



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

Issued by the Chief Inspector

Name of designated centre:	St. Anne's Residential Services Group T
Name of provider:	Avista CLG
Address of centre:	Offaly
Type of inspection:	Short Notice Announced
Date of inspection:	20 March 2024
Centre ID:	OSV-0005739
Fieldwork ID:	MON-0043008

About the designated centre

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

St. Anne's Residential Services - Group T is a single storey bungalow located on its own spacious site in a rural but populated area. The centre is located near a town in Co.Offaly and provides a community residential service for a maximum of four adults with an intellectual disability. While registered to accommodate four residents, three residents currently reside in the centre. The centre is staffed at all times when residents are present and the staff team is comprised of day and residential staff. Management and oversight of the service is delegated to the person in charge who is a clinical nurse manager 2 with support from a home manager. The centre does not provide for emergency admissions.

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
Wednesday 20 March 2024	10:30hrs to 18:00hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection was undertaken by the Health Information and Quality Authority (HIQA) to monitor the provider's compliance with the regulations and standards.

Overall, the provider demonstrated a good level of compliance. There was an evident respect for each resident, an understanding of each resident's needs and, a commitment to provide each resident with a good quality and safety service. However, based on what the inspector observed, discussed and read there were evident issues of suitability and compatibility in this shared living arrangement due to the complex and diverse nature of residents' needs. This created risk to resident safety and wellbeing. The provider was responding to this risk. However, the inspector was not assured that this designated centre was suited to this particular cohort of residents. This will be discussed in more detail in the body of this report.

On arrival at the centre the inspector was greeted by the person in charge who largely facilitated this inspection. Throughout the day the person in charge could clearly describe and demonstrate to the inspector how they planned, managed and maintained oversight of the service.

The provider had good arrangements in place such as ready access to the multi-disciplinary team (MDT) for meeting residents' health care needs some of which were complex. However, the person in charge was the only nurse on the staff team. The person in charge in addition to their management role and responsibilities in this designated centre, was also person in charge for two other designated centres. Again, this will be discussed in the main body of the report.

There was one resident at home when the inspector arrived; two other residents had departed to attend off-site day services. The inspector had the opportunity to meet briefly with these residents when they returned to the house in the evening. In the context of their assessed needs including communication differences, the residents did not engage directly with the inspector.

The resident who remained in the house for much of the day was not perturbed in anyway by the presence of the inspector. The resident moved cautiously but freely around their home and had their needs promptly attended to by staff. The inspector noted how the resident used purposeful words and phrases to express what they wanted such as a cup of tea and vocalised happily to themselves during the day. A significant achievement on the day for the resident was a successful family meet-up in the community. The staff members who had planned and supported this meeting were clearly delighted with how well the event had gone for the resident and their family member.

The person in charge and the home manager (who were the staff members primarily engaged with) had a solid understanding of each resident's needs and individual circumstances. They described how all of the residents were supported to

maintain their connections with home and family. This was also evident in records seen such as the log of family contact.

Each resident was provided with their own bedroom. There was a good display of personal items including family photographs in each room. The residents shared the main bathroom and the main kitchen and dining area. The provider had converted one bedroom to a spacious living room for one resident. The provider had amended the floor plans accordingly. There was a separate adjacent living area available to the other two residents. Overall, the house presented well but there were evident areas of defective plasterwork and paintwork that required repair. There were similar findings on the last HIQA inspection completed in July 2022.

On their return to the house in the evening, staff introduced the residents to the inspector. The residents glanced or smiled at the inspector but largely focused their attention on the staff on duty and their own tasks. For example, the home manager explained to the inspector how it was very important for one of these residents to complete certain routines as they transitioned from their day service to the house. The inspector noted how the resident put items such as their folder back into a press in the office and made their way to the kitchen to make themselves a cup of tea.

The inspector saw how a resident warmly greeted and interacted with the person in charge. The person in charge had supported the resident for many years across a number of services. As the inspection was concluding the residents were content to spend time together in the kitchen in the company of the staff members on duty.

In summary, this was a good service but the provider itself was aware that there was an absence of compatibility between the needs of these residents. This created risk to the safety and wellbeing of all three residents. This was reflected in records seen such as the findings of the providers own internal quality and safety reviews. Staff spoken with spoke of the daily requirement for vigilance and the challenge of the unpredictable nature of behaviours that were exhibited. The provider sought to manage this risk. For example, in the creation of the separate living spaces and, staffing levels and arrangements were improved since the last HIQA inspection. Ultimately however, it was evident that the complex and diverse needs of the residents meant that they were not best suited to living together.

