



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

Issued by the Chief Inspector

Name of designated centre:	Ard Na Mara
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	27 January 2022
Centre ID:	OSV-0001710
Fieldwork ID:	MON-0035606

About the designated centre

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

Ard Na Mara is a designated centre operated by Sunbeam House Services CLG located in an rural town in County Wicklow. It provides a residential service for four adults with disabilities. The centre is a large detached two storey house which consists of kitchen/dining room, utility room, games room, sitting room, conservatory, five bedrooms, a staff sleepover room, a toilet and two shared bathrooms. The centre is located close to amenities such as public transport, shops, restaurants, churches and banks. The centre is staffed by a person in charge and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

4

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
Thursday 27 January 2022	10:30hrs to 19:00hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

The inspector found that the provider and person in charge were endeavouring to ensure that the wellbeing and welfare of residents living in the centre was maintained by a good standard of evidence based care. Residents who spoke with the inspector advised they enjoyed living in their home and they were happy with the support provided by staff. However, there were compatibility issues in the centre which, at times, impacted negatively on the lived experience of residents.

On the day of the inspection, the inspector met with all four residents who were living in the centre. In the morning time, all residents chose to participate in community activities. Three residents went for a walk along a local beach and out for dinner, and one resident went on a train journey to an adjoining county including a walk in the locality and dining out. On speaking with residents that morning, all residents appeared happy about heading out for the day and there was an atmosphere of excitement and anticipation for the day ahead. On returning to the centre in the afternoon, the inspector got the opportunity to speak with three of the four residents on a one to one bases. As much as possible, engagement between the inspector and the residents took place from a two-metre distance and wearing the appropriate personal protective equipment in adherence with national guidance.

Two of the residents showed the inspector around their bedrooms. Residents expressed themselves through their personalised living spaces. Residents' rooms were decorated to their likes and preference. There were family photographs, pictures and paintings on their walls including residents own personal items such music CD,s and players, posters of favourite musicians, televisions and ample storage for clothes and other person belongings. Residents appeared proud showing off their room and told the inspector that they were very happy with their bedroom. With permission from two other residents, the inspector viewed their bedrooms. It was evident that the residents had been consulted in the décor of their rooms and that they had been personalised in line with their likes and wishes.

On speaking with the inspector, residents expressed that that were happy with the service provided to them and the social activities they were supported to engage in. Residents also advised that they knew who to go to if they were unhappy or needed to make a complaint. There was a day facilitator employed in the centre to support residents engage in on site and community activities. The inspector viewed January's monthly activity plan and saw that there were a wide variety of community activities for residents to chose from. For example, there were dance classes, swimming in the local pool, pottery classes, beach and country walks, train trips, personal shopping, recycling activities, hair dressing appointments and eating out in cafés, pubs and restaurants. Residents could take part as a group but also had the option for one to one activities, however, the planning of activities (including the staffing requirements), required careful considerations to mitigate the risk of compatibility related behavioural incidents occurring in the house.

Families played an important part in the residents' lives and the management and staff acknowledged these relationships and where appropriate, actively supported and encouraged the residents to connect with their family on a regular basis. The inspector observed that residents and their families were consulted in the running of the centre and played an active role in the decision making within the centre. Residents participated in weekly residents' meetings where matters such as engaging in respectful communication towards each other, boundaries, healthy eating, fire safety, first aid, safeguarding, complaints and keeping safe during COVID-19, were discussed.

The designated centre consisted of a two storey building. On entering the house there was a warm and homely feel to the centre. The sitting room had an open hearth fireplace and ample seating for residents to enjoy the space together. Hanging on the walls through out the house, were a number of photographs of residents enjoying different activities. The open plan kitchen and dining area opened out to a bright conservatory which further opened out to a large garden with a patio and grassed area. However, there was an office and medicine station located close to the dining area which the inspector observed to take away from the homeliness of the room.

