



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

Issued by the Chief Inspector

Name of designated centre:	Greenfield House
Name of provider:	Embrace Community Services Ltd
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	22 November 2024
Centre ID:	OSV-0008774
Fieldwork ID:	MON-0043827

About the designated centre

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

Greenfield House provides a residential service for male and female adults over the age of 18 with intellectual disabilities, physical disabilities, autistic spectrum disorder, and/or acquired brain injuries. The service also supports individuals who may have mental health difficulties and behaviours of concern, offering a person-centred approach to care. The house accommodates up to five residents in individual bedrooms, designed to promote comfort, privacy, and accessibility. On the ground floor, there are two bedrooms, each with an ensuite bathroom, as well as a shared downstairs bathroom. The first floor features three bedrooms, one of which includes an ensuite and a private living area, along with a shared bathroom for other residents.

Residents are supported by a team of social care workers and direct support workers led by a person in charge. In addition to the core team, residents have access to a range of in-house and community-based professionals, including nursing staff, psychologists, occupational therapists, physiotherapists, speech and language therapists, positive behaviour support specialists, and consultant psychiatrists.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Friday 22 November 2024	10:10hrs to 16:00hrs	Erin Clarke	Lead
Friday 22 November 2024	10:10hrs to 16:00hrs	Karen Leen	Lead

What residents told us and what inspectors observed

This was the first inspection of the centre, and inspectors found that residents expressed satisfaction with their new home and the range of supports available to them. Areas identified for improvement included reviewing adverse incidents for potential safeguarding impacts, refining procedures for carrying out fire drills and implementing a servicing system for certain equipment used in the centre.

The design and layout of Greenfield House replicate a large family home, creating a comfortable and welcoming atmosphere consistent with a homely environment. The house includes five bedrooms; two are on the ground floor, each with an ensuite and a shared accessible downstairs bathroom and shower room. The first floor accommodates three bedrooms, one of which has an ensuite and a private living area, along with a shared bathroom. All bedrooms were furnished to a high standard, and residents are encouraged to personalise their spaces with items that make their environment feel like home. The house also provides ample living space for residents to relax and socialise, including a dining area, two separate sitting/living rooms at the front of the house, and a sunroom at the rear. These spaces offer opportunities for communal gatherings or private entertainment as residents prefer.

Residents shared positive feedback about their quality of life in the designated centre, which demonstrated a strong emphasis on promoting independence, personal interests, and meaningful community engagement. Inspectors observed tangible improvements in residents' quality of life following their transition to this centre. Examples included enhanced proximity to family members, increased independence, and opportunities for greater social and recreational participation. While the provider was actively managing and reviewing compatibility concerns among the five residents with differing backgrounds and needs, inspectors noted that safeguarding procedures and processes required further improvement to ensure consistent and robust protections for all residents.

Inspectors met with one resident during breakfast, who expressed their satisfaction with living in the centre and shared their motivations and personal goals. Another resident, who chose not to engage directly with inspectors, was observed seeking staff assistance with various tasks and appeared comfortable and at ease in their home environment. Two other residents living in the centre were not present for the inspection and were engaged in other activities.

The inspectors met with one resident when they returned from college, who shared their lived experience with inspectors. They expressed enthusiasm about their new home, noting that staff had informed them of the inspection visit in advance, which they appreciated. The resident highlighted how their relocation to the centre had significantly improved their daily routine by eliminating a previous three-hour commute to college. They valued the increased independence, the ability to make personal choices about activities, and the quieter environment compared to their

previous residence, where they lived alongside younger children.

The resident proudly showcased their bedroom, which reflected their individuality and personal interests. The room was adorned with items such as make-up, hair care products, and memorabilia reflecting their passion for fashion and sports. A collection of trophies and awards showcased their achievements in GAA sports, which the resident had been actively involved in for many years. Inspectors observed that this relocation allowed the resident to maintain and even expand their participation in community-based activities, such as attending local matches and training sessions, enriching their sense of continuity and belonging.