The next two sections of this report will discuss the governance and management arrangements in place and how these ensured or not, the appropriateness, quality and safety of the service provided to residents.

Capacity and capability

Overall this was a well-managed service. However, the provider did need to review and assure itself that the centre was adequately resourced so that appropriate arrangements were in place to support good and consistent governance and, the

effective delivery of safe care and support in accordance with the statement of purpose.

For example, responsibility for the day-to-day management and oversight of the centre was delegated to the person in charge with support from a home manager. It was evident that they worked well together and supported each other in the management and oversight of the service. For example, the home manager said that the person in charge was always available and maintained a good and regular presence in the centre. The person in charge was satisfied they were kept informed of any changes or events occurring in the service. Regular staff meetings were scheduled and good oversight was maintained of staff attendance at training.

However, while the person in charge and the home manager were managing well, given the complex needs and risks arising in this centre there were challenges and potential risks to good governance that required review by the provider. For example, the role of home manager was not supernumerary and there was no specific protected time for completing management and administration duties. The person in charge was person in charge for two other designated centres but was also the only nurse included in the staff-skill mix. Residents had complex and diverse healthcare needs including not consenting to recommended care and interventions. The person in charge did work at times as a frontline member of the team and was happy to do this. However, the person in charge was also required to be available to provide nursing observation and support, for example in response to incidents that occurred or to attend clinical appointments.

In response to the safeguarding risks and concerns arising in the centre the provider had increased the staffing levels and changed the staffing arrangements. For example, there were two members of staff on duty each night one on waking duty and one on sleepover duty. There were three staff on duty each evening once all three residents had returned to the house. This staffing level ensured residents had the support that they needed in the house and the 2:1 or 2:2 support needed for safe community access.

However, an additional management burden was ensuring the staffing consistency and continuity that residents needed. The person in charge did not have full autonomy over all of the allocated staffing resources and this impacted on the planning and maintenance of the staff duty rota.

The provider had comprehensive formal quality assurance systems. These included the annual service review and the quality and safety reviews required by the regulations to be completed at least on a six-monthly basis. These reviews were robust and were welcomed by the person in charge who understood the opportunity for continuous improvement offered by such audits. However, the inspector found that while quality improvement plans issued, matters such as the refurbishment of the premises were not progressed in a timely manner. The formal quality and safety reviews had clearly stated that there were safeguarding concerns in the centre and the placement of one resident was under review. However, this was poorly referenced in other records seen such as recent MDT reviews and, there was no explicit time-bound plan to address the absence of suitability between the needs of

the residents in this shared living arrangement.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted to the Chief Inspector a complete application seeking renewal of the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time, was appropriately qualified and experienced and had the skills required for the role of person in charge. The person in charge was, based on these inspection findings, consistently engaged in the management, oversight and general administration of the centre. The person in charge could readily demonstrate to the inspector how they planned, managed and maintained oversight of the centre. For example, the person in charge worked from the three centres they had responsibility for and staff confirmed they had ready access and support from the person in charge.

Judgment: Compliant

Regulation 15: Staffing

The staff duty rota was well-maintained and showed each staff member on duty and the hours that they worked. The provider had increased the staffing levels in the centre and had made changes to staffing arrangements in response to the assessed needs of residents and associated risks. However, based on what was reported to the inspector the overall arrangements for staffing the centre were challenging as all staff supporting the residents were not residential staff but were attached to the day service. This meant that their absence and replacement was the responsibility of the day service and not the person in charge. This arrangement was not the most conducive to assuring the continuity and consistency that residents needed. This is addressed again in Regulation 23 and Regulation 5.

Judgment: Compliant

Regulation 16: Training and staff development

Based on the training records reviewed by the inspector and discussed with the person in charge, staff were provided with a broad range of training and good oversight was maintained of staff attendance at training. Staff had completed training in safeguarding, fire safety, responding to behaviour that challenged including de-escalation and intervention techniques and, medicines management including the administration of rescue medicines. Additional training completed by staff included a broad range of infection prevention and control training, training on assisted decision making and, human rights. A system of supervision for all grades of staff was operated. For example, the home manager completed supervision with the frontline staff and the person in charge completed supervision with the home manager.

