



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

Issued by the Chief Inspector

Name of designated centre:	Kare DC5
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	13 May 2024
Centre ID:	OSV-0001995
Fieldwork ID:	MON-0034647

About the designated centre

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

This designated centre provides residential services to three adults with an intellectual disability. The centre comprises of three houses in different locations in Co. Kildare; two bungalows and one two-storey house. One bungalow consists of a living room, kitchen, lobby, bedroom with en-suite, a store room, staff bathroom, staff office/bedroom and a bathroom. There is a garden space out the front of this house. The other bungalow consists of a living room, kitchen-dining room, a bedroom, staff office/bedroom and a bathroom. The two-storey house consists of a living room, kitchen-dining room, utility room, sensory room, staff bathroom, three bedrooms (two are staff bedrooms), a recreation room, a bathroom and a garden space out the back of the house. The person in charge in this centre divides their working hours between the three houses within this designated centre, and another designated centre. Social care workers and care assistants are employed to work in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Monday 13 May 2024	10:10hrs to 17:50hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

This inspection was carried out to assess the provider's regulatory compliance, to inform a recommendation to renew the registration of the designated centre. The provider KARE, Promoting Inclusion for People with Intellectual Disabilities operates 20 designated centres and has demonstrated a good regulatory history. Inspectors of Social Services completed inspections in nine designated centres over two days, including visiting the provider's head office to discuss oversight and progress with quality improvement initiatives with members of senior management. Overall the inspections found high levels of compliance with the regulations, and effective governance and oversight systems which were identifying and acting upon issues in response to the needs of residents. In this centre, the inspector also found good levels of compliance with some improvements required in relation to residents' finances and in the premises.

The Kare DC5 centre consists of three houses located in three different locations in Co. Kildare. Each house is registered for only one resident. Residents had lived in their homes for many years, and in accordance with their assessed needs, they primarily required staff support with regard to positive behaviour support, sensory supports and with their social care needs. Before the inspection, the inspector contacted the person in charge to plan the best order for visiting the houses. This was necessary due to the distance between the houses and to coordinate meetings with residents and their support teams based on their individual routines.

The resident living in the first house visited by the inspector chose not to engage with the inspector, and this was respected. The resident's personal preference was to have interactions with staff and visitors on their own terms. The resident had left the house to go shopping, and the inspector met with one of their support staff and the person in charge. The support staff, demonstrating a distinct level of knowledge of the resident's interests, personalities, and support requirements, described how the resident was supported in living a life of their choosing. The resident preferred to be out and about in their local community and they enjoyed a full and busy schedule. Staff informed the inspector that the resident was completing training in a first aid responder course to work towards volunteering at football matches. The resident was also working on independence skills in the community and attending gym classes and playing golf. The resident had free access to all areas of their home. There were no restrictive practices in place, and it was clear that the centre had a welcoming atmosphere and the resident considered it their home.

The inspector visited the second property shortly before the resident arrived back to the house with two support staff. The resident preferred a minimally decorated living space, and this preference was reflected throughout the house. The resident's clothing and personal items were kept in a separate room away from their bedroom in line with their expressed preferences to promote sleep hygiene and positive behavioural support. This designated centre was last inspected on behalf of the Chief Inspector in June 2022. During that inspection, a number of premises issues

were identified for this house that required attention. These included mildew build-up on a wall, damaged floor boards and splintered door frames. The inspector noted that these improvements had taken place, but the house had a malodour on entry, which indicated a ventilation issue and required further attention.

Two staff members supported this resident each day and night. The staff members on duty had a good rapport with the resident, and they spoke freely and confidently about their fundamental care needs and interests. They explained how the resident responded best to a consistent approach to care and support from a familiar staff team. Staff members were also able to explain in detail the mannerisms that would indicate that the resident was unhappy and how they brought about a positive intervention on these occasions. The resident had access to two staff during the day as well as transport. There was evidence that the resident was out and about in their community and doing various activities such as walks, visits to sensory gardens and open air activities. These activities were all risk assessed and staff introduced new activities in a planned and supportive way to ensure that there was a better prospect of success.