A section of the garden had been fenced off to support one resident if they so wished. There were building works taking place to upgrade a downstairs toilet to include a shower facility and this was to accommodate further planned works to another section of the house.

There were ample easy-to-read and visual signs in the house for residents to better understand and be aware of what was taking place in the centre. For example, fire safety information, staff on duty, meal choices, keeping safe during COVID-19 and details regarding safeguarding and making a complaint.

The inspector found that the health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. On observing menu plans, food in the fridges and in the kitchen area, the inspector saw that residents were provided with a choice of healthy meal, beverage and snack options. In addition, many of the community activities offered to residents provided a varied form of physical exercise.

In summary, the inspector found that overall, the provider and person in charge were endeavouring to ensure the residents' wellbeing and welfare was maintained to a good standard. The inspector found that, for the most part, there were systems in place to ensure residents were in receipt of good quality care and support. Residents were supported to be as independent as they were capable of and to be knowledgeable in matters to keep them safe. Through speaking with the person in charge and staff, through observations and a review of documentation, it was evident that staff and the local management team were striving to ensure that residents lived in a supportive and caring environment. However, due to compatibility issues in the centre, the inspector found that improvements were needed to ensure that the centre was safe and met the needs of all residents, at all

times.

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 inspection was an unannounced risk based inspection following an increase in behavioural related incidents reported by the provider to the Health Information and Quality Authority (HIQA).

The provider had identified that there were compatibility issues within the centre. An overarching safeguarding plan had been implemented which included ongoing actions to support the reduction of incidents occurring in the house. However, in 2021 there was an increase in behavioural incidents and a provider assurance report was issued to the provider in September 2021. The provider submitted satisfactory assurances. The provider enhanced staffing levels and increased engagement with multidisciplinary teams including the organisation's behavioural support specialist. There was a plan to change the physical environment in one section of the house to better meet the needs of residents and ensure the safety of residents, at all times. However, on the day of the inspection, the inspector found that while plans had been agreed upon, they were at the very initial stages with no completion timelines in place. In addition, behavioural incidents were still occurring and the nature of the incidents had changed and posed a higher risk to residents. As such, the inspector found that the provider was not operating in a manner that ensured residents were residing in a suitable environment to meet their assessed needs or were safe at all times. Overall, this situation was impacting negatively on the lived experience of residents in the centre.

The governance and management systems in place in the centre included a local auditing system which was carried out by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for residents. For example, the person in charge completed a document inspection audit, a housekeeping audit, a petty cash audit and an internal medical audit, but to mention a few. Team meetings were taking place regularly which promoted shared learning and supported an environment where staff could raise concerns about the quality and safety of the care and support provided to residents. Behavioural incidents were regularly discussed at these meetings including any updates on support plans in place for residents.

The provider had completed an annual report for the period of June 2020 to June 2021 of the quality and safety of care and support in the designated centre and there was evidence to demonstrate that the residents and their families were consulted about the review. During 2021 the centres management had carried out

two six monthly reviews of the centre and completed a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support. The provider had completed the Health Information and Quality Authority (HIQA) preparedness and contingency planning self-assessment for designated centres for adults and children with a disability for a COVID-19 outbreak. In addition the provider completed a risk assessment for the centre relating to COVID-19 risks and a contingency plan specific to the designated centre.

However, improvements were required to ensure that all provider audits and contingency plans were reviewed and updated when required. For example, the provider's health and safety audit had not been completed since February 2020. In addition, residents' self-isolation plans had not been updated to take into consideration the impact the construction work, currently taking place in the house, would have on implementing the plans.

The person in charge commenced their role in the centre at the end of August 2021 and divided their role between this centre and one other. The inspector found that the the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. The person in charge was familiar with the residents' needs and endeavoured to ensure they were met in practice. Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose.