Judgment: Compliant

Regulation 22: Insurance

With its application seeking renewal of the registration of this centre, the provider submitted documentary evidence that it had effected insurance such as against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The person in charge supported by the home manager worked well together and had good daily systems of management and oversight. The provider had comprehensive formal quality assurance systems that maintained oversight of the effectiveness of these local management systems. However, the provider did need to review and assure itself and the Chief Inspector that the allocated resources were sufficient in light of the stated purpose and function of the service including the range of needs to be met. For example, the home manager did not have time specifically allocated for completing administration duties and the person in charge who was responsible for two other centres was the only nurse on the staff team. An additional burden to local management was the planning and management of the staff duty rota as all staff working in the centre did not report to the person in charge.

In addition, while the provider had comprehensive formal systems of quality improvement it was not robustly demonstrated how these always brought about the improvement that was needed in a timely manner. For example, in relation to the maintenance of the premises but more importantly the progression of placement reviews and transition plans so as to improve the appropriateness, quality and

safety of the service. For example, the report of the most recent annual review highlighted the safeguarding of residents as an area of concern and the absence of compatibility between the needs of the residents. However, there was no specific reference in the action plan to a placement review or planned transition. A more recent six-monthly quality and service review did refer to the fact that one resident was on a placement review but there was no definitive timescale for this.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the required information such as the number of residents that could be and would be accommodated, the management and governance arrangements and, how to make a complaint. The statement of purpose was available in the centre.

Judgment: Compliant

Regulation 30: Volunteers

The provider had arrangements in place where persons supported residents but were not directly employed by the provider. For example, the person in charge described how they liaised with and worked with an agency staff provider to ensure in so far as was practicable continuity and consistency for the residents. Staff said that currently the same agency staff worked in the centre on alternate weeks, was familiar to the residents and had developed a good relationship with the residents. The person in charge had on file evidence of Garda Vetting and evidence of the training completed.

Judgment: Compliant

Quality and safety

There was an evident respect for and commitment to each resident. However, as stated in the opening section of this report residents' needs were complex and diverse and not suited to this shared living arrangement. The provider sought to operate the centre in a way that managed the risk for injury and harm that arose from this absence of compatibility but ultimately this centre was not suited to meeting the needs of each resident.

The person in charge and the home manager had excellent knowledge of each resident, their needs, wishes, likes and dislikes. This knowledge was reflected in the personal plans reviewed by the inspector. The person in charge described how residents in the context of their communication needs were spoken with and consulted with as they sought to include residents in decisions about their care and support. The personal plan included each resident's personal goals and objectives for the year.

There was evidence of good and consistent multi-disciplinary team (MDT) input such as from the general practitioner (GP), psychiatry, psychology, physiotherapy, speech and language therapy and, the dietitian. There were challenges to ensuring residents enjoyed the best possible health due to their refusal of some care and interventions. This challenge and how it was managed and responded to, was well documented in records seen.

However, the inspector noted a clinical recommendation made in 2022 and again in 2023 for a review of one resident's placement in this centre and, the provision of an individualised service. Staff spoken with were aware of this but the recommendation and its progress was poorly reflected in other records seen such as the annual review of the effectiveness of the resident's personal plan.

While these three residents continued to live together there was an ongoing risk for behaviour that challenged and that posed a risk to the safety and wellbeing of all residents. Staff spoke of the ongoing requirement for vigilance and rapid intervention to protect peers from injury and to prevent the escalation of behaviour. There were some known triggers such as noise levels in the house but the unpredictability and escalation staff spoke of was also evident in notifications submitted to the Chief Inspector. Staff had voiced their concerns during the annual service review. The inspector noted the particular vulnerability of one resident and the risk to them of serious injury due to their complex medical needs. Staff spoken with were very aware of this risk.

In response to this risk to resident safety and wellbeing and to staff safety, the provider had increased the evening and weekend staffing levels and had put an additional staff on waking duty at night. However, from the register of risks the inspector saw that even with these arrangements in place the provider was still carrying a high level of risk while these three residents continued to live together.

Good oversight was maintained of the centres fire safety arrangements including the arrangements for evacuating residents and staff.

Regulation 10: Communication

The assessed needs of the residents included communication differences. Any communication support needed was set out in the personal plan such as the use of objects of reference. Throughout the house there was evidence of the purposeful use of communication tools to support communication with residents and to develop

their understanding of topics such as staying safe and good and appropriate interaction with others. The inspector noted how staff spoke gently and respectfully with residents for example in relation to personal care requirements and resident wishes were respected. Residents had access to a range of media and were supported to safely access the Internet.