Community engagement was a strong theme in the resident's feedback. They described participating in various activities, including snooker, cinema outings, and social gatherings with friends and family. The resident noted that staff encouraged them to invite friends to the house, fostering a sense of ownership and pride in their living environment. The spacious layout of the house and the availability of communal areas supported socialisation and facilitated a homely atmosphere.

Inspectors observed that the designated centre, a large two-story house situated on 4.5 acres of land, provided a clean, spacious, and well-maintained living environment. Each resident had a private bedroom tailored to their preferences and, where necessary, their assessed needs. For example, bedrooms on the ground floor were adapted to support residents with mobility requirements, including accessibility features and appropriate equipment. Inspectors noted that one resident's room included a separate living area, which was specifically tailored to support the resident's sense of wellbeing. This arrangement was vital in managing environmental stimuli, providing the resident with a personalised space to retreat and regulate their sensory needs.

While the centre's rural location was ten minutes from a large town, its limited access to public transport necessitated reliance on the centre's transport. Inspectors were informed of an organisational insurance change that restricted some staff driving capabilities. This issue significantly impacted the centre, as only two staff members were authorised to drive at the time of inspection. However, the provider had implemented a range of measures to mitigate the impact on residents. These included funded taxi services and the exploration of alternative insurance solutions. Additionally, four staff members were actively being supported in completing their driving tests, which would further address this challenge in the near future. Inspectors observed that the centre had a proactive approach to maintaining residents' engagement and ensuring minimal disruption to their routines despite logistical challenges. Overall, the environment was well-suited to meeting residents' needs while promoting their independence and inclusion.

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

Capacity and capability

This short-announced inspection was completed to monitor regulatory compliance. It was the first inspection in this designated centre, which began operating in May 2024. Since that time, five adults had transitioned into the house. The provider had amended the staffing arrangements that were initially proposed during the pre-registration site visit in May 2024. This demonstrated a proactive approach by the provider, who carefully reviewed and adjusted staffing supports in response to the needs of residents during their transitions. For example, the provider increased staffing resources when it was identified that some residents required additional support.

At the time of the inspection, there were three vacancies in the staffing roster. The person in charge arranged cover for these shifts using staff from other areas of the organisation who were well-known to both the residents and the operational requirements of the centre. This approach avoided reliance on external agency staff who were unfamiliar with the residents and their needs, ensuring continuity of care and minimising disruption.

The management structure in the centre was clearly defined, with well-established responsibilities and lines of authority. The person in charge, who was employed full-time, was found to be suitably skilled, experienced, and qualified for their role. They were responsible for this centre as well as another designated centre and were supported in their duties by two team leaders. The person in charge reported directly to an assistant director of care and had established systems for regular communication. The assistant director of care, in turn, reported to a senior services manager, who was accountable to the Chief Executive Officer (CEO).

There were effective arrangements in place to support and supervise staff working in the centre. This included the presence of management, formal appraisal meetings, and access to an on-call support service outside of regular working hours. Staff also participated in regular team meetings, which provided a forum to address any concerns related to the quality and safety of care provided to residents.

Inspectors reviewed a sample of recent staff meeting minutes, which reflected discussions on key areas such as complaints, safeguarding of residents, audit findings, hazards in the centre, fire safety measures, and updates on the Assisted Decision-Making (Capacity) Act, 2015. These meetings demonstrated an ongoing commitment to ensuring the safety and wellbeing of residents and fostering a culture of continuous improvement within the centre.

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person was

found to be suitably skilled and experienced for the role and possessed relevant qualifications in social care and management. The person in charge demonstrated effective governance, operational management and administration of the centre.

Judgment: Compliant

Regulation 15: Staffing

During the inspection, Schedule 2 information for five staff members was reviewed and was found to contain all the required documentation. This included evidence of qualifications, Garda vetting, and previous work references, demonstrating compliance with the regulatory requirements for recruitment.