On the day of inspection, the inspector found that there was sufficient numbers of staff with the necessary experience and competencies to meet the needs of the residents living in the centre. Two new staff had been recruited in January 2022. The inspector found that there were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted. A core team of staff were employed in this centre and in the interim of recruiting new staff, only staff who were familiar with the residents' needs were employed to work in the centre.

There were clear lines of accountability at individual, team and organisational level so that staff working in the centre were aware of their responsibilities and who they were accountable to. Staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents living in this centre.

There was a staff roster in place and overall, it was maintained appropriately. The staff roster clearly identified the times worked by each person, however, an improvement was required to the roster so that it clearly recorded when the person in charge was present in the house.

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained. There was a training matrix in place which demonstrated that overall, staff had completed a high level of both

mandatory and refresher training. A training schedule was in place for 2022 providing dates for any required refresher training throughout the year. Overall, education and training had been provided to staff which enabled them to provide care that reflected up-to-date, evidence based best practice. On the day of the inspection, the person in charge organised a refresher training course in 'managing behaviours that challenge' to take place in February 2022 for all staff who were overdue this training.

Regulation 14: Persons in charge

The person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

Staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of the residents.

The staff roster clearly identified the times worked by each person, however, an improvement was required to the roster so that it clearly recorded when the person in charge was present in the house.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Overall, the education and training provided to staff enabled them to provide care that reflected up-to-date, evidence based best practice.

Judgment: Compliant

Regulation 23: Governance and management

Due to on-going compatibility issues in the centre which were resulting in

continuous behavioural incidents, the provider had not ensured that residents were living in a suitable environment to meet their assessed needs or were safe at all times. Overall, this was impacting negatively on the lived experience of residents.

Improvements were required to ensure that all provider audits and contingency plans were reviewed and updated when required. For example, the centre's annual health and safety audit had not been completed since February 2020. In addition, residents' self-isolation plans had not been updated to take into consideration the impact the current construction work would have on implementing the plans.

Judgment: Not compliant

Regulation 31: Notification of incidents

Overall, the provider and person in charge had complied with notification requirements.

Judgment: Compliant

Quality and safety

The provider and person in charge were endeavouring to ensure that residents' wellbeing and welfare was maintained to a good standard. The person in charge and staff were aware of residents' needs and knowledgeable in the care practices to meet those needs. However, due to ongoing compatibility issues in the centre, the lived experience of residents was not always positive.

The inspector found that although the provider was endeavouring to manage and implement strategies to reduce the increase of behavioural incidents occurring in the centre, the overall impact of the incidents was affecting the residents' lives in a negative manner. Through conversations with staff, and through a review of documentation, the inspector found that at times, residents appeared anxious and afraid during or after a behavioural incident occurred. Overall, to ensure the residents' safety many of the residents' chosen activities, on and off site, were navigated around the risk of potential or actual behavioural incidents occurring. There were times where residents were required to relocate their activity to another room in the house and other times, when returning from a community based activity, were required to stay out later than planned. There were occasions where residents were observed avoiding or leaving a room when a fellow resident entered the same room. The inspector found, that while the current living arrangements were in place, the risk of continued behavioural incidents remained and as such, the provider could not be assured that residents were protected from all forms of abuse

at all times.

The inspector reviewed the arrangements in place to support residents' positive behaviour support needs. The provider and person in charge promoted a positive approach in responding to behaviours that challenge and endeavoured to ensure that evidence-based specialist and therapeutic interventions were implemented. Residents had access to members of a multidisciplinary team, including the centre's behavioural support specialist, to support them to manage behaviour positively. Where necessary, residents had positive behaviour support plans, which were informed by an appropriate professional and comprehensively guided staff in the delivery of care. However, the inspector found that improvements were needed to the timeliness of updating plans when behavioural incidents increased and in particular, when the nature of the incidents changed. For example, there was an increase of incidents in the latter part of 2021 which had changed in nature since previous incidents, however, despite work being carried out on a new plan (yet to be finalised), the current positive behaviour support plan in the residents' person plan was a plan that was last reviewed in May 2021.

