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:	18 January 2023
Centre ID:	OSV-0001703
Fieldwork ID:	MON-0038622

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 18 January 2023	09:45hrs to 18:15hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

This was an unannounced risk based inspection of the centre following-up on the previous two risk based inspections. The previous inspection in November 2022, found that there had been some improvements to residents' lived experience in the designation centre, however, on the day of the inspection, the inspector found that not all improvements had been sustained and that residents' current lived experience in the house, was not always positive.

The inspector met all residents living in the house. While not all residents chose to engage with the inspector, five residents met with the inspector, four of which, requested one to one meetings with the inspector.

Staff supported residents to speak about their views and what it was like living in their home. Where residents found it difficult to relay their views, staff advocated on their behalf. Overall, the inspector was informed that the house was not meeting the needs of all residents and that this was having a negative impact on the wellbeing of residents. Where there had been behavioural incidents, that included loud shouting, this had been very upsetting for residents. During these times, in line with safeguarding plans, residents were asked to leave the room and activity they were participating in, to go to their bedroom or another room in the house.

Overall, when speaking with each resident on a one to one basis, the inspector found that while the residents were happy with their home, the care and support provided by staff, their choice of activities and their meals, not all residents were happy with who they were sharing their home with. Most of the residents told the inspector that they found the noise and shouting in the house to be upsetting to them and to their peers.

As one of the residents spoke with the inspector about their unhappiness about who they were sharing their home with, the inspector observed the resident's facial and body language to quickly change and appear nervous and uncomfortable.

The resident relayed that one of the people they lived with bossed them around and kept telling them what to do. They said the shouting upset them and upset their fellow residents. The resident told the inspector that they were afraid at times but knew that staff would keep them safe. They said that they had made a complaint but felt nothing had happened.

Another resident also relayed to the inspector how unhappy they were about the shouting going on in their home. They told the inspector that it was very difficult and upsetting living in the house and that if it did not stop they were considering leaving and moving somewhere else. They were upset and concerned for their peers who they said got upset when another resident was shouting. The resident informed the inspector that sometimes they themselves cried with upset. They told the inspector that when the shouting started, that they and a number of their peers,

would have to leave the area and move into another area of the house.

The resident told the inspector that they had made a complaint to the complaint officer about the situation. They said they had talked to management about their upset but nothing had happen to change what was going on.

While talking with the resident, the inspector observed the resident's room to appear run down and in poor state of decorative repair. The resident told the inspector, that they moved in to the centre two years ago and that their room had not been decorated to their preferences. They said a male resident had lived in the room before them and that the décor, including the colour on wall and the worn curtains, were in line with the previous resident's likes and preference and not theirs. The inspector observed holes in the walls where pictures and shelving had been removed, there was furniture that was not appropriate for a bedroom and a number of the resident's personal care items were stored in a way that impacted their privacy and dignity.

The resident said they would like to decorate the room to their likes and taste. They told the inspector that there was a box of their memorabilia including photographs in the shed since they arrived two years ago. The resident told the inspector that they were keen to look through the box for items to display in their room or to give to charity. When the inspector relayed this information to the person in charge, they promptly retrieved the box from the shed and gave it to the resident.

Before the conversation ended, the resident talked about the communal spaces in the house that they enjoyed spending time with their peers. However they advised the inspector that their mobility aid was too low when sitting at the kitchen table for meals. They said that they were using another resident's chair which was also too low. The inspector observed the table and saw, that where another resident who was also provided with equipment to support their mobility, that they too were not able to sit at the table to comfortable eat their meals. On speaking with the person in charge after the conversation, the inspector was informed that they were currently exploring kitchen tables that would be accessible to all residents.

Later in the afternoon, while the inspector was meeting with another resident in an upstairs office, the inspector heard a behavioural incident occurring downstairs close to the kitchen. The resident was verbalising loudly and seemed to sound angry and frustrated. The inspector heard staff supporting the resident in a caring and mindful way. After forty minutes the loud verbalisation stopped. Then inspector was informed that the resident was supported through the incident in line with their behavioural support plan and that all other residents were supported as per the safeguarding plans in place.

