Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Kare DC9
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-0003715
Fieldwork ID:	MON-0036112

About the designated centre

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

Kare DC9 comprises of three separate houses that can accommodate a maximum of nine male and or female adults with an intellectual disability. Person centred supports are provided to meet the physical, emotional, social and psychological needs of each person living in each of the houses. The first house is a bungalow situated in a town in Co. Kildare and can accommodate four individuals. The second house is also a bungalow situated on the outskirts of a town in Co. Kildare which can accommodate up to four individuals. The third property is a two storey house also on the outskirts of a town in Co. Kildare which can accommodate one individual. The three houses are located close to local amenities and public transport links. The staffing compliment for the centre includes a social care leader, social care workers and care assistants who provide full time residential care to the residents living in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

How we inspect

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	09:20hrs to 18:20hrs	Marie Byrne	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 areas of good practice; however, improvements were required in relation to resources, the provider's systems to safeguarding residents' finances and the systems in place to ensure that the Chief Inspector of Social Services is notified of certain events in line with regulatory requirements. In addition, the provider was in the process of reviewing the supports in place for one resident to ensure they were in receipt of the services they required. This involved a review of their home to make sure it was fully meeting their needs, a review of the transport available to them, and a review of the services they were accessing to meet their healthcare needs.

From what residents told them and from what the inspector observed, residents were well-supported and cared for. They were making choices and decisions about how and where to spend their time and had opportunities to work, go to day services or take part in activities they enjoyed on a regular basis. One resident was dissatisfied with some parts of their home and their access to transport and they had raised a number of complaints which the provider were in the process of responding to. These areas will be discussed further later in the report.

The designated centre had nine registered beds and there were six people living in the centre at the time of the inspection. The inspector had an opportunity to meet and spend some time with each of them across the three houses over the course of the inspection.

Kare DC9 consists of three houses which are close together on the outskirts of a large town in County Kildare. Each of the houses visited were found to be clean, well maintained and homely. Each resident had their own bedroom and there were a number of communal spaces available to them. Overall, the houses were homely and decorated and furnished in line with residents' preferences. Five residents showed the inspector their bedrooms. Their bedrooms were personalised to suit their tastes and they had their favourite possessions and pictures on display. Artwork, pictures and soft furnishings contributed to how homely the houses appeared. One resident had requested a number of changes to the window coverings in their home and works were planned in one house once a resident

transitioned back to their home which was being refurbished. The houses are within driving distance of a number of towns and villages and there are a number of vehicles to support residents to take part in activities they enjoy. However, access to vehicles was limited at times, and this will be discussed further under Regulation 23.

Earlier in 2024, the provider had submitted an application to vary the conditions of registration of this designated centre to change the footprint by adding another single occupancy dwelling. This had resulted in a reduction in risks associated with safeguarding and protection. In another house there was one resident living there while renovations were completed to their home. The third house was home for four residents.

In one house a resident spoke with the inspector about their job. They had been working there for many years and said ''I like it, I work hard''. In another house a resident spoke about how they were now retired from their job. They spoke about how much they had enjoyed their job and about all the activities they were now enjoying. They spoke about the friendships they had made in work and the holiday they had planned during the summer months.

Residents had goals in place and were working towards achieving them. For example, one resident was a talented artist and their art work was on display throughout the house. One of their goals was to hold an art exhibition and staff spoke about where this was going to be. Over the course of the inspection, residents spoke about activities they like to take part in such as bowling, karaoke, art club, going to music events and social clubs, going out with their family and friends, and taking part in the upkeep of their home and garden. One resident spoke about cleaning their room and another resident spoke about how much they enjoyed cutting the grass.

Three residents told the inspector they were happy and felt safe in their home. Two residents spoke about who they would talk to if they had any worries, concerns or complaints. Resident meetings were occurring on a regular basis. There was information available in the houses in an easy-to-read format in relation to rights, safeguarding, how to access advocacy services, and how to make a complaint. There were picture rosters and pictures of activity options available for resident's use.