The third house, a two-storey house in a small housing estate, was approved for renovation by the provider. This initiative was aimed at creating a more pleasant living environment for the resident, reflecting the provider's commitment to enhancing the resident's quality of life. In order for premises works to be completed in the centre, the resident would have to stay in another location for several months while the renovations were underway. The inspector was informed that plans were being devised in order to progress the renovations, which were due to commence in the coming months.

Each resident expressed a preference for living independently in their own home rather than sharing living spaces with others. The inspector noted that this arrangement enabled them to customise their living spaces to suit their individual interests and activities. For instance, in one house, the resident preferred a very minimalist living environment to help reduce overstimulation by too much visual information to process. In another house, the resident had rooms for arts and crafts projects and sensory activities.

The inspector was informed that the staffing arrangements for this centre were fundamental to providing each resident with the individualised service that they received. To maintain emotional and psychological wellbeing, each resident responded well to familiar staff, and the provider endeavoured to ensure that a consistent staff team worked in this centre. A staff member was on duty each day to provide one-to-one or two-to-two support, which had a positive impact on residents in maintaining the lifestyle that they chose to lead.

As this inspection was announced, a feedback questionnaire for the resident and their representatives was sent in advance of the inspection. Three questionnaires were completed by residents with the support of staff. Their feedback was positive and indicated satisfaction with the service and facilities provided in the centre.

The inspector also reviewed the consultation with the resident and their

representatives as outlined in the most recent annual review of the quality and safety of care and support in the designated centre. Feedback from family members were also positive and noted that residents were more content since the staff teams had become stable. One family member said they were looking forward to one house being renovated in 2024. Another family member mentioned that they would like to see more durable and longer-lasting facilities in one house, in accordance with the residents' needs.

To summarise, the provider provided good oversight in relation to the care and support provided to the residents in each location, and clear evidence was observed over the course of the inspection in the provider's consistency in consulting with the residents about their thoughts and feedback on the service they were receiving. The inspector found that the provider promoted the welfare of each resident by ensuring that a stable staff team was in place and that there was sufficient oversight of care. Although fire safety, risk oversight and premises required further improvement, overall, the residents received a very individualised service in which their wellbeing was actively promoted.

The next two sections of this 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

The centre had a clear management structure, which included a person in charge and a senior manager who provided oversight of the care offered in this centre. The person in charge facilitated the inspection, and they demonstrated a good understanding of both the residents' needs and the resources provided to meet those needs.

The person in charge held a full-time position and was regularly present in each house in the centre. They were responsible for two designated centres. They held regular staff team meetings, which allowed for residents' specific care to be discussed, and also had formal meetings with their line manager to review operational matters.

There were good oversight arrangements in place, which assisted in ensuring that the care provided was held to a good standard at all times. Oversight arrangements included the completion of mandatory audits and reviews as set out in the regulations, as well as internal audits, which were completed by both the person in charge and by designated staff members. It was clear that each person in the management structure understood their roles and responsibilities, which ensured that accountability was promoted in this centre.

The provider had ensured that adequate staff were hired to meet the residents'

needs. The provider and the person in charge recognised that stability in staffing provision was a key criterion for delivering safe care to the residents and enhancing their lives. Each staff member was well-known to the resident, which worked well with regards to promoting positive behavioural support for them. The staff team were meeting on a regular basis and minutes of meetings showed that these meetings were comprehensive in nature and all aspects of the residents' life were considered. The provider had a programme of mandatory and supplementary training in place, which assisted in ensuring that staff members could meet residents' assessed needs.

To support newly recruited staff members in this service, the person in charge had an induction programme in place to ensure they were supported in getting to know the residents and their assessed needs prior to working directly with them. The staff team were complimentary of the support they received both from their manager but also the team around the residents.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of this centre in line with requirements outlined in this regulation.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time position and was regularly present at the centre to meet with their staff team and the residents. They were supported in their role by their line manager and staff team. Current governance and management arrangements gave them the capacity to ensure this centre was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that each staff team were friendly, knowledgeable of the residents' support needs and interests, and had a good rapport with the residents.