During the period when the incident was occurring, the inspector observed the resident who was with them in the upstairs office, to put their hands up against their ears and drop their shoulders and head. They told the inspector that they did not like the shouting and that it upset them. They said there was a lot of shouting in the house and that they did not like living with the resident who was shouting.

On a review of documentation relating to safeguarding incidents, the inspector read

through a number of behavioural incidents that included shouting and cursing. The inspector read how residents had put their hands over their ears, put their hands on their face, had to leave the area they were enjoying sitting activities, cried and got upset and began shouting themselves in frustration. They documentation also demonstrated the upset and frustration of a resident, whose assessed needs were not being appropriately met. On the day of the inspection, this resident chose not to engage with the inspector to relay their views however, the person in charge and staff advocated on their behalf.

Notwithstanding the above, the inspector observed that through-out most of the day until late afternoon, there was a pleasant atmosphere in the house. Residents were primarily gathered in the dining area of the kitchen engaging in activities and conversations with staff .

In the morning, the inspector met two of the residents who had just finishing their breakfast. They told the inspector about the healthy option of breakfast they had enjoyed and of their plans for the day. Later in the day, the inspector met more residents in the kitchen and dining area of the house who appeared to be enjoying each others' company.

Residents were enjoying engaging with life-like animal toys and showed the inspector how the toys imitated real-life animals. The residents appeared to be relaxed and comforted by the toys. There was a pleasant atmosphere during these interactions and the inspector observed staff to be interacting with the residents in a fun and jovial way through-out these engagements.

While, there was a number of upkeep and repair works outstanding since the last inspection, the inspector observed a number of improvements to the decor of the entrance hall of the house. There was a large mural of a tree with branches that included photographs of each resident, some with staff and some with family and friends. Another mural with butterflies and positive words was put up on the other side of the hall. The inspector was informed that all the residents had been consulted about, and participated in, the completion of the two projects.

In summary, the inspector found that overall, through speaking with the residents and staff, through observations and a review of documentation that the person in charge and staff were endeavouring to make sure that residents lived in a supportive and caring environment. However, the continued and increased behavioural and safeguarding incidents occurring in the house, was overall, impacting negatively on the lived experience of the residents in their home.

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

This risk based inspection was carried out to follow-up and monitor compliance regarding previous risk based inspections of the centre in June and November 2022. While the November 2022 inspection saw some compliance improvements, further assurances were required to ensure that the improvements were sustained and that on-going non-compliance was being addressed in a timely manner.

The inspector found that a number of improvements put in place since the last inspection had been effective. In addition, some further improvements had been implemented. However, the inappropriate emergency admission of a resident in October 2021, where the centre did not meet their assessed needs, had not yet been adequately addressed.

While the provider had endeavoured to ensure the safety and well-being of residents by implementing a number of support strategies for residents and staff, these had not been effective in reducing the occurrence of behavioural incidents in the centre. Furthermore, since the last inspection, there had been an increase in the number of incidents occurring. Residents were continuing to experience a negative lived experienced as a result of the ongoing incompatibility issues in the centre.

Some improvements were found at local governance and management level to the resources in the centre. A new deputy service manager was employed and commenced their role in January 2023. They supported the person in charge in ensuring effective governance, operational management and administration of the designed centres they were responsible for. In addition, the recruitment of a deputy manager, meant that during times where the person in charge was absent, there was now additional supports in place to ensure the service was effectively monitored, consistent and safe during the period of absence.

The provider was endeavouring to make sure that the number, qualifications and skills mix of staff was appropriate to ensure the effective delivery of care and support to residents. Since the last inspection, through a number of recruitment strategies, two vacancies had been filled and currently there was one vacancy remaining. Agency staff were recruited to cover the vacancy as well as staff leave.

However, there continued to be a reliance on agency workers as part of the overall staffing resource for the centre. This impacted on the continuity of care and support provided to residents due. The person in charge was endeavouring to employ the same eight agency staff as much as possible to reduce the impact of this staffing arrangement. In addition, the person in charge had introduced a number of key documents and systems, such as access to the organisation's shared information system, that would better support agency staffs' knowledge and awareness of the needs of the residents and with the day to day running of the centre.

