Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Helensburgh
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	01 June 2022
Centre ID:	OSV-0001703
Fieldwork ID:	MON-0035802

About the designated centre

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

Helensburgh is a designated centre operated by Sunbeam House Services CLG located in a small town in Co. Wicklow. It provides a full-time community residential service for up to six adults (male or female) with a disability. The centre is a two-storey house which consists of six individual bedrooms, office, sleepover room, a sitting room, dining room/kitchen, a number of shared bathrooms and utility room. The centre is managed by a full-time person in charge and a team of social care and support care workers. The person in charge divides her role between this centre and one other designated centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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
Wednesday 1 June 2022	09:45hrs to 18:00hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector met with four of the six residents living in the centre. Two residents did not meet with the inspector; one resident was not present in the centre and one resident spent the day resting in their room. Conversations between the inspector and the four residents took place as much as possible from a two metre distance, wearing the appropriate personal protective equipment in adherence with national guidance.

During the morning of the inspection, residents were engaging in relaxing activities such as making jigsaws and listening to music. Later in the day the residents went out to a local Café with staff. One resident attended their day service in the community and met with the inspector on their return in the afternoon. There was a plan in place for the weekend where two residents were going on an overnight trip to a hotel in a nearby town and another resident was heading home to visit their family.

The inspector observed that the residents seemed relaxed and happy in the company of staff and that staff were respectful towards the residents through positive and caring interactions. During brief conversations with staff through-out the inspection, the inspector found that staff were knowledgeable of the needs of residents and the supports required to meet those needs.

Overall, residents told the inspector that they liked living in the centre and were happy with the support they received from staff. However, not all residents were happy about the noise levels in the house. One resident told the inspector that there was a lot of shouting in the house and spoke about two recent occasions where shouting had occurred.

Residents were encouraged and supported around active decision making and social inclusion. Residents participated in regular residents' house meetings where matters were discussed and decisions made. For example, the inspector saw that residents' meetings included matters such as health and safety, safeguarding and COVID-19 related matters; one meeting recording that two residents demonstrated good hand-hygiene techniques to everyone attending the meeting. Minutes of the residents' meetings also demonstrated that residents were updated about changes occurring in the centre. For example, during one meeting, residents were informed that a new resident was coming to live in their home. One resident said they knew the person and were happy for them to live with them. The minutes note, that the other residents made no comment.

For the most part, the house was found to be clean and tidy and had a homely feel to it. However, there were number of areas of the house that required upkeep and repair. This meant that these areas could not be cleaned effectively and were not conducive to a safe and hygienic environment. This is discussed further in the

quality and safety section of the report.

The inspector observed that the residents enjoyed gathering in communal spaces such as the downstairs sitting room and in particular, the dining area of the kitchen. A second sitting room upstairs, which had been set up to help reduce compatibility issues in the house, was not being availed of by the residents. The inspector was informed that residents liked congregating where the staff were and that this was mainly in the dining room area. During the inspection, the inspector viewed a number of residents' bedroom and saw that they were laid out and decorated in line with the residents' wishes and likes. For example, in some of the residents' bedrooms there were family photographs, pictures, soft furnishing and memorabilia that was of interest to the resident.

In summary, the inspector found that overall, through speaking with the residents and staff, through observations and a review of documentation, it was evident the person in charge and staff were endeavouring to make sure that residents lived in a supportive and caring environment. However, due to the centre not meeting the needs of all residents, continuing behavioural incidents and unsatisfactory systems in place to review potential or ongoing risks, residents' lived experience in the designated centre was not always positive.

The next two sections of the report present 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 the service being delivered to each resident living in the centre.

Capacity and capability

The initial focus of this unannounced inspection, was to assess the arrangements, which the registered provider had put in place in relation to infection prevention and control and to monitor compliance with the associated regulation. However, on the morning of the inspection, concerns were raised regarding the overall governance and management arrangements in place in the centre, resulting in the inspection being changed to a risk based inspection.

The provider had not complied with a number of regulations relating to protection, governance and management, staffing, admissions and contract for the provision of services and protection against infection, and considerable action was required to bring them into compliance. In addition, since the last inspection, the inspector found that there had been continued non-compliance for Regulation 8, protection.

