

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

Issued by the Chief Inspector

Name of designated centre:	124 Gracepark Road
Name of provider:	ChildVision Company Limited by Guarantee
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	29 May 2024
Centre ID:	OSV-0002091
Fieldwork ID:	MON-0034893

About the designated centre

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

124 Gracepark Road is a designated centre operated by ChildVision located in an urban area of Dublin. The designated centre offers residential services for up to five vision impaired young people with additional disabilities such as autism. The primary and main aim of the centre is to facilitate residents' access to appropriate education provision and to prepare for and transition to a later life lived as independently as possible within each residents' capacity. The centre provides social care and support consistent with maximising the residents' educational attainment and holistic development. The centre also provides meaningful opportunities for residents to exercise choice and to contribute to community living.

The centre is managed by a full-time person in charge, and the staff complement consists of social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Wednesday 29 May 2024	10:10hrs to 17:00hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre and to help inform a decision on the provider's application to renew the registration of the centre. The inspector used observations, conversations with residents and staff, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre.

Overall, the inspector found that the centre was operating at a high level of compliance which exceeded the requirements of most of the regulations inspected. Residents told the inspector that they were happy and felt safe living in the centre, and it was clear that they were in receipt of person-centred care and support which was upholding their dignity and autonomy.

There were four residents living in the centre, and one vacancy. The residents had busy lives and attended various educational programmes during the day. The programmes were primarily delivered on the provider's main campus, and included languages, orientation and mobility training, life skills, and enterprise work. The residents were happy to speak with the inspector at different times during the inspection that suited them. One resident briefly spoke with the inspector in the morning. They showed the inspector their bedroom and said that they were satisfied with the space and furnishings. They told the inspector that "all was well" in the centre and that they enjoyed their day programmes.

Another resident spoke more in depth with the inspector in the afternoon. They told the inspector that they "loved" living in the centre and felt safe there, describing it as "homely" and like a "second home". They knew all the staff working in the centre and were satisfied with the support they provided. They said that staff were very supportive and easy to talk to. They also got on well with their housemates. They were undertaking educational courses and work experience to develop their independence skills and to help them gain employment. They told the inspector that they enjoyed being independent. For example, they travelled on their own using public transport, did their own grocery shopping, and like to meet friends in local eateries and pubs. They also liked to cook their own meals, but told the inspector that staff were available to help them.

They told the inspector that there were no restrictions on them making choices in their life and that they decided how they spent their time and money. They were also well-informed on their rights. For example, they told the inspector about their intention to vote in the upcoming elections. They also told the inspector that they were consulted with and listened to about the running of the centre. They gave the example of how the practice of storing cleaning products in a locked press had been lifted following their suggestion to the person in charge that it was not necessary. The resident had participated in fire drills, and was aware of the evacuation procedures.

Two residents spoke together with the inspector. They said that the residents in the centre were "best friends", and that the staff were "very nice and helpful". They felt safe in the centre, describing it as a "great" house, and said that they could speak with the person in charge or Director of Social Care if they had any problems. They told the inspector that the food in the centre was nice and that they liked to cook as well as eat out. They liked being as independent as possible. For example, they self-administered their own medicine. In their day programmes, they enjoyed courses such as languages and sports, and in the evenings, they liked watching movies, listening to music, bowling, going to the cinema, and playing games. They were aware of the fire evacuation procedures and exits.

In advance of the inspection, staff had supported residents to complete surveys on what it was like to live in the centre. Their feedback was very positive and similar to the verbal feedback they gave to the inspector. For example, the surveys indicated that residents felt safe, had choice and control in their lives, got on with their housemates, could receive visitors, and were happy with the services available to them. The comments included "the food is excellent", "I can ask staff if I need or want anything", "I feel completely in control of my own schedule", "I consider this as my second home", and "staff are very kind".

The inspector found that effective arrangements were in place to support residents to communicate their wishes, and to make decisions about the centre and the care and support they received there. For example, in addition to daily consultations, residents had regular 'link' meetings where they reviewed their goals, and attended house meetings. The inspector viewed a sample of the minutes of these meetings, which are discussed further in the quality and safety section of the report. The provider's annual review and six-monthly unannounced visit reports of the centre had also given residents and their representatives the opportunity to express their views on the service provided in the centre. The feedback received from the most recent unannounced visit was positive, and indicated that residents were very happy, felt respected and cared for, and that their independence was being promoted in the centre. Residents' representatives also commented that the quality of the service provided to residents "is always amazing".