There were a number of restrictive practices in place in the centre. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the individual. For the most part, the restrictive practices were supported by appropriate risk assessments which were reviewed on a regular basis. However, where a restrictive practice had recently been put in place as a safety measure following a behavioural incident, they had not been applied in line the organisation's or national policy on restraint and evidence-based practice.

The inspector reviewed a sample of residents' personal plans and saw that they included an assessment of each resident's health, personal and social care needs. Support plans to meet the residents' assessed needs were implemented and regularly reviewed. Residents, and where appropriate their family members, were consulted in the planning and review process of their personal plans. Overall, where changes occurred in residents lives, their plan were updated. There was an auditing system in place to ensure residents' plans were kept up to date and on review of the sample of plans the inspector saw that the person in charge had identified and noted updates required to plans.

Overall, the physical environment of the house was in good decorative and structural repair. For the most part, the design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment. The inspector found a review of the layout of the kitchen and dining area was required. For example, a staff office which included a computer, printer and filing cabinets was located within the open plan kitchen and dining area. In addition a review of the location of the medication cupboard and filing system, (in the same area), was also needed, as both took away from the homeliness of the room and posed a risk to the protection of resident's personal identifiable information. The storage systems on the premises also required reviewing to ensure rooms were clutter free and safe to move around. For example, the laundry room,

which the residents frequently used, was observed to be disorganised and cluttered.

The person in charge uploaded any required repairs on the organisation's computerised maintenance system. It was found that a review of the timeliness of a number of repairs was required and in particular, where the repairs impacted on residents' safety. For example, repair work was required to one of the slow release arm fittings on a fire door in the kitchen. In addition, a flashing warning light was required in a resident's bedroom since November 2021 however, on the day of the inspection, the installation remained outstanding.

The registered provider had adopted infection prevention and control measures specific to COVID-19 which overall were effective and efficiently managed. For the most part, there were satisfactory control measures and contingency arrangements in place in case of infection. The registered provider had a COVID-19 contingency plan, which included guidance on infection prevention and control measures, the management of suspected or confirmed cases of COVID-19 among residents and staff, and contingency plans in relation to staffing and other essential services. All staff had completed specific training in relation to the prevention and control of COVID-19 and on the day of inspection staff were observed to be adhering to public health guidance in the appropriate use of face masks, hand hygiene and social distancing.

There were cleaning schedules in place and these were reviewed regularly by the person in charge and deputy manager. On entering each of the rooms in the house the inspector observed that overall the rooms were clean and tidy. A number of rooms did require a deeper clean so that they were free from dust, cobwebs and ingrained marks. There was ample cleaning equipment and supplies, however, an upgrade to some of the cleaning equipment was required to ensure that they were used appropriately at all times. On the day of inspection, the person in charge ordered a new set of colour coded mops for the centre.

The provider had completed the actions which were required since the previous inspection and had ensured there were effective fire safety management systems in place in the designated centre. This included containment systems, fire detection systems, emergency lighting and fire-fighting equipment. These were all subject to regular checks and servicing by an external fire company. Local fire safety checks took place regularly were recorded appropriately. The mobility and cognitive understanding of residents was adequately accounted for in the evacuation procedures and in the residents' individual personal evacuation plans. Fire drills were being completed by staff and residents regularly, which simulated both day and night time conditions. Fire procedures for safe evacuation were prominently displayed on the wall and all staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes.

Regulation 17: Premises

A review of the location of the staff office and medication station in the centre's

kitchen and dining areas was needed.

A review of a resident's tray table in the sitting room was needed as it was observed to appear clinical in style and took away from the homeliness of the room.

The storage systems in the laundry room also required reviewing to ensure it was safe to move around in.

