



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

Issued by the Chief Inspector

Name of designated centre:	Community Houses Dundrum
Name of provider:	Health Service Executive
Address of centre:	Dublin 16
Type of inspection:	Announced
Date of inspection:	09 and 10 September 2024
Centre ID:	OSV-0004647
Fieldwork ID:	MON-0036088

About the designated centre

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

Community Houses Dundrum is a community-based residential service for adult residents with an intellectual disability operated by the Health Service Executive. The centre is based in a suburban area of South Dublin and is comprised of two units. One, a semi-detached house, is home to three residents while the second unit, also a semi-detached house, is home to four residents. Services provided from the centre include 24-hour residential supports and residents. The staff team consists of a person in charge, nursing staff and health care assistants. There are a wide variety of services and amenities available within short distance from both residential units including shops, post offices, medical centres, and access to public transport.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 9 September 2024	09:30hrs to 16:40hrs	Sarah Cronin	Lead
Tuesday 10 September 2024	10:00hrs to 15:30hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

From what residents told us and what the inspector observed, it was evident that residents living in the centre were being supported to engage in activities of their choosing and that they were in receipt of a service which promoted and upheld their rights. Overall, this inspection had positive findings, with a high level of compliance found on regulations inspected. However, improvement was required in relation to Regulation 15: Staffing; due to the excessive use of agency staff in the centre.

The designated centre comprises two houses in a suburban area on the south side of Dublin. The first house is a large two-storey house which is situated on a main road, and had capacity for four residents. On the day of the inspection, one resident had been in hospital for an extended period of time, while another had recently moved into the house. Downstairs comprises a sitting room, a large kitchen, a utility room, an accessible bathroom and a dining room which leads onto another sitting room area and one bedroom. Upstairs were three more resident bedrooms. One of these rooms had an en suite bathroom. There was also a staff sleepover room and two bathrooms with showering facilities. The house was located within walking distance of a shop and was well connected to public transport routes. It had a homely atmosphere and had a number of photographs of residents enjoying activities together on the walls.

On arrival to the first house, the inspector met with two of the residents. One resident spoke to the inspector about living in the house, and spoke about their weekend. They talked about getting ice cream with their friend, who had recently moved into the house. They spoke about a party they had attended the previous weekend. The resident showed the inspector around their home. Another resident chose not to engage verbally with the inspector, but they came upstairs and showed the inspector their bedroom. They were observed to smile and make eye contact in response to interactions about their room, which was nicely decorated. The inspector viewed the transition plan and assessment of need for a resident who had recently moved into the centre. Both documents were found to be detailed in nature and a regular review of the resident's placement in the house was done each week over a period of time, followed by a post-transition review. Social stories had also been developed to best support the resident with their new home. Compatibility assessments were also done prior to their move which increased the likelihood of a successful transition for the resident. One of the residents told the inspector that the new resident was their friend and that they enjoyed going places together. Their bedroom was nicely decorated and had photographs on the wall. The inspector noted that interactions between residents and staff were kind and caring. The inspector observed a staff member offer residents choice about what they wanted to do for their morning, and to respectfully prompt them to get their belongings before leaving the house.

All of the residents had access to day activity programmes run by various external agencies where they engaged in a range of activities such as cookery, work

experience, meditation, dancing and music. Some residents travelled independently to and from their day services, while others were supported by staff. One resident spoke about a range of activities they enjoyed such as wall climbing, meditation, gardening, going out for coffee, lunches and walks. One resident was volunteering in a local food cloud charity for a number of hours a week and was doing some work in a bar to gain experience. They had been supported to develop a curriculum vitae to support them to apply for roles. The resident was also involved in working in a biodiversity garden in a large historical site. They were supported to be independent in their role by having a task analysis sheet which was easy-to-read to enable them to be successful in their work. Some residents had daily planners in place showing a range of activities they engaged in on a regular basis including chores within their homes, going to the library, going bowling, shopping, doing Lego, watching movies, listening to music. Some of the residents showed the inspector photographs of holidays they had gone on recently, including an overnight stay in a hotel and a trip abroad.

In the second house, the inspector met residents in the afternoon when they returned from their day services. One resident told the inspector how they loved living in the house and said "lovely house and lovely people". Two residents spoke about where they had previously lived on a campus and one of them said *"I used to have no peace. I love it here, staff are so good and kind to us, they give us one to one time every night"*. Another spoke about a previous place being 'not very nice' and that the house was *"a great house with great people"*. They spoke about how they now "had a say" in their home. Residents told the inspector that they all got along well and that they had a meeting every week to decide on plans for the weekend, menu planning and for any information to be shared from the office. In another house, the inspector observed a staff member preparing dinner for residents. They were familiar with residents' dietary preferences.