A review of the systems in place that ensured safeguarding policies and procedures were followed up appropriately, at all times, was required. This was to ensure that, where behavioural incidents occurred, that the provider had effective monitoring systems in place that ensured incidents were follow up by local management in a

timely manner and were appropriately notified to the appropriate organisations.

The provider had addressed one of the two potential risks identified on the two previous inspections of the centre. However, further improvement was needed to ensure that all risks were fully addressed.

Regulation 15: Staffing

The provider had carried out a number of staff recruitment initiatives in an effort to increase staffing resources within their organisation and this designated centre.

Since the previous inspection two of the previous three vacancies had been filled with the appointment of a deputy service manager in January 2023, and the appointment of a care assistant due to commence in February 2023. In addition, a position had been created for a new staff member to be employed as a behavioural specialist (for 40% of their hours) and social care worker (for 60% of their hours). At the time of the inspection, interviews were currently in progress.

The person in charge was endeavouring to provide continuity of care through employing the same group of eight agency staff to cover the vacant shifts. In addition, the person in charge had either completed, or was in the process of, introducing centre specific hand over documents, induction check list employee forms and induction location check lists forms that would be specific for agency staff. Furthermore, agency staff had been provided with access to the organisation's computerised shared information system to allow them input and access information relating to the residents' needs and supports. Notwithstanding the above, there was a continuance of reliance on agency staff on a weekly basis and on some occasions, two agency staff were working per day.

In November 2022, the provider had employed a staff member to specifically provide one to one support to a resident. This was to better meet the residents' assessed needs and in an effort to reduce the number of behavioural incidents occurring in the centre. However, after a few weeks in place, this arrangement was not effective as overall, it was not in line with the resident's will and preference. However, the staff member remained on the staff team which allowed other staff to provide some of the one to one support the resident enjoyed while also ensuring other staff were available to other residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Overall, staff training was up-to-date however, a number of staff refresher training courses were overdue. For example, refresher training in fire safety, risk and

incident management, complaints, safe medical management and epilepsy was overdue for a small number of staff. The person in charge had scheduled a number of staff training and refresher course for 2023.

Judgment: Substantially compliant

Regulation 23: Governance and management

Since October 2021, an emergency admission of a resident had resulted in ongoing behavioural and safeguarding incidents which negatively impacted on the safety and wellbeing of residents. On the day of the inspection, the provider confirmed that they had sourced alternative living arrangements and staffing for a resident to move to a location that better met their needs. However, further action was needed to ensure that overall, the resident was provided with living arrangements that would ensure a full-time home for them. Overall, the inspector found that the timeliness of finding alternative living arrangements for the resident was unsatisfactory and had resulted in continued negative lived experiences for all residents living in the centre.

The provider had addressed one of the two potential risks identified on the previous two inspections of the centre. However, the risk relating to self-isolation for one resident, had not yet been adequately assessed. This is discussed in detail in Regulation 26.

Since the last inspection, the provider had reviewed and put in place satisfactory procedures and arrangements for periods when the person in charge is absent.

The provider's monitor systems in place that, ensured potential safeguarding incidents were followed up at local level, required review so that they were effective and in line with national safeguarding policies and procedures.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector found that improvements were required to ensure that there was effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. For example, not all incidents were notified as appropriate to the Office of the Chief Inspector in line with Regulation 31; On reviewing a sample of incident logs, the inspector found that not all safeguarding incidents had been notified to HIQA.

Judgment: Not compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

Since the last inspection, the provider had reviewed and put in place satisfactory procedures and arrangements for periods when the person in charge is absent.

For example, during times when the person in charge is on leave, a detailed handover will be made available to the deputy service manager and the person participating in management. In addition, during the period of leave there will be scheduled support meetings between the person participating in management and the deputy service manager.

Where the person in charge goes absent due to unforeseen circumstances, procedures and arrangements in place for that period will include the person participating in management supporting the deputy service manager with regular weekly meetings, including an action plan that outlines the service requirements.