Judgment: Compliant

Regulation 11: Visits

The person in charge had very good knowledge of each residents personal circumstances and the arrangements in place to support residents to have ongoing access to home and family as appropriate. Records seen demonstrated regular contact between staff and families and there were no restrictions on visits to the centre. On the day of inspection the staff on duty supported a planned family visit in the community for a resident who was challenged at times to leave the house.

Judgment: Compliant

Regulation 13: General welfare and development

Two residents attended off-site day services Monday to Friday. The third resident received an integrated type service from their home. The increased staffing levels meant that staff could support residents to safely access the community where they enjoyed walks, shopping, eating out and visiting the pub. Residents were supported where appropriate to enjoy an overnight stay in a hotel and enjoy activities such as a boat trip. Programmes such as mindfulness and music therapy were provided in the house.

Judgment: Compliant

Regulation 17: Premises

The house was situated in a rural but populated area and located on its own spacious site. The provider had made some changes to the design and layout of the house in response to the diverse needs of the residents. For example, one spacious living room was provided and used by one of the three residents. Residents shared the kitchen and dining areas and the main bathroom. There were some maintenance issues that required attention. For example, there was evident staining in the floor covering of the main bathroom around the base of the toilet probably

due to a poor seal. There was defective plasterwork and paintwork in the kitchen and around many of the door-frames.

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents guide contained all of the required information such as the services and facilities provided, how to make a complaint and, how to access any inspection reports on the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge maintained a register of the risks arising in the centre and details of how these risks were responded to. The identified risks reflected the assessed needs of each resident such as a high risk for falls, for behaviour that challenged and, the risk arising from the absence of compatibility between these needs in this shared living arrangement. For example, the risk for injury to self and others including peers and staff by behaviour that challenged and the risk posed by noise such as day-to-day vocalisations and behavioural incidents. While staff reported that controls such as the provision of additional staff had had a positive impact, incidents still happened and the residual risk ratings were high orange and red rated risks. It was evident from this and these inspection findings that the review of resident placements and the provision of an alternative placement was an outstanding control to ensure the safety of the service. This is addressed in Regulation 5.

Judgment: Compliant

Regulation 28: Fire precautions

The house was fitted with the required fire safety systems such as emergency lighting, a fire detection and alarm system and, doors with self-closing devices designed to contain fire and its products such as smoke. There was documentary evidence that these systems were inspected and tested by competent persons and, there were internal reviews of the fire safety arrangements in the house. Each resident had a personal emergency evacuation plan (PEEP) and regular simulated drills tested these plans. The drills tested a range of scenarios and good evacuation

times were reported.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Based on records seen and discussions with staff the inspector was not assured that the arrangements in place in the centre were suited to appropriately meeting the assessed needs of each resident. For example, while the provider had increased the staffing levels some staffing arrangements such as the reliance on day service staffing resources were described as not providing the continuity and consistency that was best for residents. The most recent annual quality and safety review reported the safeguarding concerns within the service and the absence of compatibility between the needs of residents. Resident feedback provided with support from staff was described as positive on many levels but the house was also described as unsafe at times. Staff spoken with described the unpredictable and volatile nature of behaviours and the risk this posed to peers. Staff had, based on records seen, consistently raised their concerns during internal quality and safety reviews. One resident was, in the context of their disability, their physical and health care needs, very vulnerable to injury and was very limited to the degree to which they could protect themselves. Conversely, this resident liked to vocalise and these vocalisations could act as a trigger for the behaviours that were such a risk to their safety. Risk assessments seen stated that the low arousal environment residents needed could not always be provided. Clinical records seen dated April 2022 and September 2023 both referred to the need for supports more closely aligned to the needs of a resident including the review of their current placement in this house and, the provision if necessary, of an individualised placement. The challenges in the house, the clinical recommendation and the placement review were poorly referenced in other records seen such as the review of the personal plan.

Judgment: Not compliant

Regulation 6: Health care

The person in charge ensured that residents had access to a broad range of clinicians and services much of which was available from within the providers own resources. There were challenges to monitoring resident health and ensuring residents enjoyed the best possible health as a resident could refuse care and interventions. This was well documented in records seen by the inspector and the person in charge could describe the efforts made to gain the residents consent, interventions that had been used and how these were justified so that the resident received the care that they needed at times. The person in charge was the only nurse on the staff team. The suitability of this to the assessed complex needs of the

residents has been addressed in Regulation 23: Governance and management.

