to be conducted in August 2024. Such an audit schedule can help in promoting systematic monitoring and evaluation of the services provided in a centre with the audits reviewed during this inspection indicating that audits were generally conducted as scheduled. However, the audit schedule document provided during this inspection lacked clarity in some areas. For example, the schedule for medicines management audits contained conflicting information as it was unclear if three or four audits were to be conducted yearly. In addition, while the number of other audits to be completed yearly such as two finance audits were documented, it was not indicated when the next finance audit was to be completed.

In addition to the audits that were being completed in the centre, documentary evidence was provided that staff team meetings were taking place regularly. The notes of such meetings indicated that relevant topics were covered with staff including residents, training and safeguarding. During one such meeting, held shortly after the March 2024 PAR response was submitted, it was read that safeguarding and reporting structures had been discussed with staff. Aside from documentation reviewed, it was notable that staff spoken with during this inspection were aware of the reporting structures in the centre and who to report to if they had any concerns. Records reviewed indicated that the provider's internal reporting system was being used and staff stated that there were no barriers to raising concerns in the centre. Such staff also highlighted how members of management were very approachable and a regular presence in the centre. The PAR response had indicated that two members of the provider's management structure would visit

the centre regularly. While one of these had visited regularly since, the other had not visited the centre since the PAR response was submitted.

In the March 2024 PAR response, the provider had identified one area as part of an improvement plan for Regulation 23. This related to developing key process indicators to improve the monitoring of quality of service being provided with a time frame of 31 May 2024 stated. During the current inspection it was indicated that these key process indicators had not yet been finalised but were in a draft format at the time of inspection. It was highlighted that the draft key process indicators had come from a new quality governance structure that had been put in place throughout the provider's organisation in recent times. This structure involved various committees, which covered areas such as safeguarding, restrictive practices and compliance, reporting into an overall quality and risk committee. The membership of this quality and risk committee included the chairperson of the provider's board of directors, the provider's Chief Executive Officer and members of management of the current centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Under this regulation the Chief Inspector must be informed of specific events that happen in a designated centre within a specific time period. This is important to ensure that the Chief Inspector is aware of matters which could adversely impact the quality and safety of care and support received by residents. Amongst the events that must be notified are allegations of a safeguarding nature which must be notified within three working days. Since the August 2023 inspection, the Chief Inspector had received some notifications of a safeguarding nature from the centre which had been submitted in a timely manner. Despite this, when reviewing safeguarding records during the current inspection, the inspector came across four separate records of alleged safeguarding incidents between September and October 2023. Such records showed that these incidents had been screened and referred to the relevant Health Service Executive (HSE) Safeguarding and Protection Team in keeping with national safeguarding policy.

However, the same records indicated that these incidents had been notified to the Chief Inspector but, at the time this inspection taking place, this was not the case. As a result, the requirements of this regulation had not been met. This regulation had also not been met during the August 2023 inspection, albeit for a different matter. The continued findings of non-compliance under Regulation 31 on the current inspection were a concern given that this regulation had been identified as being an area in need of improvement to the provider on multiple inspections for some of their other designated centres and during previous regulatory engagement.

Judgment: Not compliant

Quality and safety

Documentary evidence was provided during this inspection that incidents deemed to be safeguarding in nature were appropriately screened. Staff spoken with during this inspection demonstrated an awareness of active safeguarding plans in centre but knowledge of types of abuse could be improved upon. Some staff were still to undergo refresher safeguarding training.

There had been some safeguarding incidents or allegations that had occurred in the centre since the August 2023 inspection. Records were provided indicating that these had been appropriately screened with safeguarding plans put in place. Some of the incidents that had responded to as safeguarding concerns involved incidents from 2023 whereby noise from a resident had impacted some their peers. While this resident no longer lived in the centre, the inspector did read some 2024 incident reports which also indicated there being a lot of noise in the centre during particular incidents. When queried it was indicated to the inspector that other residents were not impacted by these. There was some suggestion though that there could be occasions where the presentation of a resident could result in other residents being moved.

