

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

Issued by the Chief Inspector

Name of designated centre:	An Ghrianán
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	25 March 2024 and 26 March 2024
Centre ID:	OSV-0004656
Fieldwork ID:	MON-0034137

About the designated centre

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

An Ghrianán could provide a full-time residential service to up to four residents who are over the age of 18 and have a mild to moderate intellectual disability. The centre consists of one single-storey house located in a residential neighbourhood outside a large town, where public transport links are available. The centre is also in close proximity to a bus stop and residents can use the bus service and taxis to access their local community. Residents also have use of a hire car, which can be used to visit areas of interest and go on day trips. Each resident has their own bedroom which is decorated with personal achievements and photos of family and friends. The centre has an appropriate number of shared bathrooms for residents to use. Suitable cooking and kitchen facilities are available and the reception room is warm and comfortably furnished. The centre is staffed with a mix of nursing and care staff, with one staff member providing sleepover cover each night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 25 March 2024	13:45hrs to 18:30hrs	Angela McCormack	Lead
Tuesday 26 March 2024	09:30hrs to 12:00hrs	Angela McCormack	Lead
Monday 25 March 2024	13:45hrs to 18:20hrs	Eilish Browne	Support

What residents told us and what inspectors observed

This inspection was an announced inspection to monitor compliance with the regulations and as part of the monitoring for the renewal of the registration of the designated centre. As part of the announcement, an information leaflet about the names of the inspectors that were visiting was provided. In addition, questionnaires were provided so as to establish the views of residents living in the centre. These questionnaires were completed by all three residents living in the centre, and were reviewed as part of the inspection.

An Ghrianán comprised a detached bungalow house located in a housing estate on the outskirts of a large town. There were three residents living in the centre at the time of inspection. One resident sadly died last May following an illness, and at the time of inspection there were plans for a new resident to move to An Ghrianán. Inspectors got the opportunity to meet, and spend time with, all three residents living at the centre. Residents spoke openly about their friend who had died and about how they helped to support them at their time of illness. It was clear that residents were fully involved, and well supported, throughout their friend's illness and death.

Overall, this inspection found that residents living in An Ghrianán were provided with a person-centred service where their choices and rights were upheld. All residents expressed satisfaction with the service provided through the questionnaires and through communications with inspectors. Observations on the day also indicated that residents were happy and content in the house and got on well with each other.

Residents attended an external day service throughout the week. Two residents were at their day service when inspectors arrived on the first afternoon. One resident attended their day service part-time, which was their choice since the COVID-19 pandemic, and they were at the house when inspectors arrived. Inspectors spent most of the first afternoon with residents where they had tea and scones with them, which one resident had prepared for the visit.

The atmosphere throughout the inspection was relaxed and friendly. It was clear from observations that residents got on well with each other, had respect for each other and had strong friendships. Staff were seen to support residents with respect. Friendly and caring interactions were observed throughout the inspection days.

The house was bright, clean and homely. The kitchen had been redecorated since the last inspection by the Health Information and Quality Authority (HIQA) in August 2022, with new flooring, cabinets and counter tops in place. One resident proudly showed inspectors the pantry, which was well stocked with a variety of food items. Residents spoke with inspectors about their food preferences and talked about the weekly roster for cleaning and making dinners, which they said that they were

happy with. Some residents enjoyed baking, and they spoke about items they enjoyed baking such as brown bread.

The house inside had been brightly painted and the walls were decorated with framed photographs of, and paintings made by, residents. Residents enjoyed arts and crafts and some residents had particular interest creating artwork. The sitting-room was comfortable and spacious and included an exercise bike that the residents had received over the COVID-19 pandemic, which some residents used as part of their exercise regime. Residents showed inspectors a soft teddy-bear that they got made from clothing items of their deceased housemate. They spoke about their friend's illness, death and funeral, and it was clear that they were all involved and were well supported with their grief. One resident spoke about visiting the graveyard the following weekend and their plans to leave flowers on a family member's grave.

The communal areas were beautifully decorated with framed photographs, house plants and table lamps all which helped to create a warm and cosy environment. Each resident had their own bedroom, where they could securely store personal belongings. Some residents showed the inspector their bedrooms. They were found to be decorated with their individual preferences. For example, one resident proudly showed their bedroom and spoke about various certificates of achievements that they got framed and were hanging on the wall of their bedroom.

One resident agreed to show inspectors a folder that contained photographs of activities that they were working on and of personal goals achieved. Residents spoke about activities that they enjoyed including; doing Zumba, going to the cinema, swimming, horseriding, attending concerts and going on holidays. Residents spoke about the holidays that they had planned for this Summer and about how the new resident who was moving in was also joining them.