Judgment: Compliant

Quality and safety

The inspector found that the person in charge and staff were endeavouring to provide person centred care and support to the residents living in the centre and ensure their safety and wellbeing. However, due to the centre not meeting the needs of all residents, there had been a continuation of behavioural and safeguarding incidents occurring in the residents' home, which was impacting negatively on all residents, safety, wellbeing and their lived experience in the designated centre.

The person in charge had made improvements to residents' safeguarding plans so that they adequately addressed all situations where the risk of safeguarding incidents reoccurring existed. While the provider had implemented a number strategies to support the reduction of safeguarding incidents in the centre, the inspector found that incidents were ongoing and since the last inspection and that the occurrence of safeguarding incidents had increased. In addition, on review of the centre's incident log, the inspector found that not all safeguarding incidents were followed up in line with national safeguarding policy and procedures.

Since the previous inspection, the provider had responded to one of the two outstanding previously identified risks in centre. The potential risk regarding the change in layout of two rooms in the designated centre had been mitigated with the installation of a new call-bell system. However, some further improvements were needed to ensure staff and residents were fully informed of the new system in

place.

Furthermore, one other risk, that had been identified on the previous two inspections, to ensure all residents were safe during an infectious outbreak, had not been adequately addressed.

There were a number of effective infection, prevention and control systems in place in the centre to ensure the health and wellbeing of residents and to mitigate the risk of the spread of infectious decease. However, required improvements to the centre's outbreak management plan, that ensured the safety of residents should there be an outbreak of Covid-19 or any infectious decease, had not yet been completed.

Regulation 26: Risk management procedures

Since the previous inspection, the provider had responded to one of the two outstanding identified risks in centre. The potential risk regarding the change in layout of two rooms in the designated centre had been mitigated with the installation of a new call-bell system. However, some further improvements were needed to ensure that staff were provided with clear guidance on the workings of the system. In addition, information to support residents consent and understand the system, were also required.

The second previously identified risk, which related to self-isolation, had not yet been been adequately addressed. For example, no appropriate risk assessments had been completed to ensure that where residents may incur an infectious decease, such as COVID-19, and chose not to self-isolate, that there were adequate control measures in place to ensure their safety during that time, or in the future, should this potential risk occur again.

Judgment: Substantially compliant

Regulation 27: Protection against infection

While there had been some decorative upkeep to the hall of the house, which provided a pleasant and warm welcome to the residents' home, overall, the upkeep and repair work, to address the chipped and peeling paint through-out the centre had not yet been addressed. These areas of poor upkeep and repair meant that they could not be cleaned effectively and potentially increased the risk of spread of healthcare-associated infections in the centre.

Since the last inspection, the outstanding actions regarding the centre's outbreak management plan, and residents' self-isolation plans had not yet been completed. For example, there had been no satisfactory review or update of the designated centre's outbreak management plan to address the potential risk should any

resident, with an infectious decease, choose not to self-isolate.

Judgment: Substantially compliant

Regulation 8: Protection

Since the last inspection, safeguarding plan had been reviewed and updated so that they adequately addressed all situations where the risk of safeguarding incidents reoccurring existed. For example, safeguarding plans now addressed the increased risk of incidents due to an emergency admission and also included compatibility issues between other residents.

The inspector found that not all potential safeguarding incidents, had been followed up in line with national policy and procedures for safeguarding. For example, seven recorded incidents between November 2022 and mid-January 2023 had not been appropriately investigated. In addition, the required notifications had not been submitted to the national safeguarding team or to HIQA.

Overall, while on the day of the inspection, the provider confirmed that alternative living arrangements had now been sourced for a resident (where the centre was not meeting their needs), there was a continued risk of behavioural and safeguarding incidents occurring in the residents' home, and this was likely to remain until the resident had completed their transition to their new home that better meets their needs.