Matters related to safeguarding were queried with staff working in the centre. During discussions with the inspector, such staff demonstrated an awareness of active safeguarding plans or issues in the centre while also displaying a reasonable knowledge around some of the different types of abuse that can occur. However, none of the staff spoken with referenced certain types of abuse such as neglect. A training matrix provided indicated that staff working in the centre had completed relevant safeguarding training with most having completed this in 2021, 2022 or 2023. In the March 2024 PAR response it was indicated that refresher safeguarding training would be provided to all staff working within the centre by 31 March 2024. This was queried following the inspection and it was subsequently confirmed that some staff had received such training in March 2024 but not all had.

Regulation 12: Personal possessions

Residents living in this centre were supported with their finances by the provider. It was noted though that the process for these residents to gain access to money in their own bank accounts could take time and would involve multiple different personnel within the provider. The nature of this process could limit residents' control over and access to their own finances. It was acknowledged though that the provider had recognised such arrangements as being a restriction on these residents.

Judgment: Substantially compliant

Regulation 17: Premises

In general, the premises provided for this centre were seen to be clean, well-furnished and well-maintained internally. However, as had been noted during the previous two inspections of this centre, some external painting was needed. For example, some window sills in the main house were chipped and weathered. In addition, a cleaning audit for the centre from March 2024 had recommended that new flooring was needed in one bathroom in the main house. While it was indicated that a maintenance request had been submitted for this, the flooring remained unchanged at the time of this inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

This regulation was not reviewed in full during this inspection but it was seen that doors present in the centre appeared to be fire doors. The purpose of such fire doors is to contain the spread of fire and smoke in the event of a fire. However, when in the main house of this centre, the inspector observed that one fire door was not closing fully into its door frame. This lessened the ability of this door to serve its intended function.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The provider had systems in operation to review restrictive practices within the centre which included multidisciplinary input. Restrictions in use in the centre included key pads on some doors and the use of fish key lights with the inspector was informed that consideration was being given to reducing the use of some restrictions. Restrictive practice documents reviewed indicated there was only one locked press in the main house for chemicals. However, on the day of inspection, five other presses were seen to be locked in this house, two of which had nothing in them. Another of these locked presses was marked as being for cleaning chemicals but when unlocked it was seen that there were no cleaning chemicals inside (such chemicals were stored in another locked press nearby). Following the inspection, it was indicated that four of the locked presses had only been recently installed and that the locks on all five presses were to be removed.

Judgment: Substantially compliant

Regulation 8: Protection

Although there had been two instances in 2024 where matters of a potential safeguarding nature had not been reported internally within the provider in a timely manner, the staff spoken with during this inspection demonstrated a good awareness of how and who to report safeguarding concerns to. Training records initially provided indicated that all staff had completed relevant safeguarding training mostly in 2021, 2022 or 2023. However, in the March 2024 PAR response it had been indicated that refresher safeguarding training for all staff working in the centre would be provided by 31 March 2024. This was queried following the inspection and it was indicated that 12 staff completed safeguarding training in March 2024 but five staff were still to complete this training at the time of the inspection (some staff completing the refresher training had been impacted by leave). The staff spoken with during the inspection had reasonable knowledge about some of the different types of abuse that can exist such as physical and financial abuse but no staff referenced neglect, discriminatory abuse or institutional abuse as potential forms of abuse. This suggested that staff knowledge around aspects of safeguarding could be improved upon.

Despite this, the staff that were spoken with during this inspection did have an awareness of safeguarding plans that were active for this centre. Such safeguarding plans had been put in place following appropriate referrals to the relevant HSE Safeguarding and Protection Team following any safeguarding allegations or incidents that arose involving the residents of this centre. Documentary evidence was provided of relevant safeguarding screenings have been conducted which was in keeping with relevant national safeguarding policy. The provider also had processes in operation for the provider's designated officer (person who considers safeguarding concerns) to review any safeguarding plans in place. It was seen during this inspection that information about the identity of the designated officer and how to contact them was on display in the main house and both apartments of this centre. The visitors log for the centre also indicated that the designated officer had visited the centre on multiple occasions in recent months.