The inspection was facilitated by the person in charge and social care workers working during the inspection. The person in charge was very experienced, and demonstrated an excellent understanding of the individual residents' personalities and needs. For example, they told the inspector about the residents' interests, preferences, and the health and social care interventions they required while in the centre, such as dietary supports. The person in charge told the inspector that residents received a good quality, safe, and rights-based service that promoted their independence and encouraged them to be active in their communities. They had no concerns, however felt satisfied that they could easily raise concerns if need be. They had completed human rights training, and spoke about how they had implemented their learning. For example, a new consent form was being piloted that requested consent from residents instead of their representatives. This initiative was to support residents' autonomy and decision-making.

A social care worker told the inspector that the centre operated in line with

residents' needs, wishes, and individual choices. They gave examples of how residents were supported to make decisions about their care and support. For example, they were present at multidisciplinary review meetings and were supported to plan individual goals, such as learning to cook meals and use household appliances to develop their independence skills. They also told the inspector about how residents' wishes were facilitated. For example, during a student representative meeting, a resident requested an exercise machine for the centre and this was provided by the provider. The social care worker had no concerns, and felt well-supported by the person in charge. There were no safeguarding concerns, however the social care worker was aware of the procedures for responding to and reporting any potential concerns.

The inspector was shown around the premises by the person in charge and one of the residents. The house was observed to be homely, clean, comfortable, and nicely decorated in the living rooms. For example, photos of residents were displayed. Residents' bedrooms were decorated to their tastes, and there was sufficient communal space for them to receive visitors. The rear garden also provided an inviting space for residents to use. The kitchen was well-equipped, and the inspector observed a good selection and variety of food and drinks for residents to choose from.

The inspector observed good fire safety precautions, such as fire alarms and fire-fighting equipment. However, some of the fire containment measures required improvement to ensure that they were effective. The premises and fire safety are discussed further in the quality and safety section of the report.

Overall, the inspector found that residents were very happy in the centre, and were in receipt of a very high quality and safe service.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This announced inspection was carried out as part of ongoing regulatory monitoring of the centre, and to help inform a decision following the provider's application to renew the registration of the centre.

Overall, the inspector found that there were effective management systems in place to ensure that the service provided to residents in the centre was safe, consistent, and appropriate to their needs. The provider had also ensured that the centre was well-resourced in line with the statement of purpose.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and found

to be suitably skilled, experienced, and qualified for their role. The person in charge was based in the centre and knew the residents well. The person in charge was promoting a human-rights based approach to care, and encouraged residents to be active participants in the service they received. For example, they had developed a new consent form for residents to use instead of their representatives. The person in charge reported to a Director of Social Care, and there were effective arrangements for them to communicate with each other.

The registered provider and person in charge had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and six-monthly reports, and a suite of audits had been carried out in the centre. Actions identified from audits and reports were monitored to ensure that they were progressed.

The provider had also established an effective complaints procedure that was in an accessible format to residents.

The staff skill-mix consisted of social care workers. The person in charge was satisfied that it was appropriate to the assessed needs of the current residents. They described the staff team as being very competent and skilled, with a good mix of qualifications and experience. For example, some staff had additional training in multi-element behaviour support. The inspector viewed the recent staff rotas, and found that they clearly showed the staff working in the centre and the hours they worked.

There were arrangements for the support and supervision of staff working in the centre, such as management presence and formal supervision meetings.

Staff also attended team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The inspector viewed recent staff team meeting minutes from April and May 2024. The minutes recorded discussions on incidents, risk management, fire safety, safeguarding, infection prevention and control, management updates, the medication policy, premises issues, restrictive practices, and residents' goals, such as money skills and spending time alone in the centre.

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge had been in their role since 2005, and was found to be suitably skilled and experienced. They also possessed relevant qualifications in social care, education and management.

The person in charge had a clear understanding of the service to be provided to residents. They demonstrated a strong focus on person-centred care and support, and was ensuring that residents received a quality and safe service where their

human rights were at the fore.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix of social care workers was appropriate to the number and assessed needs of the residents in the centre. There were no vacancies in the complement. However, regular relief staff were used to cover staff leave, which ensured that residents received continuity of care and support.

Residents told the inspector that they knew the staff working in the centre, and were very complimentary about the staff and the care and support they provided.