The registered provider had ensured that the staffing levels and skill mix in the centre were in accordance with the current assessed needs of residents. The staffing levels aligned with the centre's statement of purpose and the specific needs of its residents. In response to changes in residents' assessed needs, the provider increased the centre's whole-time equivalent staffing in September 2024, reflecting a commitment to maintaining appropriate support levels.

Inspectors reviewed both the planned and actual rosters for July, August, September, and October 2024. These rosters accurately reflected the staffing arrangements in place at the centre, including coverage during both day and night shifts. The house is staffed with two waking night staff during the night to provide continuous support and supervision during night hours. While residents do not require 24-hour nursing care, they have access to the community nurse employed by the organisation for health-related needs.

The inspectors spoke with three staff members during the inspection. These staff members demonstrated a clear understanding of the individual support needs of residents and their responsibilities in providing care. Their knowledge and professionalism contributed to the delivery of a safe and supportive environment for residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in the centre were required to complete a comprehensive suite of training to support their professional development and ensure the delivery of appropriate care and support to residents. This training covered essential areas such as safeguarding of residents, administration of medication, first aid, manual handling, supporting residents with modified diets, management of behaviours of concern, complaints

management, and fire safety.

The provider had implemented effective systems to record and regularly monitor staff training. Inspectors reviewed the staff training matrix and found that staff had completed a range of training courses, ensuring they had the knowledge and skills necessary to support residents effectively. Mandatory training areas included fire safety, managing behaviours of concern, and safeguarding adults at risk of abuse. Additionally, staff received training in human rights, first aid, Autism awareness, and Percutaneous Endoscopic Gastrostomy (PEG) care, reflecting training that took into consideration the diverse needs of residents.

All staff received supervision and support relevant to their roles from the person in charge. A formal schedule of supervision for 2024 had been developed and implemented for all staff members. Inspectors reviewed a sample of ten staff supervision records and found them to be in line with the provider's policy. These records demonstrated that supervision sessions included a review of the staff member's personal development and provided an opportunity for staff to raise any concerns or challenges. This structured approach supported the continuous professional growth of staff and promoted the delivery of high-quality care to residents.

Judgment: Compliant

Regulation 23: Governance and management

Both the person in charge and the assistant director of care were met during the inspection. They provided a comprehensive overview of the centre's operations and an update on recent developments. Effective communication arrangements, such as regular meetings, were in place for the management team to share information and escalate concerns when necessary.

Staff were supported by effective arrangements for raising concerns. In addition to formal supervision and appraisal systems, team meetings provided a valuable forum for staff to discuss any issues or challenges. Inspectors found these arrangements promoted open communication and collaborative problem-solving within the centre. Management informed inspectors that the centre was being supported with transport through the use of taxis and the advertisement of driver posts while staff awaited the completion of their driving tests.

The centre had robust monitoring and oversight systems in place. Inspectors reviewed five monthly visits conducted by the PPIM, which included formal reviews of the centre. These visits were documented with detailed minutes and outlined actions to address identified issues. Reports from these visits began with a review of outstanding actions from the previous visit, followed by a detailed action plan that specified responsible persons and timeframes for completion. For example, one action involved ensuring a more person-centred approach to the documentation of

residents' information.

Additionally, the health and safety committee had undertaken a review of the online risk register in October 2024. This review included an evaluation of risks, their associated risk ratings, and the adequacy of control measures. Proportionate measures were implemented to address any identified risks, ensuring the safety and wellbeing of residents and staff. These governance and oversight measures demonstrated the provider's commitment to continuous improvement and review of the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The admissions process in the centre was found to be based on clear criteria and transparent decision-making procedures. Pre-admission impact assessments were conducted to evaluate the compatibility of prospective residents with those already living in the centre. These assessments demonstrated a thoughtful approach to ensuring a smooth transition and maintaining a positive environment for all residents.