The residents were supported by a team of direct support workers, who were allocated to support residents on a one-to-one or two-to-one basis. The number and skill-mix of staff was in keeping with the complement set out in the statement of

purpose. The inspector reviewed a sample of four months of planned and actual rosters in the centre and found that they were well-maintained. As previously mentioned, each house had a core team to support residents. Reducing the number of staff working in each house promoted a familiar and consistent approach to care.

A review of staff files was completed the day before this inspection in the provider's head office. They were found to contain the information and documents specified in schedule 2 of the regulations. The provider had valid contracts in place for staff members as well as a vetting disclosure in accordance with the National Vetting Bureau. There were no gaps noted in relation to the provider's records that were reviewed.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured that all staff received up-to-date training appropriate to their roles. Staff were also subject to ongoing supervision from the person in charge, as and when required. Staff confirmed that they received supervision and were given appropriate guidance to ensure they could fulfill their respective roles. Staff spoken with said that they felt well supported and that they could raise any concerns to the person in charge if required.

Team meetings also facilitated discussion about care needs within the centre and promoted a collective approach in regards to the delivery of the service. Staff could also utilise an emergency on-call service if they required support outside of normal working hours.

Judgment: Compliant

Regulation 21: Records

The provider ensured that the necessary records were available for inspection. Systems were in place to maintain high-quality, accurate, and up-to-date records.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clearly defined as were staff roles and responsibilities. The service was adequately resourced to ensure the effective

delivery of care and support. There were quality assurance systems for maintaining oversight of the service such as the annual and six-monthly quality and safety reviews. The annual review provided for consultation with the resident and their representatives. A schedule of audits was in place, including audits of person-centered plans, environmental management, and medicine management. Any required actions identified in these audits were added to a quality improvement plan and monitored until complete.

Good internal communication systems were maintained, with regular staff and management team meetings taking place.

The most recent annual review was completed on 20 November 2023. It was thorough in nature and identified various quality improvements that the centre had identified. From this review, there was an improvement plan, and some of the issues identified were already in progress. The provider had identified that one house required renovation and garden works and funding had been secured for this.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had an up-to-date statement of purpose available for review. The information contained in the statement of purpose was in line with the information set out in schedule 1 of the regulations. There was also an easy-to-read version available.

Judgment: Compliant

Regulation 31: Notification of incidents

In advance of this inspection, the inspector reviewed notifications that had been submitted regarding this designated centre to the Chief Inspector. The person in charge had ensured that incidents, as detailed under this regulation, which had occurred in the centre were notified to the Chief Inspector.

The inspector found that where incidents did occur, these were appropriately managed using a person-centred response and are reviewed as part of the provider's continuous quality improvement measure. This is with the objective of enabling effective learning and preventing a possible recurrence.

Judgment: Compliant

Regulation 4: Written policies and procedures

There were relevant policies and procedures in place in the centre which were an important part of the governance and management systems to ensure safe and effective care was provided to residents, including guiding staff in delivering safe and appropriate care.

On a review of the centre's schedule 5 policies, all policies and procedures had been reviewed in line with the regulatory requirements.

Judgment: Compliant

Quality and safety

This was a very individualised service, that focused on the assessed needs, wishes and preference of each resident, ensuring that the service delivered to them, was operated in a resident-led manner. The residents enjoyed a good quality of life and were supported by a consistent staff team, which had a positive impact on ensuring their assessed needs were at all times met. Some improvements were required to ensure that a safe service was provided, and the requirements of the regulations were met.

Residents received a very individualised service tailored to their individual needs and preferences. An assessment of the health, personal and social care needs had been completed for each resident. They also had a personal plan, which was reviewed at least annually. There was evidence of regular multidisciplinary input into and review of the supports provided to the residents. There was evidence that residents was being supported to achieve their personal development goals. Residents were supported to engage in a range of leisure and recreational interests in line with their choices and interests. This included activities such as gardening, attending a hub for activities, arts and crafts and activities in the wider community such as going shopping, going to the cinema and eating out. Links with family members were promoted and encouraged.