Residents had access to technological devices, telephones, music players and televisions as they wished. In addition, residents led active lives that included going to visit family members and neighbours. One resident chose to visit family most weekends and enjoyed a daily phone call with family where they liked to say prayers together. In addition, the house received regular visitors from family, friends and the local priest. Residents also reported that they liked to go visit another group home that was located a short distance away. Residents could go there independently if they chose. One resident said that they preferred staff to go with them when they went out walking in the local community as they felt safer.

Residents were found to be fully involved in making decisions about their care and support. Annual reviews that occurred were attended by residents and their family representatives, as appropriate. Residents were supported to identify and achieve personal and meaningful goals for the future. In addition, residents were supported to enjoy a range of leisure and recreational activities as they chose and to try out new activities, such as aqua aerobics and Zumba. Some residents also took part in volunteer work and work experience.

Residents were consulted through regular residents' meetings that were held in the house, where a range of topics were discussed and choices made about meals and activities. Topics discussed included rights, safeguarding, voting, advocacy, fire safety and complaints. There were a range of easy-to-read documents and notices throughout the houses also to support residents in their understanding of various topics. In addition, one resident spoke about being a resident representative on the provider's policy review committee and they showed inspectors some policies that they had worked on to make the information more accessible. Another resident had recently joined an Advocacy group as a committee member.

Staff spoken with appeared knowledgeable about the needs of residents. They were observed to be caring in their interactions with residents and there was a mutual respect observed. Residents were observed freely moving around their homes and coming and going to various outings and activities. All residents said that they loved living in the centre and that they felt safe there. They spoke about what they would do if they had any concern and how they would recognise if someone was not being nice to them. Staff had completed human rights training, and they spoke about how everything was discussed with the resident and how their choices were respected. This was observed in practice also.

As part of this announced inspection, questionnaires were provided for residents to give feedback on the service. Three questionnaires were received. Overall, feedback given was very positive on all aspects of the service including choices offered, activities, food and staff. One resident said that 'staff are great and look after us very well'. Resident used words 'cosy and 'comfortable' when writing about their bedrooms. In addition, residents also spoke about how visiting their neighbours across the road was important to them.

Overall, the service was found to provide high quality person-centred care to residents. Residents appeared relaxed and content in their home, with staff and with each other.

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

Capacity and capability

Inspectors found that there were good systems in place for the management and oversight of the quality and safety of care provided in An Ghrianán. Overall, the centre was found to be in compliance with the regulations assessed, with one area for improvement found to be required. This related to the progression of an action to ensure that permanent staff was in place.

A complete application to renew the registration of the centre had been received. All the required information was submitted and found to be in order.

The centre was managed by a person in charge who was suitably experienced and qualified for the role. They worked full-time and were responsible for three designated centres. The arrangements in place supported them to effectively manage An Ghrianán.

The centre was staffed with a skill mix of care assistants and a staff nurse. Care assistant staff covered overnight sleepover shifts. There was an on-call arrangement for out-of-hours to support staff who worked alone. The management team were responsive to the changing needs of residents. For example; where changes to staffing arrangements were necessary, these were put in place.

There were good systems in place for the monitoring and oversight of the centre. This included an annual schedule of audits to be completed at set intervals throughout the year. Areas audited included; safeguarding, complaints, health and safety, infection prevention and control (IPC), fire safety, finances and incidents. In addition, the person in charge had developed a quality improvement plan (QIP) that monitored the actions arising from various audits to ensure timely completion.

In addition, the monitoring by the provider was found to be effective. The provider completed a file review of the centre in November 2023, where actions were identified and subsequently completed in a timely manner. The provider ensured that six monthly unannounced visits occurred, and that an annual review of the service was completed as required in the regulations. The annual review included consultation with residents and their representatives as appropriate.

In summary, this inspection found that the management team had the capacity and capability to manage the service and that the systems in place ensured that a person-centred approach to care was taken.

Registration Regulation 5: Application for registration or renewal of registration

A complete application to renew the registration of the designated centre was completed by the provider within the time frames required.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the qualifications and experience required to manage the designated centre. The person in charge worked full-time and had responsibility for

three designated centres in total. The arrangements that the provider had in place supported the person in charge to effectively manage and oversee An Ghrianán.

Judgment: Compliant

Regulation 15: Staffing

There was a planned and actual rota in place in the centre, which was well maintained. The skill-mix of staff included a nurse and a team of care assistants, one of whom worked day and night, with a sleepover arrangement in place each night. There was on-call arrangement in place in the event of emergencies. Where changes in the staff arrangements were required, for example, the use of waking night staff to support a resident who was receiving palliative care, this was put in place.

A review of a sample of staff files found that the information as required under Schedule 2 of the regulations were in place.

