



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

## Issued by the Chief Inspector

Name of designated centre:	The Blossoms
Name of provider:	Autism Initiatives Ireland Company Limited By Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	27 August 2024
Centre ID:	OSV-0008065
Fieldwork ID:	MON-0035645

## About the designated centre

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

The designated centre is a ground floor apartment that can provide 24 hour care and support to three adults diagnosed with Autism, including other complex needs. The centre can provide for residents that have a mild to moderate diagnosis of Autism. Currently, there are two female adults living in the designated centre, but the centre can accommodate three adults. There are three bedrooms in the designated centre all of which include en-suite facilities. The apartment has a communal open plan area consisting of kitchen/ dining room and sitting room. There is a utility room and one additional shared bathroom. There is also an office for staff where administration takes place. The designated centre is supported by a staff team, made up of an area manager, a person in charge, a senior social care worker, four social care workers and two support workers. The person in charge is employed as a full-time employee, dividing their time between this designated centre and one other.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	2
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 27 August 2024	10:30hrs to 17:00hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

This inspection took place over the course of one day and was to monitor the designated centres level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). It was also to inform a decision on the renewal of the registration of the centre.

At the time of this inspection, there were two residents living in the centre and the inspector met with both of them briefly. Written feedback on the quality and safety of care from both residents and family representatives was also viewed by the inspector as part of this inspection process. Additionally, on the day of this inspection the inspector spoke with two family representatives over the phone so as to get their feedback on the service.

The centre comprised of a three bedroom apartment in south County Dublin. A garden/courtyard area was provided to the rear of the property for residents to avail of in times of good weather. Additionally, there was a small porch with garden furniture at the entrance to the property (facing out onto a communal garden) that residents could also avail of if they so wished.

On arrival to the centre the inspector observed that the apartment was spacious, clean, warm and welcoming. The inspector met with one resident in the kitchen however, they chose not to speak with the inspector and this decision was respected. The inspector noted however, that the resident appeared happy and content in their home and relaxed and comfortable in the company and presence of staff. Staff were also observed to be kind and caring in their interactions with the resident.

Both residents had their own large spacious ensuite bedrooms. These rooms were decorated to the individual style and preference of each resident. One resident had chosen to have a TV/lounge area in their bedroom where they could watch films of their choice when or if they wanted to.

Both residents had 1:1 staffing support each day with an additional staff member available so as to ensure residents could engage in recreational and social activities of their preference and choosing. (One resident required 2:1 staffing support at all times in the community)

On review of both residents person centred plans, the inspector observed residents were being supported to engage in activities they liked such as using their personal computers to listen to music and look at pictures, keeping fit by going for regular walks, swimming and dancing and going shopping. Residents also liked to visit hotels, have lunch and/or dinner out and go on day trips for example to aquariums, aquatic centres, beaches and parks.

Later in the day the inspector met briefly with the second resident living in the apartment. This resident did not speak directly with the inspector however, they held the inspectors hand for a moment and, appeared in good form. They were observed to be relaxed and comfortable in their home and in the company and presence of staff. Staff were also observed to be kind and caring in their interactions with the resident.

Feedback on the service from residents and family representatives was positive and complimentary.

For example, the inspector viewed written feedback on the quality of safety of care from both residents (they were supported by staff and/or a family representative to provide this feedback). Both residents reported that their apartment was a nice place to live, they liked the food options, staff knew what was important to them (to include their likes and dislikes), staff provided support when it was necessary, they felt listened to and were included about decisions involving their home.

Written feedback from two family representatives on the quality of service provided was also positive. For example, one family representative reported that their relative loved their service, staff were kind and they felt the service was safe. They also said that they were proud of how well their relative was getting on with community-based activities and their daily involvement in the community. Another family member said that they were very happy with the way things were going for their relative and very happy with the support they received from the staff team.

The inspector also spoke to two family representative over the phone on the day of this inspection so as to get their feedback on the quality and safety of care provided in the service. One family member reported that they were absolutely happy with the service and that their relative loved it. They said the staff team were terrific and that their relative got to go out and about doing various things such as swimming, walking and shopping. The also said that they were happy that their relatives healthcare needs were being provided for and that they had no complaints about the quality or safety of care. At the end of the call they said that they would recommend the service as it was very good.

The second family member was equally as positive saying that their relative seemed very happy in the service, the apartment was a fine size, their relative was in good form and that they had everything they needed. They also said that their relative had recently been supported to visit home and that they looked very well on this visit. They reported the staff team were great and that they had no concerns or complaints about the quality and safety of care provided to their relative.