Some of the safeguarding matters that had occurred in the centre since the August 2023 inspection related to technology and Internet use by one resident. Discussions with a staff member working with the resident and documents reviewed indicated that this resident was being supported to develop the knowledge, understanding and skills for protection in this area. Other safeguarding incidents that had been screened related to instances in 2023 involving noise from a resident that had impacted some of their peers such as disrupting their sleep. This resident had left this centre before the end of 2023 and was now living elsewhere. However, when reviewing incident records from 2024 in the centre, the inspector read two instances where it appeared that there was a lot of noise occurring in the centre during these incidents. Both occurred in the early hours of the morning when residents would

have been in bed and each incident involved a different resident screaming and slamming doors. The incident records reviewed did not clearly address if other residents were impacted or not by such instances. This was queried during the inspection and in the days following the inspection it was indicated that that other residents were not woken. A third incident report from 2024 was also queried from a safeguarding perspective and potential impacts on residents but is discussed further in the context of Regulation 9: Residents' rights.

Judgment: Substantially compliant

Regulation 9: Residents' rights

When reviewing an incident record from March 2024, it was read that a resident was indicated as being aggressive. The same incident record referenced that in response staff "cleared all services users out" and that the other residents were taken out for a meal while the initial resident remained in the centre. The inspector queried this matter from a safeguarding perspective and it was indicated that other residents were not impacted. The inspector was also informed that all residents were about to leave the residence for dinner when the incident commenced and had carried on with their planned activity. While this was noted, during the inspection a staff member told the inspector about a recent incident where the presentation of a different resident resulted in other residents being brought to the front of the main house. While it was indicated that residents were not bothered by this, care was needed to ensure that moving residents from their home or a communal areas in their home due to the presentation of a resident did not negatively impact residents' full enjoyment of their rights in their home. This was something that had been raised during the May 2022 inspection of the centre.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Morenane House and Apartments OSV-0001819

Inspection ID: MON-0043689

Date of inspection: 20/06/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The PIC wishes to assure the Chief Inspector that the audit schedule has been amended since July 12th 2024 to ensure better clarity of what audits are due per month within the designated centre. This audit schedule is maintained by the PIC.</p> <p>The provider wishes to assure the Chief Inspector that the external painting has been scheduled and is due for completion by August 30th 2024. Furthermore the archiving in the upstairs section of the residence will be completed by September 30th 2024.</p> <p>The Provider acknowledges that one of its Managers has not had the opportunity to visit the centre as regularly as had been planned as per a previous PAR response to the Chief Inspector. However, the Provider does want to assure the Chief Inspector that the Quality & Risk Manager has made numerous visits to its other Designated Centres and keeps a log of same. In addition, as per a recent commencement of an internal audit schedule, the Quality & Risk Manager along with other colleagues conducts a monthly audit in one of its Residential centres. The Provider wishes to assure the Chief Inspector that its Quality & Risk manager continues to endeavour to visit its designated centres as regularly as possible.</p> <p>The Provider wishes to assure the Chief inspector that Key Process indicators (KPI’s) continue to be developed under the remit of various committee’s now in place, namely, Restrictive Practice, Safeguarding, Medication Review, Compliance and Quality Risk & Safety.</p>	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The Provider wishes to assure the Chief Inspector that the PIC has submitted all notifications retrospectively for the four incidents highlighted during the inspection, this was completed on July 11th 2024. The PIC will ensure going forward that all notifications will be submitted to the Chief Inspector in a timely manner.</p> <p>The Provider conducted a review with all stakeholders to ascertain as to why the Chief Inspector had not being notified. With the exception of the latter, all other regulatory bodies requiring notification were informed. The Provider, having reviewed with relevant staff is satisfied that there was no intent to not inform the Chief Inspector and concludes that the non notification was the result of human error in which the Provider wishes to apologise to Chief Inspector for.</p> <p>While noting these incidents of non notification occurred in September/October 2023 and have occurred also in some of the Providers other designated centres , the Provider wishes to assure the Chief Inspector that it has recently implemented a process in which residents daily notes are reviewed at least twice weekly in order to capture any incidents which require reporting both internally and externally.</p> <p>To get back into compliance with regulation 31, the Provider will going forward ensure that all notifications and/or communication will be submitted to the Chief Inspector in greater detail and accuracy in a format which incorporates the following:</p> <ul style="list-style-type: none"> • The pre-cursor to the incident • The incident description • Actions implemented • Learnings <p>Further training to the Providers Persons in Charge, Social Care and Nursing staff regarding the above will be scheduled and delivered.</p> <p>The Provider wishes to assure the Chief Inspector that Notification of incidents continue to be an agenda item at the monthly PIC meeting to reinforce the importance of timely reporting of incidents to the Chief Inspector.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>While the Provider acknowledges its Practice is restrictive in nature, a sum of money is</p>	