The admissions process was clearly outlined and aligned with the residents' contracts of care. These contracts detailed the terms and conditions of residency, ensuring that residents and their families were well-informed before admission.

Residents and their families were given the opportunity to visit the centre prior to admission. During these visits, prospective residents could meet staff and other residents, providing an opportunity to familiarise themselves with the environment and build connections before moving in. This approach supported a person-centred transition process and helped residents settle into their new homes comfortably and confidently.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose had recently been revised to ensure that it was accurate and sufficiently detailed and was available in the centre to residents and their representatives.

Judgment: Compliant

Quality and safety

The management team and staff strived to ensure that all residents received an individualised, safe and good quality service. Residents were observed to be comfortable in their environment and with the staff supporting them. The provider ensured that resources were in place to enable residents to regularly participate in activities they enjoyed, promoting their engagement and overall well-being. The inspection identified gaps in the servicing of assistive equipment, a thorough application of all safeguarding procedures and aspects of the fire drill processes.

The premises were designed and laid out in a manner that met the needs of residents. The centre provided a homely environment, with suitable private and communal spaces. Each resident had their own private bedroom, which was decorated and furnished in line with their personal preferences, supporting their sense of individuality and comfort.

Residents requiring support with their behaviour had positive behaviour support plans in place. Inspectors observed some environmental restrictive practices within the centre, which were appropriately managed in line with evidence-based practices. These practices were closely monitored, consented to, and assessed to ensure they were the least restrictive options available.

The centre had robust fire safety and risk management systems in place. Policies, procedures, and practices were designed to protect residents, staff, and visitors, including a system for responding to emergencies. Risks were well managed and reviewed regularly. A clear system for reporting and responding to adverse events was in place, ensuring that learning from such events was shared with the team to enhance safety and care. Documentation reviewed during the inspection included safety alerts regarding the safe use of bedrails and hoists, emphasising the importance of regular inspections and maintenance. However, it was noted that the equipment in use within the centre, including bedrails, was not part of a formal servicing system.

Residents generally enjoyed a good quality of life at the centre. They were supported to engage in a broad range of social, leisure, and occupational activities tailored to their interests and preferences. Resources, including sufficient staffing levels and access to a vehicle, were available to facilitate residents' participation in these activities and their engagement with the wider community.

Inspectors reviewed the arrangements in place to safeguard residents from abuse. Staff had received relevant training in the prevention and appropriate response to abuse, while residents had been educated on safeguarding through team meetings. However, a residual risk to residents' well-being remained due to some compatibility issues and further improvements were needed to mitigate this risk fully.

The centre demonstrated good fire safety precautions. Staff carried out regular checks on fire safety equipment and precautions, with arrangements for the regular

servicing of equipment. Comprehensive fire evacuation plans and individual evacuation plans were in place and had been tested through fire drills conducted in the centre. These drills ensured that staff and residents were familiar with the procedures to be followed in the event of a fire, further contributing to the safety and well-being of all residents.

Regulation 11: Visits

The size, layout, and ethos of the designated centre supported residents in having visitors to their home. Residents had the option to meet with visitors in private if they so wished, ensuring their right to maintain personal relationships and social connections. Communal areas within the centre provided suitable spaces for social visits, while private areas were available for more confidential interactions. Residents reported that family members visited them regularly, and they valued the opportunity to maintain these connections in a comfortable and welcoming environment.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to engage in activities of their choosing, promoting their overall welfare and quality of life. One resident was particularly motivated by their physical and rehabilitation training, which was actively supported by members of the organisation's multi-disciplinary team and staff team. These tailored supports enabled residents to achieve personal goals and maintain their physical wellbeing.

For residents who had attended day services prior to moving to the house, efforts were made to support their continued attendance to maintain friendships and connections, even when travel distances were involved. This demonstrated a commitment to preserving residents' established social networks and routines.