The provider had failed to ensure that the centre was adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. For example, at the time of inspection there were three staff vacancies in the centre and this was potentially due to increase due to a staff member leaving

two weeks after the date of the inspection.

The provider had failed to ensure that the management systems ensured that the service provided was safe, appropriate to all residents' needs and effectively monitored, at all times.

In July 2021, the provider developed a safeguarding plan in an effort to reduce the risk of psychological and emotional abuse occurring in the centre. The previous inspection in June 2021 noted that until the plan was completed, implemented and reviewed, that any new admissions of residents was likely to negatively impact on the outcome of the safeguarding plan. In October 2021, a resident moved into the centre through an emergency admission. The provider had not ensured that the admission was in line with the centre's statement of purpose admission criteria. In addition, the provider had not ensured that the centre met the new resident's assessed needs. Furthermore, the provider had not reviewed the existing safeguarding plan before admitting a new resident. Overall, the situation impacted negatively on all residents living in the centre as there had been an increase of safeguarding incidents occurring in the centre since the emergency admission.

The provider had failed to ensure that the systems in place in the designated centre for the assessment, management and ongoing review of risk, were effective at all times. For example, the provider had not adequately assessed the potential risk the change in layout of two rooms in the designated centre would have on the assessed needs and aging profile of the residents living in the centre. In addition, the provider had not adequately assessed the potential risk that an emergency admission would place on the centre's overarching safeguarding plan or on the impact it may have on residents' lived experience in the house.

The provider had failed to ensure that the centre was appropriate to all residents' assessed needs. In addition to the new admission, not all strategies that had been put in place to reduce the number of behavioural incidents occurring in the centre, were found to be effective. For example, the additional upstairs sitting room was not being availed of by residents. As such residents were continuing to congregate in the dining area which was the environment where most of the incidents occurred. As a result, residents were living in an environment where there was continued risk of behavioural incidents occurring, which overall, impacted negatively on their lived experience in their home.

The governance and management systems in place to monitor the designated centre were not effective at all times. For example, the centre's annual review of the of the quality and safety of care and support provided to residents in the designated centre during the period of April 2021 to April 2022 did not acknowledge a number of the findings identified during the inspection. For example, the issues that were impacting negatively on the lives of the residents living in the service, that the service was not meeting the needs of all residents or that the service did not ensure the safety of all residents all of the times, but to mention a few.

Notwithstanding this, the provider had completed the required six monthly unannounced reviews of the centre and a health and safety audit. In addition, the

provider had brought Regulation 17 back into compliance, where premises works had been completed as required and an application to remove a non-standard condition on the centre's registration had been submitted. Furthermore, there were a number of good local monitoring practices in place in the centre. For example, regular quality improvements meetings between the person in charge and their deputy manager, monthly meetings between the person participating in management and the person in charge (to review the care and support provided in the centre) and monthly household audits, which the person in charge had oversight of and monthly staff meetings.

The registered provided had not ensured that the number, qualification and skill-mix of staff was appropriate to the number assessed needs of the residents, the statement of purpose and the size and layout of the designated centre at all times. There were three staff vacancies in the centre and a potential fourth vacancy was due to occur in two weeks' time. In the interim, agency and relief staff were employed to fill the gaps on the roster with the person in charge endeavouring to employ the same agency and relief staff as much as possible. However, the roster demonstrated that not all shifts were covered at all times. In particular, during a number of weekends, the roster demonstrated that not all shifts had been covered. This meant that one of the safeguarding strategies, to provide additional staff support during weekends, was not implemented at all times and further increased the risk of safeguarding incidents occurring in the centre.

In addition, the person in charge and the deputy manager were occasionally needed to cover shifts which had the potential to impact on their ability to carry out the effective governance, operational management and administration of the designated centre, at all times. The provider was actively recruiting to fill the staff vacancies in the centre.

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained. Overall, staff were provided with a variety of mandatory training including training related to keeping safe during COVID-19. However, on the day of inspection, the inspector found, that training to meet the assessed needs of all residents, had not been provided to all staff. For example, training relating to Autism. In addition, two new staff had yet to be provided training in managing behaviours that challenge.