The person in charge maintained planned and actual staff rotas. The inspector viewed the recent rotas for March, April, and May 2024, and found that they clearly showed the names of the staff working in the centre during the day and night, and the hours they worked.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were required to complete a suite of training as part of their professional development and to support them in the delivery of appropriate care and support to residents. The training included safeguarding of residents, administration of medication, human rights, manual handling, first aid, supporting residents with modified diets, infection prevention and control, management of challenging behaviour, and fire safety. Staff had also completed training in additional areas, such as the Assisted Decision-Making (Capacity) Act, 2015. The training records viewed by the inspector showed that staff were up to date with their training requirements.

The person in charge provided informal support and formal supervision to staff. The person in charge was based in the centre, and formal supervision was carried out every six weeks. The inspector reviewed the supervision records of two staff, and found that they were up-to-date and well maintained.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had effected a contract of insurance against injury to residents and other risks in the centre including property damage.

Judgment: Compliant

Regulation 23: Governance and management

There were good management systems in place to ensure that the service provided in the centre was safe and effectively monitored. The inspector also found that the centre was well-resourced in line with the statement of purpose. For example, the staffing arrangements were appropriate to the residents' needs.

There was a clearly defined management structure in the centre with associated lines of authority and accountability. The person in charge was full-time and based in the centre. They reported to a Director of Social Care, who in turn reported to a Chief Executive Officer (CEO). The CEO had commenced in their role in March 2024, and had visited the centre to introduce themselves and meet with the residents. There were good arrangements for the local management team to communicate and escalate any concerns. For example, the person in charge attended weekly meetings with the Director.

The provider had implemented good systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews and six-monthly reports (which consulted with residents and their representatives) were carried out, along with a suite of audits by the person in charge and members of the provider's multidisciplinary team on areas, such as care plans, health and safety matters, fire safety, incident management, safeguarding of residents, medicine administration, and infection prevention and control (IPC). The inspector found that quality improvement actions identified from the audits were being monitored by the management team to ensure progression. For example, the kitchen blinds had been upgraded following a recent IPC audit finding.

There were effective arrangements for staff to raise concerns. Staff spoken with told the inspector that they could easily raise any concerns with the management team. In addition to the support and supervision arrangements, staff attended weekly team meetings which provided a forum for them to raise any concerns.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. It had been recently updated, and was readily available in the centre to residents and their representatives.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had implemented an effective complaints procedure for residents, which was underpinned by a written policy. The inspector viewed the policy and found that it outlined the processes for managing complaints, the relevant persons' roles and responsibilities, and information for residents on accessing advocacy services.

The procedure was readily available in the centre. Information on complaints and advocacy had also been prepared in an easy-to-read written format and Braille to make it more accessible to residents. Advocacy, including external advocacy services, were also discussed at residents' meetings to support their understanding of the topic, and there was information on the kitchen notice board about the external advocate.

Residents told the inspector that they had no complaints, but were aware that they could make a complaint if they wished to.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a high standard of care and support in the centre. Residents told the inspector that they felt safe, and were happy in the centre and with the service provided to them. The provider, person in charge and staff team were promoting and supporting residents to exercise their rights and achieve their personal and individual goals. However, the inspector found that the fire safety precautions in the centre required improvement to better mitigate the risk of fire.

Residents had active lives, and were supported to make decisions about their care and support, and on the running of the centre. The provider had implemented effective systems and arrangements to ensure that the centre operated in line with a human rights-based approach to care and support. For example, residents attended meetings concerning them and were supported to plan personal goals. They also attended house meetings to discuss topics concerning the centre.

Residents had received education on their rights, and information provided to them was prepared in an accessible format as they wished. Residents told the inspector that they felt that their rights were respected in the centre, and the inspector observed them using the centre without restriction.

There were no safeguarding concerns. However, the provider had adequate arrangements to ensure that any potential concerns were reported and responded to.

The inspector also found that there were appropriate practices and systems for the management of medications. For example, residents' medicines were observed to be securely stored, and the provider's nursing team carried out medication audits to ensure that the practices in the centre were appropriate.

The premises comprised a large two-storey house located in a busy Dublin suburb close to many amenities and services. The house comprised individual residents' bedrooms, and communal spaces, including a sitting room, a study room, a utility room, an open-plan kitchen and dining room, and bathrooms. There was sufficient space for residents to receive visitors. The facilities included Internet access and equipment required by residents, such as a desktop computer and an exercise machine. There was also a large rear garden, and a staff office. Overall, the house was found to be homely, comfortable, and nicely decorated.