Throughout the inspection residents appeared very comfortable in the presence of staff. They sat chatting with staff and were observed to seek them out when they needed support. Staff were observed to be very familiar with residents' communication preferences. Staff spoke about residents' strengths and talents and some of the goals they were in the process of achieving. They also spoke about upcoming holidays that residents were planning.

Six residents completed, or were assisted to complete questionnaires on ''what it is like to live in your home'' in advance of the inspection. These were given to the inspector during the inspection. In these questionnaires residents indicated they were happy with their home, what they do every day, the staff that support them, the people they live with and their opportunities to have their say. Examples of

comments in their questionnaires included, "happy with my home", "looking forward to my holidays", "I do my shopping and I make and eat food i like", "I live on my own. I see my friends at social club", "I am happy with staff. I do thinks i like", "nice room", and "Im looked after".

One resident included the following in their questionnaire "need a car for here", and "I want the use of a bus all the time". When asked if it was a nice place to live five residents answered yes, and one resident "it could be better" and "do not feel safe, want a bungalow, can't manage the stairs", and "It's too far from town". They also told the inspector this during the inspection. They said they liked the house but not the stairs and added that the doors were noisy and bang when they close. This was also referred to in a complaint submitted by another party about this house.

The inspector reviewed a number of compliments in the centre. One recent compliment from a residents' family member included "...settled in very well...delighted how well ...is doing". Another compliment from a family member to thank staff for their support with the residents' recent transition and to say "...is so settled and happy and that's down to the team". Another family member thanked the team for the support they provided to ensure they could spend "quality family time" with their relative.

In summary, residents were busy working, attending day services or taking part in activities in their home or local community. The staff team were motivated to ensure they were happy, safe and developing and achieving their goals. The provider was identifying areas of good practice and areas where improvements may be required. Areas where improvements were required related to access to transport, the provider's systems to safeguard residents' finances and the systems to notify the Chief Inspector of events occurring in the centre in line with regulatory requirements.

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

Capacity and capability

There were clearly defined management structures and staff roles and responsibilities were clearly defined. The provider was identifying areas of good practice and areas where improvements were required. These related to transport and the notification of incidents to the Chief Inspector. The inspector also found that improvements were required in relation to the provider's systems to safeguard residents' finances

The person in charge facilitated this inspection. They reported to a person participating in the management of the designated centre who was also present during the inspection. There was an on-call manager available to residents and staff

out-of-hours. Staff who spoke with the inspector said they were well supported.

The provider had a number of systems to monitor the quality and safety of service provided for residents. These included audits, unannounced provider audits every six months, and an annual review. The provider had developed policies, procedures and guidelines to guide staff practice. The provider had taken a number of responsive steps to to support one resident to transition to a new home and to support another resident to move to this centre while works were completed on their home. A the time of the inspection, they were also in the process of reviewing the supports in place for one resident to ensure they were in receipt of the services and supports they required in line with their healthcare, accommodation and transport needs.

The centre was fully staffed at the time of the inspection. Four staff spoke about the supports in place to ensure they were carrying out their roles and responsibilities to the best of their abilities. They were in receipt of regular formal supervision, were accessing training courses, and had opportunities to discuss issues and share learning at team meetings. Staff were found to be escalating their concerns to the management team, such as highlighting their concerns about one residents increasing support needs. An emergency meeting had been held and a number of actions had been developed and were being implemented as a result of this meeting. Staff had also escalated their concerns over the pace of one resident's transition and the lack of readiness of the house they were moving into.

Regulation 15: Staffing

The inspector reviewed a sample of three months of planned and actual rosters across the three houses. These were found to be well-maintained.