While some issues were identified with aspects of the governance and management arrangements, healthcare and notification of incidents, residents appeared settled, happy and content in their home and feedback from two family representatives on the quality and safety of care was both positive and complimentary.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care provided to the

residents.

## Capacity and capability

Residents appeared happy and content in their home and systems were in place to meet their assessed needs. However, an aspect of the governance and management arrangements required review.

The centre had a clearly defined management structure in place which was led by a person in charge (team leader). They were supported in their role by a senior social care worker and an area manager.

The person in charge was an experienced, qualified professional and demonstrated their knowledge of the residents' assessed needs. They were also aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

A review of a sample of rosters for the month of July 2024 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection.

From reviewing the staff training records for the centre and three staff files, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. It was observed that two staff required training in fire however, the person in charge was aware of this and had a date arranged for both staff to complete this training.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2023 and, a six-monthly unannounced visit to the centre had been carried out in July 2024. On completion of these audits, an action plan was developed and updated as required to address any issues identified in a timely manner.

It was observed however, that aspect of the governance and management arrangements required so as to ensure the auditing process was effective in identifying all areas that required attention in the centre. Additionally, regulation 31: notifications of incidents also required review.

## Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application to renew the registration of the

centre prior to this inspection.
Judgment: Compliant
<b>Regulation 14: Persons in charge</b>
<p>The person in charge was a qualified and experienced professional with an additional qualification in key management skills/managing a quality service.</p> <p>The were found to be responsive to the inspection process and were aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).</p> <p>They had systems in place for the oversight and management of the centre to include local audits and supervision of their staff team.</p> <p>They were also aware of the assessed needs of the residents living in the centre.</p>
Judgment: Compliant
<b>Regulation 15: Staffing</b>
<p>A review of a sample of rosters for the month of July 2024 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection.</p> <p>For example,</p> <ul style="list-style-type: none"> <li>• two staff members worked 8am to 8pm each day (both residents were on 1:1 support)</li> <li>• an additional staff member was available for a set number of hours each day as one resident required 2:1 support for community-based activities</li> <li>• one staff member worked overnight from 8pm to 8am every night</li> </ul> <p>It was observed that on two occasions over the month of July 2024, the service had to operate with a shortfall of one staff member during the day however, there was a risk assessment in place for this informing that the service could operate safely when there was a shortfall of a staff member during the day.</p> <p>On the day of this inspection the person in charge also assured the inspector that a shortfall of staffing levels was rare and only occurred when unexpected leave occurred however, they were assured that the service could operate safely on the</p>



rare occasion this happened.

The staffing arrangements were made up of a person in charge, a senior social care worker, social care workers and support workers.

Additionally, the person in charge had a regular presence in the centre each week.

Three staff files were viewed and, for the most part were found to meet the requirements of schedule two of the regulations. For example, all three had appropriate vetting on file however, the employment history for one staff member was not explicitly stated. This was actioned under regulation 23: governance and management.

Judgment: Compliant

## Regulation 16: Training and staff development

From reviewing the training matrix for the staff team and specific staff training records of three staff members (one senior social care worker, one social care worker and one support worker), the inspector found that these staff were provided with training to ensure they had the necessary skills and knowledge to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training courses to include:

- safeguarding of vulnerable adults
- children's first
- communicating effectively through open disclosure
- positive behavioural support
- manual handling
- fire awareness
- fire warden training
- fire extinguisher training
- infection prevention and control
- medication management
- donning and doffing of personal protective equipment
- hand hygiene
- guiding principles of assisted decision making
- human rights

It was observed that at the time of this inspection, two new staff members required fire awareness training. However, the person in charge was aware of this and plans were in place for both staff to have completed this training by Monday September 02, 2024.

Additionally, shortly after this inspection the person in charge confirmed via email

that staff had training in first aid (both online and in-person training).

Judgment: Compliant

### Regulation 23: Governance and management

There were clear lines of authority and accountability in this service. The centre was led by a qualified and experienced person in charge with the support an area manager and senior social care worker.

The provider also had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2023 and, a six-monthly unannounced visit to the centre had been carried out in July 2024. On completion of these audits, an action plan was developed so as to address any issued identified in a timely manner.

For example, the auditing process identified that:

- aspects of the rosters required review
- staff were to sign the minutes of team meetings
- all open food items stored in the fridge were to be labelled with the date they were opened
- monthly manager reports were to be completed and sent to the area manager
- the car insurance disc required updating
- staff were to have training in donning and doffing of personal protective equipment

All these issues had been identified, actioned and addressed by the time of this inspection.