Residents were supported to achieve good health and wellbeing. The arrangements in place ensured ongoing monitoring of the residents' health needs. Where external allied healthcare professional services were required, access to these was facilitated. Residents also had input from multi-disciplinary team (MDT) supports as required. Residents who required one had a behaviour support plan in place. Staff had been involved in the development and review of these plans. The plans reviewed by the inspector included preventative approaches to implement to reduce the likelihood of an incident occurring and guidance to follow, if needed, in the event of an incident. Staff spoken with were knowledgeable and familiar with identified triggers and supportive strategies. There were some restrictive practices in place, and these were

maintained under regular multi-disciplinary review, to ensure the least restrictive practice was at all times used.

Since the last inspection, the provider had made some improvements to fire safety measures. These included installing fire doors with self-closures to contain the spread of fire and smoke in the event of a fire. The previous inspection also noted that one area of the designated centre containing the washer and dryer appliances was not equipped with a fire alarm to detect and warn staff if a fire occurred in this area. The provider responded through their compliance plan, stating they would install a smoke alarm in this area. While the inspector observed this had been done, it did not appear that the fire alarm was connected to the fire panel system, and therefore, the emergency monitoring system would not be alerted in the absence of staff. Also, due to the utility area's outdoor location, the inspector was not assured that it would effectively alert staff and required review.

The management of risk was found to be good in the centre. There were arrangements for the identification, assessment and review of risks. In addition, there were a range of emergency plans and safety protocols in place in the centre. Staff were very familiar with the assessed needs of the residents, and good oversight was maintained to ensure their needs were re-assessed, as and when required. Where specific risks relating to their care were identified, risk assessments were put in place to support these. However, better arrangements were required to the provider's system for the assessment of organisational risks, to ensure this system fully supported the provider and person in charge in their on-going review of these areas of service.

Regulation 13: General welfare and development

The provider had ensured suitable arrangements were in place to provide residents with a varied choice of activities and lifestyles in accordance with their own preferences and wishes. Suitable transport and staffing arrangements were in place, which enabled residents to get out and about as much as they wanted. Some residents living in this centre chose not to attend a day service and instead were supported by the centre's staff team to develop their skills and participate in activities.

One house did not have a designated vehicle. However, because the house was situated close to local services and amenities, the resident was able to walk to these places easily. Additionally, staff were authorised to use their own cars to take the resident on longer trips or to locations that were farther away.

Judgment: Compliant

Regulation 17: Premises

Works had been done to the premises in the centre since it was last inspected on behalf of the Chief Inspector. Improvements were noted throughout the centre; however, two houses had damp odours that required further investigation. One house was due to be renovated, and it was identified that drainage issues in this house would need to be corrected as part of the renovations. However, this issue had not been identified for improvement in another house. In addition, the inspector identified that improvements to hand drying facilities in some bathrooms required replacing in line with infection prevention and control standardised measures.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had risk management systems in place to guide the identification, assessment, response, and monitoring of risk in this centre. Where incidents occurred, staff reported them and the provider quickly responded as and when required. Where a specific risk was identified relating to the care and support of residents, risk assessments were put in place for these.

However, some improvement was required in the assessment of organisational risks. For example, the provider for this centre maintained a risk register, and although it contained a range of risks, a review of these was required to ensure this system of review fully supported the provider and person in charge in their ongoing oversight of key aspects of this service, to include oversight of finances. The provider did not have oversight of some residents' finances. Due to the nature of the concern, this presented a safeguarding risk.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector also reviewed the fire safety arrangements in place. Evacuation drills took place regularly, and a specific plan was developed regarding the support provided to each resident at these times. It was documented that one resident may not participate in an evacuation drill. There was a documented procedure to follow should this occur when there was a real risk to their safety. The premises was provided with fire safety systems including a fire alarm, emergency lighting and fire extinguishers. Systems were in place to ensure these were maintained and regularly serviced.