Judgment: Compliant

Regulation 7: Positive behavioural support

Positive behavioural support was integral to the support provided each day in this centre. Practice was informed by input from the MDT such as psychiatry, psychology and the clinical nurse specialist. The positive behavioural support plans seen were current. Staff spoken with had a good understanding of the plans, triggers and responsive strategies up to and including de-escalation and intervention techniques and, the administration of as needed medicines when supportive strategies did not work. The person in charge who was a training facilitator ensured that staff completed the required training. The support provided aimed to support residents in the least restrictive manner and reasonable efforts were made to understand and alleviate the cause of behaviour. For example, much work had been done in relation to assessing and providing pain relief. However, unpredictable and volatile were regularly used descriptors for behaviour exhibited in the centre and staff spoke of the limitations to which behaviour support strategies could be implemented in this shared living arrangement. This is addressed in Regulation 5.

Judgment: Compliant

Regulation 8: Protection

Staff had completed safeguarding training. The inspector noted the use of a range of accessible materials such as visuals in relation to educating residents about respecting personal space and boundaries. Staff spoken with were very aware of the safeguarding concerns in the service and the arrangements in place to reduce the risk of harm and injury from a peer. Staff spoke of the ongoing need for vigilance and prompt intervention to protect peers from injury. The house was not overly spacious and residents were exposed on a regular basis to behaviour that significantly increased the noise levels in the house including but not limited to the banging of doors. Staff spoken with said that while a resident might be removed from a particular area of the house they would still hear these incidents. This and the need to protect residents from all forms of harm is addressed in Regulation 5.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for St. Anne's Residential Services Group T OSV-0005739

Inspection ID: MON-0043008

Date of inspection: 20/03/2024

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> <p>The Person in Charge will review time management to ensure that there are appropriate and dedicated times available for the Home Manger to complete administrative duties. The Person in Charge who has responsibility for two other centers is supernumerary and visits the designated center on a daily basis to ensure the area is functioning well and to address any issues.</p> <p>The Service Manger and Day Service manager are looking at establishing a cohesive approach between Day and Residential Services to ensure an effective consistent roster is maintained.</p> <p>Since the inspection the compatibility of all residents has been raised at The Admission, Discharge and Transfer review group with a particular focus on the needs of one gentleman. Last raised on 09/04/2024. A case conference has been arranged for 23.04.24 to highlight areas of concern, ongoing safeguarding, and future planning. The provider has had dialogue with an approved housing body to look at future assessed housing needs and the development of a plan around same for this gentleman. Updates in relation to this project will be forwarded to HIQA once available.</p> <p>Since the inspection the interior of the Designated Centre has been painted as planned which also addressed the cracks around doors evident at inspection. The provider is working with the approved housing body to get the required number of quotes and prepare a costed plan in relation to the bathroom upgrade</p>	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
 Since the inspection the interior of the Designated Center has been painted as planned which also addressed the cracks in plaster around the doors and walls evident at inspection. The provider is working with the approved housing body to get the required number of quotes and prepare a costed plan in relation to the bathroom upgrade

Regulation 5: Individual assessment and personal plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

The Service Manager and Day Service manager are looking at establishing a cohesive approach between Day and Residential Services to ensure an effective consistent roster is maintained.

Since the inspection the compatibility of all Residents has been raised at The Admission Discharge and Transfer review group with a particular focus on the needs of one gentleman. Last raised 09/04/2024. A case conference has been arranged for 23.04.24 to highlight areas of concern, ongoing safeguarding, and future planning. The provider has had dialogue with an approved housing body to look at future assessed housing needs and the development of a plan around same for this gentleman. Updates in relation to this project will be forwarded to HIQA once available.

The PIC and staff team are reviewing the daily activity planner to support all individuals in having time apart to ensure maintenance of a low arousal approach for all Residents living in The Designated Center. Placement review will remain as an agenda item until a suitable solution is sourced. This plan will be documented in audits and in the Resident's personal plan. MDT meetings for all individuals are scheduled for 16th & 23rd April 2024. The individual's needs assessment has also been updated for this gentleman. The PIC will link with the Service Manger in relation to the issues around placement so there is a clear communication link to monitor the issues.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	30/06/2024
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	Substantially Compliant	Yellow	30/06/2024

	accordance with the statement of purpose.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	30/06/2024
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	30/06/2024