Supervision and performance appraisal meetings were provided for staff to support them perform their duties to the best of their ability. On review of a sample of minutes of the meetings, the inspector found that some staff had relayed their concerns regarding the negative impact the emergency admission had on the lived experience of residents in the house.

Regulation 15: Staffing

The registered provided had not ensured that the number, qualification and skill-mix of staff was appropriate to the number and assessed needs of the residents, the

statement of purpose and the size and layout of the designated centre at all times. There were three staff vacancies in the centre and a potential fourth vacancy was due to occur in two weeks' time.

The roster demonstrated that not all shifts were covered at all times. As a result, safeguarding strategies, to provide additional staff support during weekends, was not implemented at all times and further increased the risk of safeguarding incidents occurring in the centre.

Judgment: Not compliant

Regulation 16: Training and staff development

Training to meet the assessed needs of all residents, had not been provided to all staff. For example, training relating to Autism. In addition, two new staff had yet to be provided training in managing behaviours that challenge.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had failed to ensure that the centre was adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

The provider had failed to ensure that the centre was appropriate to all residents' assessed needs. Compatibility issues were ongoing since the last inspection. Not all strategies, relating to the change in layout of the environment, had been effective. As a result residents continued to live in an environment that did not meet their assessed needs.

The provider had not ensured that an emergency admission in October 2021 was in line with the centre's statement of purpose's admission criteria. In addition, the provider had not ensured that the centre met the new resident's assessed needs. Furthermore, the provided had not reviewed the existing safeguarding plan before admitting a new resident.

The provider had not adequately assessed the potential risk the change in layout of two rooms in the designated centre would have on the assessed needs and aging profile of the residents living in the centre. In addition, the provider had not adequately assessed the potential risk that an emergency admission would place on the centre's overarching safeguarding plan or on the impact it may have on residents' lived experience in the house.

The provider had not ensured that the governance and management monitoring systems in place were effective at all times. An annual review of the of the quality and safety of care and support provided to residents in the designated centre during the period of April 2021 to April 2022 had been completed and had not included many of the findings identified during the inspection.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The provider had failed to ensure that all application for admission to the designated centre was determined on the basis of transparent criteria in accordance with the statement of purpose. In addition, the inspector found that a recent emergency admission to the centre did not take in to account the need to protect residents from abuse from their peers. Furthermore, the provider, had not ensured that all residents, on admission, were provided with a written agreement regarding the terms on which that resident shall reside in the designated centre.

Judgment: Not compliant

Quality and safety

The person in charge and staff were endeavouring to provide good care and support to the residents living in the centre. However, the overall governance and management arrangements, to support the delivery of a quality and safe service in the centre, were not effective, at all times. As a result, there was a continued risk to the health, safety and wellbeing of residents living in the designated centre.

There had been an increase in safeguarding notifications submitted to HIQA since the provider permitted an emergency admission of a resident into the centre in October 2021. The centre did not meet the assessed needs of the resident which resulted in an increase in behavioural and safeguarding incidents occurring in the centre, which at times, impacted negatively on the lived experience of residents living in the centre. Residents had logged their unhappiness through the centre's complaints procedure and staff had relayed their concerns, regarding the impact behavioural incidents were having on residents lives, through their one to one supervision meetings and through their monthly staff meetings.

On the day of the inspection, the inspector found that the provider had failed to ensure that the July 2021 safeguarding plan had been effectively implemented and adequately reviewed. For example, the plan had not been reviewed until November 2021 which was after the emergency admission of a resident (in late October 2021).

In addition, not all strategies included in the plan, to reduce the number of incidents, were found to be effective. For example, an upstairs sitting room had been set up as an additional communal facility so that residents could congregate in smaller numbers, however, none of the residents were availing of the room. Furthermore, when the safeguarding plan was reviewed again in February 2022, despite the increase in safeguarding incidents since the last review, the plan did not adequately convey the additional compatibility issues in the house or how this was impacting on the lives of all residents living in the centre.