To gain further insight into residents' lived experiences in the centre, the inspector reviewed residents' questionnaires which had been sent out prior to the inspection taking place. These questionnaires seek feedback on a number of areas including the physical spaces in the home, their daily routines and choices, staff, and having a say in the centre. Residents told the inspector that they knew the senior management team well and that they talked to them. Another said they liked the staff, and that their family were welcome to visit them. Another resident said *"I love it so much and I get on well with others. They are nice people"*. The inspector reviewed minutes of resident forum meetings from each house. It was evident that there was a set agenda in place which covered a range of areas such as complaints, any new issues, outings and events, restrictive practices, activity planning and other areas relevant to the house, such as friendships.

Staff in each house had completed training in a human-rights based approach to health and social care. Residents had also learned about their rights, with many of the residents attending a residents' advocacy meeting with people living in other designated centres in the region. Residents spoke about their involvement in the production of a video that had been launched online in addition to doing a road show with other community groups. It was evident that residents' rights were to the fore of the service they were receiving. All of residents told the inspector that they

had their say and that their choices were respected. Informed decision making was supported in relation to healthcare advice. For example, one resident smoked and had been supported to learn about the risks associated with them continuing to smoke following a health care consultation. The resident told the inspector that they knew about the risks, and that their right to continue to smoke was upheld. There was a protocol developed for the consumption of alcohol which had been negotiated with a resident to respect their choices, while ensuring they remained safe. Another resident was reported to become extremely distressed during some health care interventions. The provider had taken a measured approach in liaison with their general practitioner to monitor their health in alternative ways and to avoid unnecessary distress. Residents' right to access information in a way they could understand was also promoted through the use of easy-to-read information, and through staff supporting residents to understand information as part of their key working sessions.

Independence was promoted for residents in a number of ways. For example, residents travelled independently, remained at home alone, and accessed local amenities such as a snooker hall, a local bar, shops and parks without staff support. One resident said "*There are no restrictions in my house, I can do whatever I want, it is my choice*". Some residents had their own keys to their home. Residents were supported to develop skills in relation to their finances and medication where they wished to do so.

In summary, residents were found to be well supported to have a good quality of life where their rights were promoted and upheld. The next two sections of the report present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of residents' care and support.

Capacity and capability

This announced inspection was carried out to assess the provider's regulatory compliance and to inform a recommendation to renew the registration of the designated centre. Over two days, inspectors of social services completed an inspection in three designated centre operated by the registered provider. This included visiting each of eight houses that make up the three designated centres and visiting an office base to discuss systems for oversight and monitoring and a number of quality improvement initiatives with members of the local and senior management team. Overall the inspections found high levels of compliance with the regulations. The provider was capturing the lived experience of residents in their audits and reviews and their opinions, concerns and feedback were used to bring about improvements in their care and support and their homes. The provider was also identifying areas of good practice and areas where improvements were required and implementing the required actions to bring about these improvements. Inspectors found that there was a clear focus on embedding a human rights-based

approach and culture.

The inspector found that the provider had a clear management structure in place and that lines of reporting ensured that all grades of staff were aware of their roles and responsibilities and who to report to. The person in charge also had responsibility for other designated centres, and they were supported in their role by a clinical nurse manager who was on site in the houses each day. The provider was found to routinely collect and analyse information in relation to key aspects of the service in areas such as health and safety, incidents, safeguarding, residents' care and support, medication and infection prevention and control. These audits were reviewed and actioned in a timely fashion to drive quality improvement. Information was shared across the service through management meetings, and within the centre in staff meetings to ensure that all relevant information was discussed and communicated with staff at all levels in the organisation. This supported the delivery of a consistent service which promoted the quality and safety of residents' care and support.

There were a number of vacancies in the centre, which meant that there was a high reliance on agency staff to ensure that all shifts were filled. This impacted upon residents' continuity of care on occasion, where regular agency were not available. This is further discussed under Regulation 15: Staffing below. Inspectors found that staff working in the centre were provided with training and support to enable them to best support and care for residents in line with their assessed needs. Details of these measures are outlined below. Documentation such as policies and procedures and the statement of purpose were in place and met regulatory requirements. The provider demonstrated that they had responded to adverse incidents occurring in the centre, and that they met their legal obligations to notify the Chief inspector of notifiable events outlined in the regulations.

Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed information submitted with the provider's application to renew the registration of the centre. They found that all of the information required by the registration regulations had been submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector reviewed Schedule 2 documentation for the person in charge and found that they had the required skills, knowledge and experience to meet the requirements for this regulation. It was evident from interactions with residents on the day of the inspection that the person in charge knew the residents well.

Judgment: Compliant

Regulation 15: Staffing

Inspectors found that improvements were required in this regulation. There were a number of vacancies in the service on the day of the inspection, which was leading to a reliance on agency staff to meet residents' care and support needs. The provider gave inspectors assurances on measures they were taking to fill these posts as a priority which included a rolling recruitment campaign and widening the eligibility criteria.

Inspectors reviewed rosters for the six weeks prior to the inspection taking place. These rosters indicated that while all shifts were filled, there was a high reliance on agency staff. In one location, there were between 80% and 90% of shifts filled by agency over the previous two months. In another, there were three weeks where 100% of the shifts were agency staff, while the remainder were between 50 and 70%. While the provider was endeavouring to use the same agency staff to promote continuity of care as much as possible, the high use of agency staff was not promoting continuity of care for residents living in the centre.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspector found that that staff had access to appropriate training relevant to their role. A review of the training matrix was carried out and this demonstrated that staff had completed training in a number of areas which included fire safety, safeguarding, manual handling and first aid. Staff had also completed training in modules related to infection prevention and control (IPC). Staff had additional training in human rights and in autism. The provider had a record of training which was completed by agency staff who had completed shifts in the centre.

The inspector viewed a schedule for staff supervision sessions and found that all staff, including regular agency staff had received supervision in line with the provider's policy.

Judgment: Compliant

Regulation 22: Insurance

The inspector reviewed the centre's contract of insurance and found that it met regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the provider had effective governance and oversight arrangements in place to ensure that residents' care and support was monitored. The inspector viewed the provider's annual review in addition to the last two six-monthly unannounced inspections. These identified areas requiring action and developed a plan to address these areas. As stated above, it was evident that the provider was focused on driving quality improvement and using the national standards to do so.

Regular staff meetings took place and the inspector reviewed the minutes of the previous two staff meetings in each location. There was a set agenda in place which included residents, health and safety, training and supervision, risk and learning from incidents. Management meetings took place every two months and from the minutes of these meetings, it was evident that the provider shared learning across sites.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the centre's statement of purpose which the provider had submitted with their application to renew the registration of the centre. They found that the statement of purpose was reflective of the services and facilities observed, that it was regularly reviewed, and that it met regulatory requirements.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector carried out a review of the records and reports of incidents in both locations and found that where required, notifications were submitted to the Chief Inspector within the time lines specified in the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

Inspectors reviewed the provider's policies which are required under Schedule 5 of the regulations. They found that the provider had all of the required policies in place, and that they were reviewed in line with the regulations. These were accessible to staff in each of the two locations.

Judgment: Compliant

Quality and safety

As outlined in the opening section of the report, it was evident that residents living in the centre were enjoying a good quality of life, and that they were supported to maintain their health. Improvements were required in Regulation 28: Fire Precautions.

Residents had comprehensive assessments of need in place which were found to be holistic, and identified areas where residents required support in their health, wellbeing and practical aspects of daily life such as transport, using their community and managing finances. Health care needs were met through accessing health and social care professionals and by ensuring that residents had specific health management plans in place for identified areas of need. The service had a clinical nurse specialist in behaviour who developed clear guidance for staff in supporting residents experiencing anxiety. Guidance was found to be person-centred and to promoted a proactive approach to care and support.

The inspector found that the provider had ensured that appropriate safeguarding procedures were in place and that residents' welfare was protected. Where any incidents had occurred, these were found to have been responded to and that additional measures were put in place. As outlined at the beginning of the report, residents' rights were promoted and upheld in a number of areas across the centre and these are discussed further under Regulation 9: Residents' Rights below.

Residents' general welfare and development was supported through residents engaging in a wide range of meaningful activities each week in line with their expressed preferences. The premises in the centre were found to be homely and meet regulatory requirements. The provider had good systems in place to manage and review risks. There was a system for reporting and responding to adverse events, and in ensuring that learning from these events was shared to mitigate against reoccurrence.