The kitchen was well-equipped for residents to store and prepare food, and there was a good selection of food and drinks for them to choose from. Residents told the inspector that they liked the food in the centre, and were supported to purchase, prepare, and cook food as they wished. Some residents required specialised diets, and care plans were available to guide staff on their individual support needs.

The inspector observed good fire safety precautions. For example, there was fire-fighting and detection equipment throughout the house, and staff had received fire safety training. Residents had also received fire safety education, and were aware of the evacuation procedures. However, some improvements to the fire precautions were required. A fire safety report by an external party had identified deficits with the fire containment measures, and some of these matters remained unresolved.

Regulation 11: Visits

Residents could freely receive visitors in the centre and in accordance with their wishes.

The premises provided suitable communal facilities and private space for residents to spend time with their visitors. Residents told the inspector that they could receive visitors, such as friends and family, as they wished. On the evening of the inspection, some residents had arranged for their friends to visit them in the centre.

Judgment: Compliant

Regulation 17: Premises

The centre comprised a large two-story house in a busy suburb close to many amenities and services, such as shops, public transport links, and the residents' education programmes.

The premises were found to be appropriate to the needs of the residents in the centre at the time of the inspection. Residents also told the inspector that they were happy with the premises, and the facilities it provided such as their individual bedrooms.

The premises were observed to be clean, homely, and nicely furnished. The communal space included a large sitting room, a study room, and an open-plan kitchen and dining room. There was also a large rear garden with bright flowers, and seating furniture for residents to use. Residents' bedrooms provided enough space for their belongings, and were decorated to their tastes. The upstairs bathroom facilities required upgrading, and the provider planned to do these works during the summer months.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to be involved in the purchase, preparation and cooking of their meals as they wished.

The inspector observed a good selection and variety of food and drinks, including fresh food, in the kitchen for residents to choose from. The kitchen was also well-equipped with cooking appliances and equipment. Residents told the inspector that they chose their menu on a weekly basis, but could change their minds if they wished. Some residents liked to cook as part of their independent living goals, and staff provided guidance as required. For example, 'healthy eating' had been discussed with residents during house meetings and individual 'link meetings'. Some of the kitchen appliances had also been modified to make them easier to use. For example, raised stickers were stuck to the air fryer to help residents cook at the right temperature. Residents also told the inspector that they enjoyed eating out.

Residents were also supported to shop for groceries if they wished. For example, some residents had received training to walk to and navigate the local supermarket, and used smart devices to help them identify and purchase items.

Some residents required modified diets. Associated care plans were in place for staff

to follow, and reflected input from relevant health professionals such as nurses and speech and language therapists. The care plans also included information on the foods that residents liked and disliked. Staff had received training in supporting residents with modified diets, and the inspector found that staff spoken with were knowledgeable on the contents of the associated care plans.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured that a residents' guide was available to residents in the centre. The guide contained information on the services and facilities provided in the centre, visiting arrangements, complaints, accessing inspection reports, and residents' involvement in the running of the centre.

The guide was available in different formats to make it accessible for residents. For example, it had been prepared in Braille, as well as electronic and paper versions.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety precautions in the centre. However, some improvements were required to ensure that the precautions were fully effective.

There was fire detection and fighting equipment, and emergency lights, and these were regularly serviced to ensure that they were maintained in good working order. Staff also completed regular checks of the equipment and fire precautions.

The inspector released all of the fire doors in the centre, including the bedroom doors, and observed that they all closed properly. However, the effectiveness of some doors were comprised, such as the door leading from the study to the hall, due to unfilled keyholes, which could potentially allow smoke and fire to enter. The inspector also read a fire assessment of the premises, reviewed in December 2023, which outlined the following:

- Five fire doors required certification
- The gap between one door and its frame was too wide
- The chimneys required sealing

The inspector was told by the provider that they had received quotes for the required works, and were committed to undertaking them. However, they had not

yet secured the required funding.

The person in charge had prepared individual evacuation plans which outlined the supports residents required to evacuate the centre. The inspector found that the plans were up to date. Regular fire drills were carried out to test the effectiveness of the fire plans. The inspector found that a drill reflective of a night-time scenario had not been carried out in the previous 12 months. However, staff and residents spoken with were familiar with the evacuation procedures.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed the medicine practices related to two residents living in the centre, and found that the practices, including the practices for the storage and administration of medicines, were appropriate and in line with the provider's associated written policy.