A resident who transferred from another centre, (single occupancy apartment), to this centre, (large house with five residents), had not been provided with an updated positive behavioural support plan or a transition plan. The resident's positive behavioural support plan, at the time of inspection, related to their previous accommodation. As such there was no adequate guidance in place for staff to support the resident cope with their new environment, compatibility issues with other residents and different staffing levels.

Residents were assisted to understand the centre's complaints procedure and encouraged and supported to make complaints about matters they were unhappy about. On review of the complaints log, the inspector found that there had been a number complaints logged by residents regarding the impact behavioural incidents were having on their lives. On commenting about an incident, where there was shouting for thirty minutes, one resident said ''it was awful'' and that they were not happy and were very upset about it.

The inspector found that the arrangements in place to ensure risk control measure (that might have an adverse impact on residents quality of life) were not always considered. There had been a change in layout of two rooms in the designated centre. A staff bedroom/office had been moved from downstairs to upstairs. The change in layout meant that four residents were sleeping downstairs and two residents and two overnight staff were sleeping in rooms upstairs. The impact of the change in layout of the two rooms had not been risk assessed to take into account residents' assessed needs and age profile. Some residents had the option of using their mobile telephone should they need assistance during the night, however, this was not an option for all residents, as not all residents availed of mobile telephones. Where residents did use mobile telephones, this system was not always effective. For example, during a night time visit to the bathroom, a resident slipped on their way back to their bedroom and badly injured themselves. They did not have their telephone with them at the time, so were unable to use this method to call for assistance straight away.

In addition, during a period where a resident was unwell and chose not to self-isolate, there was no additional control measures included on other residents' individual risk assessments, (specific to COVID-19 or otherwise), to ensure their safety during that time, or in the future, should this potential risk occur again.

Overall, the outbreak management plans in place, if an infectious decease outbreak should occur again in the centre, warranted review to ensure the safety of all residents (in particular, where residents choose to not self-isolate). This was to

ensure that the plan limited the spread of infection, while continuing to provide quality care and support for residents living in the designated centre.

The inspector found that some of the infection prevention and control measure in place in the centre required improvement. For example, there was a safety checklist in place for any visitors' to the centre whereby their temperature and COVID-19 status was recorded. However, on the day of the inspection, three external contractors, who had been working in the centre over an hour previous to the inspector arriving, had not been provided with a temperature or safety check. Subsequent to the inspector identifying this situation, staff members promptly carried out a temperature and safety check and the contractors continued their work.

There were cleaning schedules in place, which, overall, were being adhered to by staff and were regularly monitored by the person in charge and the deputy manager. However, the timeliness of a deep clean of the centre was not adequate. For example, where there had been an infectious disease outbreak in the centre (where not all residents self-isolated in their room), the deep clean of the centre was not completed until a month after the outbreak.

Staff had completed specific training in relation to the prevention and control of COVID-19 and staff were observed wearing personal protective equipment (PPE) in line with national guidance for residential care facilities throughout the inspection day. However, a review of the PPE stations in the house was required. For example, a PPE station, where staff put on and took off their masks, had no bin next to it.

Furthermore, a walk-around of the premises of the designated centre demonstrated that, while the premises was generally clean and tidy, not all areas were conducive to a safe and hygienic environment. This was primarily due to the required upkeep and repair to a number of areas in the centre, including fixtures and fittings. For example, the external side of the compost bin in the kitchen needed cleaning, the step down to the laundry room included a strip of peeling insulating tape and overall needed repair, the garden furniture was observed to be very worn. The staff toilet required some upkeep, there was rust on the radiator and chipped paint on the wall and the skirting board, and the seal around the base of the toilet required replacing. The seal around the base of a toilet downstairs required upkeep and the flooring adjoining the same bathroom and the hall required upkeep. A resident's mobility equipment was observed to be unclean and there was no cleaning schedule or guidance in place for it.

Regulation 17: Premises

Actions from the previous inspection in June 2021 had been completed. The provider had submitted an application to remove the non-standard condition related to this Regulation within the required timeframe.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had failed to ensure that the systems in place in the designated centre for the assessment, management and ongoing review of risk, were effective at all times. For example, the provider had not adequately assessed the potential risk the change in layout of two rooms in the designated centre would have on the assessed needs and aging profile of the residents living in the centre.