There were no staffing vacancies at the time of the inspection. There were a small number of regular relief staff covering a small number of shifts to cover planned and unplanned leave. This was found to be ensuring continuity of care and support for residents. Staffing resources were being reviewed and changed in line with residents' changing needs. For example, due to the changing needs of one resident, the shift pattern was changed to ensure they were supported by a variety of different staff members over a 24 hour period.

A review of staff files was completed the day of this inspection in the provider's head office. These were found to contain the information and documents specified in schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

From a review of the 17 staff's staff training on a training matrix and a sample of nine certificates of training for staff members, the inspector found that each staff had access to, and had completed training listed as mandatory in the provider's policy. In addition, staff had bespoke training in line with residents' changing needs. For example, a nurse employed by the provider had attended staff meetings and provided training to the staff team, and more was planned.

A number of staff had completed training on applying a human rights based approach in health and social care. The inspector spoke with one staff member about this training. They spoke about how it had renewed their focus on ensuring residents choices and decisions were supported and respected. They also spoke about how important it was to them to support residents and to ensure their rights were respected, particularly at times when they were experiencing difficulties and challenges in their lives.

The inspector reviewed a sample of supervision records for seven staff. Detailed records were maintained and there were actions plans in place. These records detailed staff's strengths, areas for development and highlighted their roles and responsibilities in relation to residents' care and support.

Each staff who spoke with the inspector stated they were well supported and aware of who to raise any concerns they may have. Staff meetings for January to April 2024 were reviewed and agenda items were focused on residents' care and support and the day-to-day running of the houses. Agenda items included areas such as, residents' appointments and activities, health and safety, adverse events, risk, training, management meeting updates, policies and procedures, and the maintenance and upkeep of residents' homes.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured that the required records were available for review during the inspection. There were systems to ensure that records were a good quality, accurate and up-to-date.

The provider had a number of online systems which were easy to navigate. Staff had completed training on the use of these systems. Audits were completed regularly to identify if any changes or updates were required.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure which was detailed in the provider's statement of purpose. Staff who spoke with the inspector were aware of the reporting structures, and of their roles and responsibilities. The provider had systems for oversight and monitoring including a number of audits, six-monthly reviews and an annual review.

The inspector reviewed the latest annual review which was detailed and identifying areas for improvement; however the action plan at the end of this report did not fully reflect the findings or actions detailed in the main body of the report. However, there was a quality improvement plan in the centre which was detailed in nature and captured the actions from audits, the six-monthly reviews and some of those listed in the annual review. The inspector found that there was limited detail in the residents and their representatives section of the latest annual review.

The designated centre was not fully resourced at the time of the inspection and this related to the availability of vehicles, at times, for the use of some residents. For example, there was one vehicle shared between two of the houses and this vehicle was also used by day services twice a day during the week. There was a system in place to book transport, but the inspector was informed by a number of staff that transport was sometimes not available to book. One resident described the impact of not having access to transport at key times such as when they were finished work. This was also reflected in the minutes of a recent emergency meeting in the centre. In another house a resident was attending a weekly art class and every effort was being made to ensure that there was a driver and transport to support them to go to their art class. In the minutes of a recent emergency meeting for one resident in May 2024, it had been identified that the transport provision for one resident required review.

The inspector reviewed financial records for five residents and found that in the majority of cases there were suitable arrangements in place to support residents to manage their finances. However, the arrangements in place for one resident in managing their finances meant that the provider had no oversight of a significant portion of this resident's monthly income. The inspector acknowledges that the provider sent assurances after the inspection this resident now had a bank account in their name, which would ensure oversight of their income and expenditure.

Judgment: Not compliant

Regulation 31: Notification of incidents

Through a review of documentation in the centre, the inspector found that the person in charge had ensured that the Chief Inspector of Social Services was notified of the required incidents in the centre in line with regulatory requirements. However, since the last inspection 10 notifications had not been notified in line with the timeframes identified in the regulations. Nine of these related to allegations or

suspicions of abuse and the other related to an injury requiring medical or hospital treatment.