The inspector noted that three fire doors in the centre were not functioning properly on the day of the inspection, and the provider had these repaired immediately. Fire drills, and the oversight of these drills required improvement to ensure that the provider was assured that the safe and timely evacuation of residents was achievable by day and night.

Regulation 13: General welfare and development

The inspector spoke to residents and staff, and reviewed residents personal plans which contained 'meaningful day' trackers. It was evident that residents were supported to engage in a range of activities in line with their interests and goals. There were a wide range of activities which residents engaged in such as attending day services, using local amenities, engaging in an advocacy group, doing work experience, going to the cinema and going to social events such as parties.

It was evident from speaking with residents and staff that family relationships were supported. Families were free to visit the centre in addition to residents being facilitated to go to their family homes, or to meet with family in other locations. Residents also had access to tablets and mobile phones to maintain contact with those important to them.

Judgment: Compliant

Regulation 17: Premises

The inspector carried out a walk about of both houses in the presence of the person in charge and in one house, a resident showed the inspector around their home. Both houses were found to be warm, clean and have a homely atmosphere. There were pictures on the walls of all of the residents, and there were personal affects such as CDs on display. Residents all had their own bedrooms which were found to be reflective of the taste and life history of each person. Where there were any areas requiring maintenance, these were identified and there were plans in place to address these areas.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed the residents' guide. This contained all of the information required by the regulations which includes information on the service and facilities, arrangements for residents being involved in the centre, responding to complaints

and arrangements for visits.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the provider's risk management policy and found that it met regulatory requirements. The inspector viewed the safety statement, risk registers, records of incidents and accidents and risk assessments in each of the houses. These demonstrated that the provider had good risk management systems in place to ensure that risks were identified, assessed and control measures put in place as required. Learning from accidents or incidents was shared with the staff team to ensure consistent practices were in place to mitigate identified risks.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector carried out a walk about of both houses on the first day of the inspection. They observed that both houses had emergency lighting, smoke alarms, fire fighting equipment and alarm systems in place. There were fire doors with swing closers in place. The inspector observed that in one house, two of the fire doors were not closing properly when they were released, while in another house, one fire door was not closing. The provider had this repaired by the following day.

The inspector reviewed fire drill records for both houses and found that while drills were occurring frequently, they required review to ensure that the drills could provide adequate assurances that safe and timely evacuation was achievable for all residents in a range of scenarios. For example, on some drills there was no time recorded for when the drill took place, nor did it state where the residents were at the time of the drills. For another drill, no time was recorded on it, and it was unclear on where residents were located. The drill stated that it took five minutes, and there was no actions identified, or reasons documented for the delay. For another drill, there was two staff and four residents and this took four minutes. In one house, prior to each drill taking place, it was documented that staff spoke to residents about what they needed to do in the event of a fire. Therefore, it was difficult to ascertain that residents would be able to safely evacuate without this prompt. These areas had not been identified by the provider in audits, or on their weekly rounds. This meant that drills did not clearly give assurances about residents being able to safely evacuate in a range of scenarios in one of the houses, and that where any issues had occurred that they were identified and actioned.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector viewed a sample of five assessments of need across both houses. These showed that each resident had a detailed assessment of need in place which was reviewed on an annual basis, or sooner where residents' needs changed. The assessments were found to be comprehensive in nature and included health, behaviour, personal care, communication supports, emotional supports, financial arrangements, living arrangements and mental health and wellbeing.

Residents' person-centred plans were also reviewed by the inspector. Person centred plans gave consideration to who each person was, and what qualities a support staff working with them should have. Plans had a page on 'what must happen in my life' and what a 'pleasant day' entailed. This meant that at the outset, plans were highlighting each persons' unique qualities, interests and attributes to ensure that staff took a person-centred approach to care and support which upheld and promoted their rights. For each identified need, a corresponding plan was developed. Residents each had SMART goals in place which were reviewed every quarter. There was photographic evidence of residents achieving their goals which included joining local clubs, going swimming and going on holidays.

Judgment: Compliant

Regulation 6: Health care

From a review of five residents' care plans, it was evident that residents had access to a general practitioner (GP) and a clinical nurse specialist in behaviour in addition to consultants relevant to them.