Other residents preferred not to participate in formalised day programmes, and this preference was respected. Instead, they were supported through a wraparound service, with activities provided within the house and the local community. This flexible approach ensured that all residents' individual needs and preferences were met, fostering a person-centred environment that promoted independence, autonomy, and wellbeing.

Judgment: Compliant

Regulation 17: Premises

The designated centre provided multiple communal and living spaces, ensuring that residents had access to comfortable areas for relaxation, socialisation, and personal activities. Each resident had their own private bedroom, which was decorated and furnished in a way that reflected their individuality, personality, and preferences.

The mobility and accessibility needs of residents were accommodated in their bedrooms and bathrooms, with appropriate adaptations in place to ensure their comfort and independence.

Plans to further develop the service within the grounds of the centre were discussed with inspectors during the inspection. These developments aim to enhance the facilities and continue to meet the evolving needs of the residents. The premises were found to be homely, well-maintained, and suitable for its purpose, providing a safe and welcoming environment for residents.

Judgment: Compliant

Regulation 26: Risk management procedures

While systems were in place for risk management in the centre, inspectors identified several practices requiring review to ensure resident safety and compliance with best practices.

Two residents required the use of bed rails and other assistive equipment. While the use of bed rails had been assessed, reviewed, and deemed appropriate to maintain a safe environment, inspectors found that the systems for the regular review and servicing of bedframes needed improvement. The provider had not yet implemented a robust schedule to ensure routine inspections and servicing of bedframes to uphold safety and functionality.

Also, inspectors noted the absence of an equipment log to track the servicing of assistive devices such as hoists and airflow mattresses. One airflow mattress in use had last been serviced in March 2021. Although the resident using this mattress had moved into the centre only four months before the inspection, there were no records indicating a scheduled review date, maintenance plan, or assigned service provider.

Furthermore, a hoist in use at the centre required servicing by November 29, 2024. However, at the time of inspection, the centre could not confirm whether a service provider had been identified to complete the maintenance. This lack of clarity posed potential risks to the safety and effective operation of this essential equipment.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The house was equipped with appropriate fire safety measures, including fire-fighting equipment, fire alarms, and emergency lighting, all of which were serviced as required. Fire doors were installed throughout the premises to prevent the spread of smoke in the event of a fire. These fire doors were fitted with approved hold-open devices, facilitating the unrestricted movement of residents around their home while maintaining safety standards.

Fire drills conducted since the house opened demonstrated that residents could be evacuated by staff effectively in the event of a fire. However, inspectors noted that the procedures for conducting fire drills required review to ensure they fully considered the rights of residents. This matter is addressed under Regulation 9: Residents' Rights.

Judgment: Compliant

Regulation 6: Health care

An assessment of need was carried out for all residents in line with the provider's policies and procedures. These assessments identified residents' ongoing and emerging healthcare needs, ensuring that appropriate supports were in place. Individual health plans, health promotion initiatives, and dietary assessments were also developed to address these needs.

Residents in the centre had access to a range of healthcare professionals to meet their assessed needs. Clinical appointments were facilitated both through the provider's multi-disciplinary team and in the community, as required. This approach ensured residents received timely and comprehensive care.

Written support plans were available in the centre to guide staff on residents' healthcare needs and the interventions required. These plans were accessible and clearly outlined the necessary actions to support residents effectively. Additionally, residents were supported in understanding and managing their own health conditions, fostering greater independence and awareness.

Judgment: Compliant

Regulation 7: Positive behavioural support

Arrangements were in place to provide positive behaviour support to residents with an assessed need in this area. Inspectors reviewed one of these plans and found it to be detailed, comprehensive, and developed by an appropriately qualified professional. These plans were reviewed regularly and were supported by risk assessments where necessary.

Each resident's behaviour support plan included clearly documented de-escalation strategies and accompanying wellbeing and mental health support plans. Staff demonstrated up-to-date knowledge and skills to respond effectively to concerns and support residents in managing their behaviour.