Judgment: Compliant

Regulation 22: Insurance

The provider ensured that there was insurance in place for the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear governance structure in place with clear roles and responsibilities. There were good arrangements in place for monitoring and oversight of the centre by the local management team and provider. The centre was found to be responsive to issues that arose, and systems that were in place ensured that actions to improve the service were identified and completed.

However, the following was found;

- there were two staff vacancies that were covered by the use of three regular agency staff; however a more permanent staff team was required in order to ensure that the centre was fully resourced in accordance with the statement

of purpose and which would help to ensure continuity of care for residents now and in the future

The management team were aware of this and this was in review at the time of inspection.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider ensured that there was a policy and procedure in place that outlined the criteria for admission to the service. The person in charge ensured that any prospective resident was supported in their transition to the centre and that they, and their representatives, had opportunities to visit the centre prior to admission.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider ensured that there was an up-to-date statement of purpose in place that included all the information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all information that was required to be submitted to the Chief Inspector of Social Services was submitted as required in the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider ensured that all the policies and procedures that are required under Schedule 5 of the regulations were in place, up to date and available for review.

Judgment: Compliant

Quality and safety

This inspection found that residents living in An Ghrianán were provided with high quality person-centred care and support. It was clear that residents were consulted about the centre, that their choices were respected and that their health and wellbeing were promoted.

Each resident had a comprehensive assessment completed of their health, personal and social care needs. Care and support plans were developed for any identified need and were found to be kept under review. Residents were supported to attend a variety of allied healthcare professionals such as dentists, chiropodists, opticians and general practitioners (GP). In addition, residents had access to multidisciplinary team (MDT) supports, as required.

It was clear that a human rights based approach to care was promoted in this centre. Residents were consulted through regular residents' meetings, and they participated fully in their annual reviews. Residents were supported to be part of advocacy groups and policy review groups. It was clear through speaking with residents and through a review of documentation that residents' life choices were listened to and respected. In addition, it was clear that residents' religious preferences were respected and they were supported to vote, if they wished to.

The systems and arrangements in the centre promoted residents' safety. Residents all reported that they felt safe in the centre and enjoyed living there. Residents spoke about what abuse meant to them and what they would do if they had any concern. Residents had undertaken safeguarding training also to further support them to be safe.

In addition, residents' finances and personal possessions were protected. Residents spoke about the supports that they were given with managing their finances and said that they were happy with them. One resident showed inspectors the records that were maintained for their finances. They also showed inspectors how their medication was safely stored. Residents spoke about their involvement in medication administration and recording. An assessment had been completed for each resident with regard to self- administration.

In addition, there were good arrangements in place for fire safety, to include ongoing monitoring of fire safety. Residents spoke about what they would do in the event of a fire. Fire drill records maintained showed that all residents could be evacuated to a safe location in the event of a fire.

Overall, inspectors found that the service provided was person-centred, safe and to a high quality.

Regulation 10: Communication

Residents had access to telephones, mobile phones, televisions, radios, music devices, magazines and the internet in line with their individual preferences. Residents enjoyed regular telephone contact with friends and family. In addition, one resident used a technological device to support them by setting reminders for when to take their medication.

Judgment: Compliant

Regulation 11: Visits

There was a policy and procedure in place for visitors. Visitors were welcome to the centre and there were suitable facilities in place for residents to receive visitors in private if they so wished. It was clear from talking to residents that there were no restrictions on visitors to the centre and that they enjoyed receiving visitors.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to retain access and control of their belongings. Residents had individual bedrooms that had space for storage of personal belongings. The centre had facilities for laundry and residents could launder their clothes as they wished.

Residents had their own bank accounts and were supported to manage and safely store their personal finances in line with their wishes. Regular checks were completed by the staff and management team to ensure that records of finances were well maintained. Residents had an inventory of their personal belongings.

Residents spoken with said that they were happy with the supports that they got in managing their finances and possessions.

Judgment: Compliant

Regulation 13: General welfare and development

Residents spoken with talked about the wide range of activities that they enjoyed. This included; horse-riding, going to the cinema, going out for meals, visiting family and friends, swimming, going to concerts, going for beauty treatments, going on shopping trips and going on holidays. Residents spoke about their plans for holidays this year and talked about how they all agreed the location and activities to do while there. One resident spoke about signing up for a pottery class and booking a beauty treatment at their holiday destination.

Residents had access to an external day service that they attended either full-time of part-time, depending on their preferences. Residents spoke about courses that they undertook and particular interests that they were pursuing. One resident was involved in a local choir and inspectors were informed that they were taking part in a choir event at a community cafe the first day of inspection.

Within the house residents had access to a range of leisure and recreational activities such as; baking, exercise equipment, board games, arts and crafts, watching movies on movie applications and using the Internet. Some residents spoke about baking and talked about specific meals that they enjoyed cooking.