In addition, the provider had not adequately assessed the potential risk that an emergency admission would place on the centre's overarching safeguarding plan or on the impact it may have on residents' lived experience in the house.

Furthermore, during a period where a resident had an infectious disease and chose not to self-isolate, there was no additional control measures included on other residents' individual risk assessments, (specific to COVID-19 or otherwise), to ensure their safety during that time, or in the future, should this potential risk occur again.

Judgment: Not compliant

Regulation 27: Protection against infection

Overall, the outbreak management plans in place, if an infectious disease outbreak should occur again in the centre, warranted review to ensure the safety of all residents (in particular, where residents choose to not self-isolate).

A number of infection prevention and control measure in place in the centre required improvement to ensure:

a) temperature and safety checks were carried out at all times

b) the timeliness of deep cleaning of the centre

c) and all PPE stations included appropriate facilities.

In addition, not all areas of the house were conducive to a safe and hygienic environment. For example, the external side of the compost bin in the kitchen needed cleaning, the step down to the laundry room included a strip of peeling insulating tape and overall needed repair, the garden furniture was observed to be very worn.

The staff toilet required some upkeep, there was rust on the radiator and chipped paint on the wall and skirting board and the seal around the base of the toilet

required replacing.

The seal around the base of a toilet downstairs required upkeep and the flooring adjoining the bathroom and the hall required upkeep. A resident's mobility equipment was observed to be unclean and there was no cleaning schedule or guidance in place for it.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Overall, where appropriate, residents were provided with positive behavioural support plans and they were reviewed regularly. The majority of staff had been provided with training in managing behaviours that challenge.

However, a resident who moved into the premises in November 2021 had not been provided with an updated positive behavioural support plan or a transition plan since their move. As such there was no adequate guidance in place for staff to support the resident cope with their new environment, compatibility issues with other residents and different staffing levels.

Judgment: Substantially compliant

Regulation 8: Protection

The was an increase in safeguarding incidents occurring in the centre since the last inspection. Not all measures in place to protect residents from abuse were found to be effective.

The provider had failed to ensure that the centre's safeguarding plan had been effectively implemented and adequately reviewed. For example, the plan had not been reviewed until November 2021 which was after the emergency admission of a resident (in late October 2021).

In addition, not all strategies included in the safeguarding plan were found to be effective. For example, none of the residents were availing of the new upstairs sitting room.

Furthermore, when the safeguarding plan was reviewed again in February 2022, despite the increase in safeguarding incidents since the last review, the plan did not adequately convey the additional compatibility issues in the house or how this was impacting on the lives of all residents living in the centre.

Overall, the inspector found that the provider had not ensured that residents living

in the centre were free from abuse at all times.
Judgment: Not 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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Helensburgh OSV-0001703

Inspection ID: MON-0035802

Date of inspection: 01/06/2022

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Vacancies for the designated centre are actively being advertised for recruitment. Two previous vacancies were retracted and amalgamated with other vacancies to make them more appealing to potential applicants. Additional hours have now also been granted to recruit a care assistant for 30 hours per week approved on 11.7.22 as an interim measure to provide one to one support directly to one resident to engage in activities of the residents choice according to their will and preferance. To enhance safeguarding strategies and decrease the risk of safeguarding incidents within the designated centre. Relief and agency staff are booked, where possible, to fill shift vacancies.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Autism training will be completed by all staff by 12/08/2022. Training in managing behaviors that challenge is booked for staff for completion by 31/08/2022. Review of staff training will be conducted bimonthly by PIC. A training log is in place stating courses booked and completed, and dates for refresher courses. This is communicated to all staff via email.	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The over-arching safeguarding plan was updated in November 2021 and again in February 2022. Another review will be completed by 15/09/2022 and submitted to HSE Safeguarding Team for approval. The implementation process will commence on completion of the plan.
To effectively manage the aging profile and assessed needs of residents, panic alarm/button installation has been requested for 5 residents to better support residents needs. The providor is currently awaiting quotes from contractors (works pending cost approval) will be installed within 3 months.
Risk assessments and support plan to be completed for all residents to assess the potential risk that the emergency admission may have on residents' lived experience in the house. To be completed by 30/09/2022.
Alternative living arrangements are being explored by the housing department / facilities and corperate manager for the resident who was moved to the designated centre on an emergency basis.
Timelines will depend on finding an appropirate Designated Centre / site to rehouse this resident, appropriate sites that need to be explored, potential requirement to build, planning permission, procurement etc. The providor will provide HIQA with an update when alternatives have been fully explored, an update will be provided to HIQA by October 19th 2022.
Statement of purpose admission criteria will be updated to reflect emergency admissions by 31/07/2022
A new Annual Review will be conducted and completed by 31st August 2022