The provider ensured that all staff received training in the management of behaviours of concern, along with regular refresher training in line with best practice. Additionally, bespoke training was provided to all staff by a behavioural specialist to enhance their understanding of each resident's assessed needs and to support individualised care.

Judgment: Compliant

Regulation 8: Protection

Inspectors reviewed incidents of behavioural concerns that had the potential to negatively impact other residents due to the proximity of residents or the duration of the incidents. It was identified that improvements were required in the recording and documentation of these incidents to ensure that safeguarding procedures were implemented where necessary. For instance, a near miss involving physical contact and an incident where a resident was asked to leave the area for their safety were documented but not screened through the safeguarding processes. While safeguarding measures, such as the provision of ear defenders and plans for a single-occupancy living environment, were in place, the necessary procedures for screening incidents and notifying relevant bodies were not consistently followed. Ensuring adherence to these processes is essential to uphold residents' safety and well-being.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents' rights were upheld in various aspects of their daily lives, reflecting a person-centred and rights-based approach within the centre. Residents were supported to make choices and have control over their routines, activities, and personal preferences. This included flexibility in meal planning, social engagements,

and how they spent their time, ensuring their voices were heard and respected.

Inspectors noted that residents were supported in maintaining connections with their family, friends, and local community. Residents were encouraged to engage in social and recreational activities of their choosing, both within the centre and in the wider community, promoting their inclusion and social well-being.

However, some aspects of fire safety practices required review to ensure they fully respected residents' rights. Specifically, the enactment of night-time fire drills using specialised evacuation equipment, such as ski sheets. While the intention was to prepare residents for emergency scenarios, the approach required review to ensure there was no potential to cause distress or pose risks to their wellbeing.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Greenfield House OSV-0008774

Inspection ID: MON-0043827

Date of inspection: 22/11/2024

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>On the day on inspection, Person in Charge contacted the servicing company to arrange servicing of high- low profiling bed and was informed the transfer from previous HSE area to current location was in progress.</p> <p>The Community Nurse Manager and Assistant Director of Services contacted the HSE case manager to discuss transfer of equipment servicing to current location. Following review, it was agreed that a new high-low profile bed would be provided for the resident with equipment servicing to be provided by the HSE.</p> <p>Upon receiving new bed, the relevant HSE department will complete all scheduled maintenance checks on the High-Low Profiling bed.</p> <p>Servicing Sheets have been implemented to record maintenance and checks. A schedule of maintenance records has been introduced to the center.</p> <p>A Bed Rail Assessment has been developed and implemented to evaluate the safety and efficacy of bed rails.</p> <p>Embrace's Occupational Therapist is coordinating and arranging the hoists in the house to be reviewed by the HSE as per schedule.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Following inspection, a learning piece has been completed with staff to ensure effective</p>	

report writing and for them to detail information of location of other residents during incidents on the incident report form. Staff informed to detail the support provided to fellow residents and whether they are observed or disclose that they are impacted or not by the incident on the Incident Report Form.

The Person in Charge met with resident's post inspection feedback to ascertain if they felt negatively impacted by incidents. The residents disclosed that they were not affected and felt supported by staff in the center.

Safeguarding Plans remain in place for identified residents and are monitored by the Person in Charge.

Residents continue to be consulted and actively participate in developing safety plans which consider the will and preference of residents.

All incidents continue to be reviewed and actioned by the Person In Charge and Assistant Director of Services.

All Safeguarding events to be notified to the HSE Safeguarding and Protection Team and HIQA.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

PIC identified that a Social Story was provided to residents and consent obtained for them to participate in a mock evacuation utilizing emergency evacuation equipment.

Fire Evacuation is an agenda item in weekly residents' meetings and discussed with residents weekly.

Fire Drill schedule in place to include day and nighttime drills. Use of emergency evacuation equipment to be simulated by staff.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	22/01/2025
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	16/12/2024
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with	Substantially Compliant	Yellow	16/12/2024

	his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.			
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