Each resident had an individualised health and wellbeing assessment with corresponding health management plans. The inspector saw hospital passports in place for each of the residents which had key information about the resident, their preferences and communication and key care needs. Residents' health was monitored on a weekly basis by the clinical nurse managers in the course of their clinical visits.

The provider reported that there were barriers in accessing some health and social care professionals such as occupational therapy and speech and language therapy for residents who required them. They had a risk assessment in place and were supporting residents to access services privately where required.

Residents had access to national screening programmes which they were eligible for such as BreastCheck and Diabetic Retina Screen. There was easy-to-read

information available for residents about various aspects of their health, and to support them to make informed decisions about their care.

Judgment: Compliant

Regulation 7: Positive behavioural support

From a review of care plans, it was evident that all residents who required support with managing stress had plans in place which gave clear guidance for staff on proactive and reactive strategies. The inspector viewed the restrictive practice register, and restrictions were related to health and safety including a door alarm and locking a side gate. There were risk assessments in place to support decisions around these restrictions and these restrictions had also been discussed at a newly formed human rights committee. The inspector viewed minutes of the most recent meeting of this committee which was attended by senior management, an external representative.

Judgment: Compliant

Regulation 8: Protection

There had been eight notifications relating to safeguarding submitted to the Chief Inspector in the year prior to the inspection taking place. The inspector reviewed documentation associated with these notifications, including reports and correspondence to the safeguarding and protection teams. This review indicated that the provider had reported and responded to safeguarding concerns in a timely manner, and that they had put safeguarding plans in place, with measures such as increased supervision and staffing in one location and accessing members of a multidisciplinary team. Residents who the inspector spoke with told the inspector that they felt safe in their homes and that they would speak to staff if they had any concerns.

The inspector viewed two personal care plans. It was found that these gave clear guidance on what level of support the resident required for different care tasks, and how best to promote their independence. The guidance was written in a person-centred manner and one which was respectful of each residents' right to privacy and dignity.

Judgment: Compliant

Regulation 9: Residents' rights

It was evident throughout the inspection that the provider promoted and upheld residents' rights. Residents were consulted with, and participated in the running of their home. At an individual level, residents were actively involved in and making decisions about their care and support and their goals.

The provider had set up a human rights committee which had external representation, and many of the residents in the centre regularly attended an advocacy group with representation from other designated centres in the area. They spoke about a video they had made to speak about their rights. This was launched publicly and was being shown to a number of community groups.

From discussions with residents and staff, and a review of minutes of residents' meetings and personal plans, it was evident that residents' rights to making choices about their care and support, to exercising independence and freedom, to take risks and to access information in a way they could understand were promoted and upheld in both locations.

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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	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 Community Houses Dundrum OSV-0004647

Inspection ID: MON-0036088

Date of inspection: 09/09/2024 and 10/09/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: There is a continuous roll over campaign for Staff Nurses and Health Care Assistants through the HSE National Recruitment Services specific for Southside Disability Intellectual Services. The Director of Nursing is aware of all campaigns. Agency Framework is in place and followed for use of agency staff across Community Houses. Furthermore, the Agency staff will continue to be given regular shifts to ensure continuity of care in the service.</p> <p>The Registered Provider will ensure that vacant posts are filled with full time staff from the current recruitment campaigns. These staff are in turn rostered to individual areas within the center to ensure seamless care is carried out. Recruitment Tracker is in place and updated. Residents needs determine the skill mix of staff on a 24 hours basis Eligibility criteria are set out and there are Job specifications set out as part of the recruitment process senior nurse managers are involved in shortlisting candidates for interview Potential staff can commence working through an agency as per framework whilst rigorous HSE pre-employment clearances are being carried out which can cause delays in start dates this aims will help with retention of candidates such as graduate nurses</p> <p>The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Ongoing monthly drills to continue with the ceasing of verbal prompts informing residents prior to drills. Alternatively skills teaching around fire drills will be continued at residents weekly meetings.</p>	

PIC/CNM will remind staff via bimonthly meetings and memo of the details to be recorded in all fire drills and to ensure they are scenario based (ie location of residents, time of drill etc).

PIC/CNM will continue to review record of completed fire drills and the details of any corrective measures where applicable will also be added to the fire drill recording book (eg risk assessment updated etc.)

PIC will arrange an annual fire drill in presence of the fire officer for feedback.

Two staff are rostered to work in this home day and night .

Fire training records for all staff are maintained by PIC and Fire Training is scheduled annually for all staff.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	01/06/2025
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	17/10/2024