However, aspects of the auditing process required review so as to ensure the auditing process was effective in identifying all areas that required attention in the centre. For example:

- the employment history for one staff member was not explicitly stated on their file as required by schedule 2 of the regulations.
- aspects of the recording process regarding how residents were progressing with their goals required review (some sections were not filled in or completed)
- an audit identified that staff meetings were held every four weeks. However, on review of a number of staff meetings in 2024, the inspector noted that at times, meetings were not always being held every month as recommended by the auditing process.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations)

Judgment: Compliant

### Regulation 31: Notification of incidents

One resident could make allegations and while these were reviewed and investigated within the service with no grounds for concern, they were not being reported to the Health Information and Quality Authority as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

When this was brought to the attention of the person in charge they confirmed that they would continue to record, investigate, and review all allegations with the area manager on a weekly basis and, would also notify HIQA of any allegations that involved any concern of abuse.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

Effective complaints procedures were in place in the designated centre. Family members were aware of the complaints process and information on how to make a complaint and who to contact regarding a complaint, was readily available in the centre.

There as one complaint on file for 2024 however, it was investigated promptly and measures were taken to address the issue to the satisfaction of the person who made the complaint.

At the time of this inspection there were no open complaints on file and two family members spoken with over the phone were extremely positive and complimentary about the quality and safety of care delivered in the service.

Judgment: Compliant

## Quality and safety

The two residents living in this service were supported to live their lives based on their individual preferences and choices and, systems were in place to meet their assessed needs. However, some issues were found with regulation 5: healthcare.

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to achieve goals to suit their assessed needs and frequent community-based activities based on their interests.

Residents were also being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals. Hospital appointments were facilitated as required and each resident had a number of healthcare-related actions plans in place so as to inform and guide practice. However, it was observed that there were issues in relation to accessing a speech and language therapist and an occupational therapist and this has been ongoing for some time.

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there were some open safeguarding plans in place in the centre. It was observed that a resident could make allegations which were not being reported to the Chief Inspector. However, this issue was discussed and actioned under regulation 23: governance and management.

Systems were also in place to manage and mitigate risk and keep residents safe. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being.

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting/signage. Equipment was being serviced as required by the regulations.

The apartment was also found to be clean, warm and welcoming on the day of this inspection and generally well maintained.

### Regulation 13: General welfare and development

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to achieve goals to suit their assessed needs and frequent community-based activities based on their interests.

For example, residents liked to use their personal computers to listen to music and look at pictures, liked to keep fit by going for regular walks, swimming and dancing.

They also liked to go for drives, go shopping, visit hotels, have lunch and/or dinner out and go on day trips for example to aquariums, aquatic centres, beaches and parks.

The inspector also observed on the day of this inspection that the residents liked spending 1:1 quality time with staff doing various activities.

Residents were also supported to keep in very regular contact with their family members.

Judgment: Compliant

### Regulation 17: Premises

The premises were found to be clean, warm and welcoming on the day of this inspection and generally well maintained.

Both residents had their own spacious ensuite bedroom decorated to their individual style and preference. Communal facilities included a sitting room/dining room and kitchen. There was also a staff office with a bathroom and a utility facility.

A garden/courtyard area was provided to the rear of the property for residents to avail of in times of good weather. Additionally, there was a small porch with garden furniture at the entrance to the property (facing out onto a communal garden) that residents could also avail of if they wanted.

The centre also had two designated car parking spots,

Judgment: Compliant

### Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being.

For example,

- where a resident may be at risk while accessing community-based activities, they were provided with 1:1 and/or 2:1 staffing support at all times in the community.
- where a resident may be at risk in the kitchen due to lack of awareness of hot surfaces and/or eating large chunks of food, staff supported the resident when in the kitchen to chose their own snacks and drinks. Staff also encouraged the resident to chew their food and eat slowly. The person in charge also confirmed that staff had training in first aid (both online and in-person training) which included a section on choking and staff would therefore be equipped, as first aid responders, to deal with a choking incident should it arise. Additionally, the approach to supporting the resident would continue to be preventative as per their risk assessment.
- where there was a risk of behaviours of concern, staff had training in positive behavioural support and, a positive behavioural support plan was in place. Psychology and behavioural support was also available to the centre.

Judgment: Compliant

## Regulation 28: Fire precautions

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers, a fire blanket and emergency lighting.

Equipment was being serviced as required by the regulations. For example:

- emergency lighting was serviced in February, May and August 2024
- the fire panel was serviced in March, May and August 2024
- fire extinguishers were serviced in March 2024

Staff also completed weekly checks on all fire equipment in the centre and from reviewing three staff files, had training in fire safety. (It was observed that at the time of this inspection, two new staff members required fire awareness training. However, the person in charge was aware of this and plans were in place for both staff to have completed this training by Monday September 02, 2024.