securely held in the Residence for each Resident which can be readily accessed.

The Provider wishes to confirm it met with its bank representatives on May 1st 2024 to discuss the options available to its Residents to access their finances in a more user friendly manner. These discussions with the Bank are on-going to find a resolution.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

The PIC wishes to assure the Chief Inspector that the external painting has been scheduled and will be completed by August 30th 2024. The archiving in the upstairs office

will be completed by September 30th 2024.

In addition, the PIC wishes to confirm that the new flooring for the bathroom in question will be put in place by September 1st 2024. It should be noted that these works had been planned to be completed sooner however on inspection by the maintenance department the works required additional time and thus further planning was required.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The Provider wishes to assure the Chief Inspector that the fire door in question has been rectified and now closes fully in its frame, these works were completed on June 27th 2024. In addition the PIC can confirm that all remaining doors in the centre have been checked to ensure they are functioning correctly.

Regulation 7: Positive behavioural support

Substantially Compliant

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

The PIC wishes to assure the Chief Inspector that the locks on all the five presses in question were removed on June 27th 2024 and replaced with magnets.

Furthermore the PIC can confirm that the chemical press was recently moved to a lower

press as a Health & Safety precaution for staff and the original press had been locked in error.

The Provider wishes to assure the Chief Inspector that the above restrictions will be notified by the PIC in the upcoming quarter 2 notifications and will be done so by July 31st 2024.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The Provider wishes to assure the Chief Inspector that three staff members completed safeguarding training on July 8th 2024. The remaining 2 staff members are scheduled to attend safeguarding training on July 23rd 2024.

The Provider wishes to assure the Chief Inspector that the PIC has on July 15th 2024, discussed all types of abuse with staff. Furthermore the PIC will ensure that Safeguarding and types of abuse will also be discussed at supervision with each staff. This will be completed by the PIC by August 30th 2024.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The Provider acknowledges that the behavior of a resident may impact on other residents which may require them to be offered to relocate within and or outside of the residence. This measure will only be used as a last resort where all other strategies identified within the Positive Behaviour Support Plan (PBSP) have been exhausted and are unsuccessful. Residents impacted by this measure will be fully supported and reassured by staff.

The PIC will ensure that PBSP's of both residents referenced to in this report will be reviewed. Following this review the PIC will ensure all staff are familiar with same in order for them to implement the identified strategies consistently. This will be completed by September 16th 2024

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 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	01/10/2024
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	30/09/2024
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and	Substantially Compliant	Yellow	30/09/2024

	suitably decorated.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	27/06/2024
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	01/10/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with	Substantially Compliant	Yellow	31/07/2024

	national policy and evidence based practice.			
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	31/07/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/08/2024
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Substantially Compliant	Yellow	30/08/2024
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	16/09/2024