Judgment: Not compliant

Regulation 4: Written policies and procedures

An inspector reviewed the Schedule 5 policies and found that the 21 required policies were available and had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

Quality and safety

Overall residents were supported to enjoy a good quality fo life. They were busy and engaging in a number of activities they found meaningful. They were supported by a staff team who they were familiar with, and who were familiar with their care and support needs. Residents appeared happy and content in the centre and the majority of residents who spoke to the inspector said they were happy and felt safe living in the centre. As previous mentioned, the provider was supporting one resident who was requesting some changes in relation to their accommodation and supports.

The inspector reviewed a sample of records relating to five residents and found that these documents were detailed in nature and guiding staff practice. Residents were supported to make decisions about how they wished to live their lives. They were making choices and were enabled and empowered to develop and maintain their independence. Their strengths and talents were celebrated and they were supported and encouraged to hold valued social roles in their local community. Their healthcare needs were assessed and they were supported to access allied health professionals in line with their assessed needs.

Residents, staff and visitors were protected by the risk management policies, procedures and practices in the centre. The risk management systems were ensuring that risks were identified, assessed, managed and reviewed. There was a system for responding to emergencies.Residents were also enabled to develop an understanding of risk and have opportunities to take informed risks. Staff were available to them to support them to reduce any potential of harm, where possible.

Residents were supported and encouraged to connect with their family and friends and to develop hobbies and interests. They were also supported to exercise their rights and provided with opportunities to self-advocate. Residents were also

protected by the safeguarding and protection policies, procedures and practices in the centre. Staff had completed training and were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

Regulation 11: Visits

Visiting arrangements were detailed in the provider's visiting policy, the statement of purpose and the residents' guide. These documents were all available for review in the designated centre. They detailed how visits were facilitated, unless the visit posed a risk, or if a resident did not wish to receive visitors.

Through a review of documentation and discussions with the residents and staff it was clear that they were being supported to visit and be visited by the important people in their life.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had developed a policy relating to residents' personal property, personal finances and possessions. The inspector reviewed a sample of five residents' money support plans. These plans outlined the level of support they required, if any, to manage their finances. Residents had a property inventory list and a log is maintained of their income and expenditure. Residents had accounts in their name in financial institutions. One resident was being supported at the time of the inspection to apply for a waiver to reduce the amount of rent they were paying. Records were not in place to show one resident's full income and expenditure and this was discussed under Regulation 23.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to attend day services placements, if they so wished. They were also supported to seek employment and some residents were now retired from their jobs.

The were supported to try different activities to find out which ones they found most meaningful. They were supported to develop personal relationships and links in their

community.

Residents had goals in place and in the sample reviewed for five residents, the steps to achieve goals were detailed in nature and there was a section to show any steps taken, or any follow ups required.

Judgment: Compliant

Regulation 18: Food and nutrition

If they wished to, residents were involved in shopping, preparing and cooking in their homes. There were a variety of different types of food and beverages available in the houses. Residents could access meals, refreshments and snack at a time that suited them.

Menu planning was discussed with residents to ensure choice and that wholesome, nutritious meals were on offer at mealtimes. The advice of dieticans and other specialists was being implemented.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management policy was available and reviewed by the inspector. It contained the required information as set out in the regulations.

The inspector reviewed a sample of risk assessments and incident reports for five residents. There was evidence to demonstrate that each incident was reviewed and followed up on by the management team and that that learning as a result of these reviews was leading to a review of the required documentation and shared with the team, as seen by the inspector in a sample of staff meeting records reviewed.

The control measures in risk assessments were proving effective in reducing some of the presenting risks and the risk ratings were found to be reflective of the presenting risks.