Regulation 24: Admissions and contract for the provision of services	Not Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:
Statement of purpose admission criteria will be updated to reflect emergency admissions by 31/07/2022.
A contract of care (written agreement) regarding the terms on which a resident shall reside in the designated center is to be completed and signed by resident by 01/09/2022.

Directory of residents is now fully up to date.

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
To effectively manage the aging profile and assessed needs of residents, panic alarm/button installation has been requested for 5 residents to better support residents needs. The providor is currently awaiting quotes from contractors (works pending cost approval) will be installed within 3 months.
A risk register is in place and is reviewed monthly by the PIC.
Resident's risk assessments for Covid-19 will be updated by 30/09/2022 to include additional control measures to ensure their safety if/when any resident fails to self-isolate if they contract Covid-19.

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
Resident's risk assessments for Covid-19 will be updated by 30/09/2022 to include additional control measures to ensure their safety if/when any resident fails to self-isolate when they contract Covid-19.
Staff will be educated and reminded monthly at staff meetings about the requirement for infection prevention and control procedures for residents, staff, and visitors, in line with organization and/or national guidance.

PPE stations will be checked daily to ensure sufficient supplies are accessible. This will be recorded on daily task sheets which are due for implementation by 01/08/2022.

Deep cleaning of the designated centre following a potential future outbreak will be escalated via the fleximaint system and will occur at 2 weeks after the outbreak, depending on availability of external contractors.

The issues of upkeep highlighted (rust on radiator, chipped paint on wall and skirting board, seal around base of toilets x2, flooring) have been logged on the internal maintenance system and will be completed in approximately 3 months.

Monthly equipment checklists are in place and will be updated by 31/08/2022 to include a monthly clean, as per manufacturer's guidelines. A resident's wheelchair that is used daily is cleaned daily as per manufacturers guidelines. This is accounted for on daily cleaning checklists.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
A positive behaviour support plan is currently under review for one resident and is due for completion by 20/08/2022. Once this has been completed, these supports will be discussed with the client and the staff team for implementation.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The over-arching safeguarding plan was updated in November 2021 and again in February 2022. Another review will be completed by 15/09/2022 and submitted to HSE Safeguarding Team for approval. The implementation process will commence on completion of the plan.

Alternative living arrangements are being explored by the housing department / facilities and corperate manager for the resident who was moved to the designated centre on an emergency basis.
Timelines will depend on finding an appropirate Designated Centre / site to rehouse this resident, appropriate sites that need to be explored, potential requirement to build, planning permission, procurement etc. The providor will provide HIQA with an update when alternatives have been fully explored, an update will be provided to HIQA by October 19th 2022.

Once a more suitable placement has been found for the resident, a transition plan will be completed.

Additional hours have been granted to recruit a care assistant for 30 hours per week as an interim measure to provide one to one support directly to one resident as according to the resident's will and preference to better support safeguarding strategies and decrease the risk of safeguarding incidents within the designated centre.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	01/11/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/08/2022
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to	Not Compliant	Orange	19/10/2022

	ensure the effective delivery of care and support in accordance with the statement of purpose.			
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.	Not Compliant	Orange	19/10/2022
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Not Compliant	Orange	01/09/2022
Regulation 24(1)(b)	The registered provider shall ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.	Not Compliant	Orange	01/09/2022
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative	Substantially Compliant	Yellow	01/09/2022

	where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.			
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.	Not Compliant	Orange	30/09/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	30/09/2022
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to	Substantially Compliant	Yellow	20/08/2022

	behaviour that is challenging and to support residents to manage their behaviour.			
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	20/08/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	19/10/2022