Residents were supported to maintain their autonomy in managing their medications. Some residents self-administered their own medicines while others required staff assistance to do so.

The inspector observed that the residents' individual medicines were clearly labelled and securely stored. The inspector viewed the residents' recent medication administration sheets and records. They contained the required information, as specified in the provider's policy, such as the residents' name, allergies, photograph, and medicine names and dosages. The records indicated that residents had received their medicines as prescribed. For example, at the prescribed time. The inspector also observed that opened medicines were labelled to ensure that they were used or disposed of within the manufacturer's directions.

There were arrangements to ensure the safe delivery of medicine administration. For example, staff had received training on the safe administration of medicine. There were also arrangements for the monitoring of medicine practices. For example, medication audits and 'spot checks' were carried out by the provider's nursing team. Where required, actions for improvement were completed.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that effective supports were in place for residents with behaviours of concern. Written behaviour support plans outlined the strategies to support residents to manage their behaviours, and the person in charge was

satisfied that the plans were effective. Staff had also completed relevant training in this area to inform their practices.

There were no restrictive practices implemented in the centre. However, the provider had prepared a written policy on the matter, and had systems to review the use of potential restrictions. For example, regular audits in the centre were used to identify and monitor the use of any restrictive practices.

Judgment: Compliant

Regulation 8: Protection

The inspector found that residents were safe in the centre, and that the registered provider and person in charge had implemented systems to safeguard them from abuse. For example, staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns, and there was guidance in the centre for them to easily refer to.

Where required, intimate care plans had been prepared (with agreement from the respective residents) and outlined the individual supports residents required to ensure that staff delivered care in a manner that respected residents' dignity and bodily integrity.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider and person in charge had ensured that the centre was operated in a manner that respected residents' disabilities and promoted their rights. Residents told the inspector that they could fully exercise their rights without restriction, and the inspector saw that they had control in their lives and were being supported to be active participants in making decisions about their lives and in the running of the centre. For example:

- Residents had input in the development of their care plans; they attended their multidisciplinary team review meetings, and signed their care plans to indicate that they were in agreement with the content. The plans were also found to be written using professional and person-centred language.
- Residents were supported to choose, plan and achieve individualised personal goals, such as using assistive technology, completing education programmes, and learning skills to live more independently. Residents reviewed their goal progress at regular meetings with their 'link' staff. The location of the meetings was determined by the residents. For example, some residents liked

to have their meetings in local coffee shops.

- Residents attended house meetings, usually once per term. The inspector reviewed the meeting minutes from September 2023 to May 2024, and found that a wide range of topics were discussed to support residents' understanding of their rights. For example, advocacy services were discussed at the May meeting, and 'respect' and 'dignity' were discussed at the February meeting.
- One of the residents in the centre sat on the provider's 'student representative' forum. They brought potential issues from the centre to the forum, which was attended by the Director of Social Care.
- The provider had recently established a human rights committee with staff and resident representatives, as well as external members.
- Residents had active lives, and chose how they spent their leisure time. For example, they liked to meet friends, eat out, and attending theatre shows. They also told the inspector that they had control over their own money.
- Key information had been prepared in formats accessible to residents. For example, the inspector observed information on consent, decision-making, complaints, safeguarding, and advocacy in Braille in the communal living areas.
- Some residents had completed courses in advocacy and human rights.

Staff had completed human rights training to inform their practices. Staff told the inspector about how they applied their learning to enhance the rights of residents. For example, consent forms had been revised to consult with residents instead of their representatives as was previously done. Residents were happy to provide consent themselves, and commented during a recent residents' meeting: "we are adults able to make our own decisions". In addition to the training, promotion and understanding of residents' rights were discussed at staff supervision meetings.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for 124 Gracepark Road OSV-0002091

Inspection ID: MON-0034893

Date of inspection: 29/05/2024

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Each of the fire doors will be addressed to ensure that gaps are remediated, that keyholes are sealed and that the doors themselves are certified by a competent person. In addition, each fireplace will be sealed by fitting chimney caps. In respect of simulating night-time evacuation procedures this has already been actioned as of June 4th 2024 and will continue to occur at regular intervals alongside those other evacuation scenarios already in place.	

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 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	30/08/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/08/2024
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	04/06/2024