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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Helensburgh OSV-0001703

Inspection ID: MON-0038622

Date of inspection: 18/01/2023

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: One vacant role filled 06/02/2023 CSW and the new role of a behaviour practitioner is filled and compliance is currently being completed, expected start date is 01/03/2023. Further additional resources have been identified by the PIC and HR and this has been submitted for approval.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Agency staff have access to the Central Information Data Base (CID) and SHS online training. A folder for agency with information pertaining to the services of SHS is available for agency staff to read along with access to the SHS policies and procedures The staff members who require refresher training have been identified, the training matrix has been reviewed, and arrangements have been made to ensure this training is booked with SHS training co-ordinator for 2023. These updates have been added to the training matrix.	
Regulation 23: Governance and	Substantially Compliant

management	

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Alternative living arrangements have been sourced and an application to include this accommodation as part of the Designated Centre was submitted 07.02.2023.

The risk of a resident failing to self-isolate will be alleviated when the resident moves to their alternative accommodation. Emergency alternative accommodation for one week in a venue such as a sole occupancy rented holiday home will be sought should this resident fail to isolate whilst they reside in the current dwelling.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
Full time PIC in place and a deputy to support the PIC in day to day management of the service and the service requirements. The deputy and PIC to have informal weekly service meetings to ensure there is a shared knowledge. A monthly checklist is available to outline what tasks are required to be completed by both the PIC and the deputy.

Both the PIC and Deputy manager will respond to all incidents on the central information database, where required these incidents will be notified to the national safeguarding team and HIQA portal.

Where the PIC is aware of leave a detailed handover outlining actions to be made available to the deputy and the PPIM. Where the PIC is absent due to unforeseen circumstances PPIM will support the deputy as required.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The occurrence in October a notifiable even has been submitted. Further conversations were had with safeguarding on the 13/1/2023.

Further support plans and guidance around the use of the call bell is in progress for the residents, staff and agency staff. Discussion with residents in progress to ascertain if

they are happy with the call bell notification system on the 26/02/2023. Where modifications have been identified to further support the residents using the call bell such as an extension cord to the bell for easier access, to be installed on the 03/03/2023.

Clear guidance on the use of call system has been communicated to staff and all agency staff. This is located directly beside the control panel.

Alternative living arrangements have been sourced and an application to include this accommodation as part of the Designated Centre was submitted to HIQA 07.02.2023. The risk of a resident failing to self-isolation will be alleviated when the resident moves to their alternative accommodation. Emergency alternative accommodation for one week in a venue such as a sole occupancy rented holiday home will be sought should this resident fail to isolate whilst they reside in the current dwelling.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
The upkeep and repair work, to address the chipped and peeling paint through-out the centre a quote has been obtaind for painting one residents bedroom on the 15/02/2023 and work to be carried out by the 20/04/2023. All other chipped painted surfaces and other minor maintenacne will be carried out on the 01/03/2023.

The risk of a resident failing to self-isolation will be alleviated will be removed when the resident moves to their alternative accommodation. Emergency alternative accommodation for one week in a venue such as a sole occupancy rented holiday home will be sought should this resident fail to isolate whilst they reside in the current dwelling.

The centre's outbreak management plan, and residents' self-isolation plans have been updated and reviewed to include in call bell system.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Alternative living arrangements have been sourced and an application to include this accommodation as part of the Designated Centre was submitted 07.02.2023. The risk of a resident failing to self-isolation will be alleviated when the resident moves to their

alternative accommodation. Emergency alternative accommodation for one week in a venue such as a sole occupancy rented holiday home will be sought should this resident fail to isolate whilst they reside in the current dwelling.

Individual safeguarding plans are available for all staff to view in residents' files and are uploaded to CID. The PIC and deputy will adapt a more stringent time management system that will ensure that all safeguarding concerns are reported by the required time.

Deputy commenced in January 2023 and has access to the CID to review and process adverse events. Deputy has now access to the HIQA portal to report notifications and continued support and training by the PIC to support the deputy.

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.	Substantially Compliant	Yellow	31/12/2023
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/12/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Substantially Compliant	Yellow	31/12/2023

	training, including refresher training, as part of a continuous professional development programme.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/03/2023
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	30/03/2023
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	30/03/2023
Regulation 27	The registered provider shall	Substantially Compliant	Yellow	30/04/2023

	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.			
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.	Not Compliant	Orange	30/03/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/03/2023
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	Not Compliant	Orange	30/03/2023

	harmed or suffers abuse.			