Fire drills were being conducted as required. The person in charge informed the inspector that there were no issues with the residents evacuating the premises during fire drills. A drill on July 18, 2024 informed that the two residents and one

staff member evacuated the apartment in a two minute time frame and, no actions were required/no issues reported.

Additionally, each resident had an up-to-date personal emergency evacuation plan in place.

Judgment: Compliant

## Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- general practitioner
- dental
- optician
- physiotherapy
- chiropody
- neurology

Hospital appointments were also facilitated as required and both residents had a number of health and well being actions plans in place to include, a hospital and dental support plan. Both residents had also had their flu vaccination.

Where required, residents also had psychology support and input a positive behavioural support trainer.

It was observed that there was a delay in accessing a speech and language therapist and occupational therapist for residents and this had been ongoing for some time.

However, the person in charge confirmed that contact had been made with a private speech and language therapist who had worked with the service previously, and they were awaiting a response from them as to a time frame for an assessment for the resident.

Additionally, the area manager had been in contact with an occupational therapist as per the residents assessment of need and, they were currently at the information gathering stage regarding this.

Judgment: Substantially compliant

## Regulation 8: Protection

Systems were in place to safeguard the residents in their home and at the time of this inspection, there were no open safeguarding concerns.

The inspector also noted the following:

- safeguarding was discussed at staff meetings
- from reviewing three staff files the inspector observed that they had training in safeguarding of vulnerable adults, children's first and communicating effectively through open disclosure
- from reviewing three staff files with regard to schedule 2 of the regulations, all three had appropriate vetting in place
- information on how to contact the designated officer, complaints officer, confidential recipient, independent advocacy the Office of Ombudsman was on display in the centre
- two family representatives spoken with over the phone on the day of this inspection reported that they were very happy with the quality and safety of care provided in the centre
- one staff member spoken with said they would have no issue reported a concern to the person in charge/designated officer if they had one

A risk assessment was in place in relation to a resident who could make allegations. Where any allegation was made, it was recorded, investigated and this was reviewed by the area manager on a weekly basis. Staff also debriefed with the person in charge and/or senior social care worker about any allegation made. The risk assessment also informed that if any allegation was not shown to be false, it would be reported to the designated safeguarding officer as a potential concern.

However, on review of a number of these allegations, the inspector observed that while they had been investigated with no grounds for concern, some of them should have been reported to the Health Information and Quality Authority and the national safeguarding team. This issue was discussed and actioned under regulation 31: notification of incidents.

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
<b>Capacity and capability</b>	
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 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for The Blossoms OSV-0008065

Inspection ID: MON-0035645

Date of inspection: 27/08/2024

## 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
Outline how you are going to come into compliance with Regulation 23: Governance and management:	
1. Aspects of the auditing process to be reviewed to ensure effectiveness in identifying all areas that require attention. To be addressed by PPIM at next CQIC meeting 23.10.24	
2. HR to ensure, at short-listing stage, that employment history of all staff is explicitly stated on their file as required by schedule 2 – staff will update their CV to include all employment history to date with specific start and leave dates and to list duties of each employment – to be completed by 30.09.24	
3. PIC to put measures in place to oversee evaluation of progress on goals in residents support plans. Evaluations are to be recorded in the resident's monthly review to show progress over the month. This has been addressed at our team meeting on 12.09.24 and will be addressed individually with staff in practice support meetings - completed and ongoing	
4. PIC to ensure that staff meetings are carried out every four weeks as required by the six monthly internal unannounced audits. Meetings to be planned on the rota each month. Should a meeting not happen due to unavoidable circumstances a new date to be chosen as close as possible to the original date and communicated to all staff. In place currently	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents:	

5. PIC will notify HIQA of all allegations of abuse from residents even if they have been investigated and found to be false or have no grounds for concern. Allegation form to be updated to add details of notification to HIQA.

This is in place currently and will be ongoing.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

6. PIC has met with an occupational therapist for residents, The OT has met with one resident and is currently in the process of making a report with recommendations.

7. PIC has contacted a private speech and language therapist, regarding getting an assessment completed for one resident. No appointment date given as yet but the PIC will continue to follow up on this action, to be completed as soon as possible.

## 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)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	23/10/2024
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Substantially Compliant	Yellow	24/09/2024
Regulation 06(2)(d)	The person in charge shall ensure that when	Substantially Compliant	Yellow	15/11/2024

	a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.			
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