Judgment: Compliant

Regulation 17: Premises

The house was found to be spacious, clean, bright and well maintained. Each resident had their own bedroom that was decorated in line with their preferences and clearly personalised to their individual interests. Residents also had space to store personal belongings securely and had access to keys to lock their bedroom doors if they wished.

The communal areas were bright, clean and comfortable. The kitchen had been refurbished since the last inspection by HIQA, and had beautiful new flooring, cupboards and counter tops. The kitchen had cooking equipment to enable residents to cook meals and do baking.

The back garden area was fully accessible and contained beautiful shrubs and potted plants, with comfortable garden furniture in place for residents to sit out and relax if they so wished.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to buy, prepare and cook their own meals if they wished. Residents spoke about the weekly roster and about each of them had days to cook

and clean up after dinner. Residents said that they were happy with this arrangement and they spoke about the range of food options that they chose.

The kitchen was well designed and equipped with a range of cooking and baking equipment. The fridge and cupboards were stocked with nutritious food items and snacks were available also. Residents spoke about their involvement with the grocery shopping.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide in place which contained all the information that was required under this regulation.

Judgment: Compliant

Regulation 28: Fire precautions

There were arrangements in place for fire safety. These included; regular fire drills, a fire alarm system, fire fighting equipment, emergency lights and fire doors. Fire drills demonstrated that residents could be evacuated to a safe location under different scenarios. Residents spoken with talked about what they would do in the event of the fire alarm going off, which included going to the assembly point. Each resident had a personal emergency evacuation plan (PEEP) in place to guide staff in the supports required, as relevant.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were policies and procedures in place both for medicine administration by nursing staff and care staff. There were good arrangements in place for the ordering, receipt, safe storage, administration and disposal of unused or spoiled medicines. Regular audits were completed of medication arrangements.

Residents had been assessed as to whether they could self-administer medication. Some residents were fully independent in this area and they spoke about how they kept their medication safe. Another resident showed inspectors where their medication was stored in a secure unit in the office, and they showed the calendar

that they used to remind them of a regular medication to take. Residents reported that they were happy with the pharmacy that they had chosen to use.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that comprehensive assessments of need were completed for each resident. Where the need was identified, care and support plans were developed and these were kept under ongoing review and updated as required.

Residents and their representatives were involved in the annual review of each residents' care and support. Residents were supported to identify personal goals for the future, and these were found to be kept under review to ensure that they were completed.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health. Residents were facilitated to access a range of allied healthcare professionals and interventions, including national screening programmes, where recommended. Residents reported that they were happy with the support they were given with healthcare. Residents were given information in an easy-to-read format to aid their understanding of various healthcare issues, where required. Residents were in the process of discussing end-of-life plans, which had naturally become a topic with residents since they supported their friend with their illness and in the final days before their death. One resident spoke to inspectors about their plans and wishes in this regard.

Judgment: Compliant

Regulation 8: Protection

There was an up-to-date policy and procedure in place for safeguarding. Staff completed training in safeguarding vulnerable adults and audits were completed to assess staff knowledge in safeguarding.

Safeguarding was a regular agenda item at both staff meetings and residents' meetings. Residents were supported to learn about how to self-protect through

accessible easy-to-read information. In addition, residents were facilitated to attend safeguarding training. All residents spoken with said that they felt safe in the centre, and spoke about scenarios and what they would do if they didn't feel safe.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was found to promote a rights based service. Residents were consulted in the running of the centre through regular meetings, where their everyday life choices and input about the centre was sought. Residents were provided with information on rights and advocacy services in an easy-to-read format. One resident was a member of an advocacy group.

Residents were supported to practice their faith and to vote. In addition, residents' choices about whether they attended a day service and about how they spend their days were respected. Residents spoke about the range of activities that they chose to do, and said that staff help them to do any activity that they chose. It was clear from communications and observations that residents' choices about how they lived their lives were respected and promoted.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for An Ghrianán OSV-0004656

Inspection ID: MON-0034137

Date of inspection: 25/03/2024 and 26/03/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The Registered Provider in conjunction with the Human Resources Department is currently undertaking a Health Care Assistants (HCA) recruitment campaign to recruit permeant HCA’s for this centre. This campaign has now closed to application on 11/04/2024 and interviews will be arranged in due course • The Person in Charge has an updated the center’s risk assessment to identify the number of consistent agency staff used in the Designated Centre and the existing controls in place to manage this. Completed 30/04/2024. • Communication regarding current agency conversion is ongoing with the General Manager and Director of Nursing. Completed 30/04/2024. • The person in charge ensures all agency staff avail of all HSE mandatory training and are included on the center’s training matrix. This is monitored on a continuous basis. • The person in charge has implemented a schedule for the supervision and performance management for all consistent agency staff in the centre. Completed 30/04/2024. 	

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.	Substantially Compliant	Yellow	30/04/2024