Judgment: Compliant

Regulation 6: Health care

Overall, residents were supported to enjoy best possible health. They had their

healthcare needs assessed and had access to a number of health and social care professionals employed by the provider or through the public health system. Those who required access to specialists or consultants were supported to access these. Specific health action plans were developed and reviewed as required. These were detailed in nature and guiding staff practice. Residents were supported to access national screening programmes in line with their wishes and their age profile.

As previously mentioned, the provider was working to support one resident with their presenting healthcare needs. The resident was being supported to access a number of allied health professionals both employed by the provider and through the public system. Bespoke training had been provided to staff and more was planned. The shift patterns of staff had been changed and a new system for staff handover was being implemented. A protocol has been developed to support the resident to access emergency medical supports and the resident has been supported to make an application for the support of an independent advocate. The provider had also committed to secure a second opinion in relation to one aspect of the residents' presenting needs. The inspector spoke with a number of highly committed and motivated staff who described the supports in place and their concerns about the decline in the residents' independence, and in their understanding and skills for self-care and protection. The inspector found that the provider was responding to the resident's presenting needs at the time of the inspection and that the supports in place for this resident required review on an ongoing basis to ensure they were in receipt of the care and support they required.

Judgment: Compliant

Regulation 8: Protection

From a review of the staff training matrix, 100% of staff had completed safeguarding and protection training. The inspector spoke with five staff and they were each aware of their roles and responsibilities should there be an allegation or suspicion of abuse.

The provider had a safeguarding policy which was available for review in the centre. There was also an intimate care policy and residents who required them had intimate care plans in place.

The inspector reviewed the arrangements in place to support five residents to manage their finances and found that the provider did not have full oversight of one resident's monthly income. This was discussed under Regulation 23.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Kare DC9 OSV-0003715

Inspection ID: MON-0036112

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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The annual review for this location will be completed prior to the end of December 2024. This review will ensure to include feedback from the residents and their representatives. The improved oversight of finances is in progress for one resident. It is expected that the bank account will be completed set up by the end of July 2024. The staff team meeting in June 2024 will have a dedicated item to discuss the transport options which are avaiable to use in this location. This is detailed below: 1. Kare owned transport The current vheilce available will now be available each day 24/7 to be used by all the residents. Bookable buses are available for booking in advance by the leader in this location. They are generally used for appointments and holidays. 2. Public Transport Two of the service users living in this location could possibly utilise public transport. This is currently under review and will be discussed at the next staff team meeting in July 2024. The actions arising from it may include supporting individuals withTravel training if required. 3. Staff owned cars Generally the staff across Kare are indemnified to use their own vehicles to provide access to activities. This will be reviewed in this location to increase the number of staff who are indemnified. The budget for mileage for 2025 will be created to ensure it covers a more accurate use of the vehicles. This will be completd by the end of October 2024. Kare are developing a new service agreement which will ensure that the fees payable are clarified for each individual, including taxi costs. This will be completed as a bespoke document for each individual residing here by the end of December 2024.	

Transport policy will be reviewed and update prior to the end of December 2024.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The leader and Operations manager met to agree how to manage notification of incidents on the 16th of May 2024 and agreed the following steps:

If Social Care Leader is absent from work, the Operational Manager will be contactable for the designated centre as per the Statement of purpose.

Prior to leave, the leader will log on to CID and delegate her signings to the Operations manager for the set period she will not be in work.

The Operations manager will link with the staff in both houses on a regurlar basis during the relevant time period, along with reviewing contact notes daily for all individuals. The operations manager will then be responsible for any CID and HIQA notifications that arise in that set period.

This is is place as and from the 16th of May 2024.

The leader has made some local adaptions for ensuring returns are completed in the correct timeframe as of the 20th May 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 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	31/12/2024
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	31/12/2024
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide	Substantially Compliant	Yellow	31/12/2024

	for consultation with residents and their representatives.			
Regulation 31(1)(d)	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 serious injury to a resident which requires immediate medical or hospital treatment.	Not Compliant	Orange	16/05/2024
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	20/05/2024