As previously mentioned, the effectiveness and appropriateness of one fire alarm

required review by a fire safety professional.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

An assessment of the health, personal, and social care needs of residents was completed. Staff spoken with were familiar with and knowledgeable regarding these assessed support needs. The inspector reviewed a sample of files and noted that a range of risk assessments had been completed. Care and support plans were in place for all identified issues, including specific environmental requirements and situations that may cause distress. Care plans were found to be individualised and informative. There was evidence that risk assessments and support care plans were regularly reviewed and updated as required.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were met through timely access to healthcare professionals and the ongoing monitoring of their healthcare needs. Residents had an annual review of their healthcare needs with their general practitioner (GP) and had access to a range of professionals such as behavioural support, occupational therapists, speech and language therapists, dietitians, dentists and chiropodists. Regular reviews with allied healthcare professionals had been facilitated, and healthcare plans were updated based on the recommendations made by professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required, residents' behaviour support plans were regularly reviewed with input from the staff team and multidisciplinary professionals. They included proactive approaches to prevent or reduce the likelihood of an incident occurring, and response plans to be implemented if required. Staff who were on duty clearly understood how to provide support in this area and were clear regarding a consistent approach to care.

Some restrictive practices were in place. Improvements had been made since the

previous inspection in setting out the rationale for these practices. There was evidence that they were under regular review and had been approved by the provider's relevant oversight committee. These reviews had resulted in a number of restrictive practices being discontinued for example internal locked doors.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to support staff in identifying, responding to, and reporting any concerns relating to the safety and welfare of this resident. All staff had received up-to-date safeguarding training, and at the time of this inspection, there were no safeguarding concerns in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

This centre focused on person-centred care, and it was clear that the service was designed and delivered in a manner which suited residents' individual needs.

The provider had ensured that residents' rights were upheld through ensuring their involvement in the running of their own homes and in choosing how they wished to spend their time. They were regularly consulted by staff and were given a choice of activities, to ensure their wishes and preferences were respected and considered in all aspects of the service delivered to them. They had their own bedroom, which they had decorated in accordance with their own wishes, and were afforded private time away from the company of staff as and when they wished. Residents were encouraged to use and further develop their independence skills.

The inspector found several examples of the centre respecting and upholding residents' rights. Residents could choose whether to attend their day service, and they were included in decisions about the centre's running. The staff working with residents were matched to the residents' preferences and communication styles. The provider identified that a house renovation included drainage works to facilitate a resident's engagement in water-based activities in their garden. The diet for one resident was reviewed by a dietitian to determine if the requirement of a restricted diet was medically indicated. When it was found that the diet did not meet this requirement, the resident was introduced to new food groups with good success.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kare DC5 OSV-0001995

Inspection ID: MON-0034647

Date of inspection: 13/05/2024

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
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Leader will add the action to investigate the odour (noted by the inspector) on the online Maintenance Request System. Before the end of July 2024, the Facilities team will investigate the damp odour and plan any resulting actions.</p> <p>The shift plan for this location will be updated by the leader to include opening windows on a daily basis to improve ventilation. This will be completed on the 13th of June 2024 and all staff advised of the additional action required.</p> <p>One house will have a full renovation completed which will include additional drainage to support the service users needs. This will be completed by the end of July 2025.</p> <p>Hand drying facilities will be improved in the bathroom in one location to add a holder for disposable paper by the end of July 2024.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The organisation risk register will be reviewed and updated to include learning noted as part of the HIQA inspection process across the designated centres. This will be completed by the 12th of August 2024.</p> <p>The location risk register will re reviewed and updated with the leader, staff team and a member of the quality team at the staff team meeting in July 2024.</p> <p>Bank statements will be provided quarterly for oversight of spending. This is expected to be fully operational by the end of Aug 2024 and staff providing support will have oversight of the bank statements to reconcile accounts each month.</p> <p>A future plan for supporting the finances for the same individual has been discussed with the family and a solution is in development. This is in progress and expected to be completed by the end of September 2024.</p>	

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire alarm in the shed has been upgraded and is now connected to the main fire alarm system. This was completed on the 12th of June 2024.	
Thumb lock fitted to rear exit of one location, completed on 4th of June 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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/07/2025
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/07/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/09/2024
Regulation 28(3)(b)	The registered provider shall	Substantially Compliant	Yellow	12/06/2024

	make adequate arrangements for giving warning of fires.			
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