A review of the timeliness of a number of repairs was required to ensure the safety of residents at all times.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place in the centre for the assessment, management and ongoing review of risk. The provider's risk management policy was up to date and contained all information required by the regulations. There was a risk register in place in the centre and it clearly identified the relevant risks in the house, in line with the assessed needs' of residents, including risks related to COVID-19. Details of the assessment of each risk and the control measures in place to mitigate it were clearly outlined. On the day of inspection, the person in charge reviewed and updated a risk rating to ensure it was appropriate to the level of risk and control measures in place.

Judgment: Compliant

Regulation 27: Protection against infection

For the most part, there were satisfactory control measures and contingency arrangements in place in case of infection. (The required updating of residents' self-isolation plans has been addressed in regulation 23).

Overall, the rooms were clean and tidy. However, a number of rooms required a deeper clean in some areas so that they were free from dust, cobwebs and ingrained marks.

Not all residents' intimate care equipment was stored appropriately to ensure their privacy and dignity.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had completed the actions that were required since the previous inspection and had ensured that there were effective fire safety management systems in place in the designated centre. This included containment systems, fire detection systems, emergency lighting and fire-fighting equipment.

Where maintenance actions were required pertaining to fire safety, these have been addressed in regulation 17.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' personal plans included an assessment of each resident's health, personal and social care needs. Support plans to meet the residents' assessed needs were implemented and regularly reviewed.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where appropriate residents were provided with positive behaviour support plans, which were informed by an appropriate professional and comprehensively guided staff in the delivery of care. However, improvements were needed to the timeliness of updating plans when behavioural incidents increased, and in particular, when the nature of the incidents changed.

For the most part, restrictive practices were applied in line national policy on restraint and evidence-based practice and were reviewed on a regular basis. However, where a restrictive practice had recently been put in place, as a safety measure following a behavioural incident, they had not been applied fully in line the organisation's or national policy on restraint and evidence-based practice.

Judgment: Substantially compliant

Regulation 8: Protection

The ongoing behavioural incidents were impacting negatively on the lived

experience of residents.

While the current living arrangements were in place, the risk of continued behavioural incidents remained and as such, the provider could not be assured that residents were protected from all forms of 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Ard Na Mara OSV-0001710

Inspection ID: MON-0035606

Date of inspection: 27/01/2022

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC has updated the roster to reflect when they expect to work in each specific center.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The Provider has committed to undertake a structural reconfiguration to the center, this will provide a more capable environment to suit the needs to the residents and provide alternative cooking/dining facilities for one resident. The provider will submit a plan of works separate to this response.</p> <p>Health and safety audits had been suspended due to surges in Covid cases. These have now been risk assessed and deemed safe to resume, there is an organizational schedule in place for these audits to be conducted for 2022.</p> <p>The construction works underway on the day of the inspection have now been completed the residents self isolation plan has been amended to reflect the use of facilities currently in use. For planned further construction works, isolation plans will be amended accordingly.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: On review of the staff office and medication area, clients medication files have been stored in a locked press, all confidential/client related information will not be kept in staff document trays, this has been communicated to all staff. PIC will regularly audit this. The computer and medication station will remain in the communal space as this allows for continuous interaction with residents and staff, this was discussed with residents on 18/02/2022 and this is their will and preference. A review of the tray table with the resident on 18/02/2022 resulted in the resident choosing to keep the table. The laundry room has been tidied , due to the construction work on the day some additional items had been stored in the Laundry room, all surplus PPE stock has been relocated. The maintenance manager has been contacted to review all outstanding repairs, the maintenance manager has implemented a regular ongoing update and review system to the providers online maintenance tracking software.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: A deep clean of the location has been carried out and additional deep clean checklist has been implemented in the center, the PIC will regularly audit this. The resident requiring intimate care equipment now has the sole use of their own bathroom, residents privacy and dignity will be maintained.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Residents positive behavior support plan draft will be finalized with the positive behavior specialist, going forward should a nature of incident change this will be part of the positive behavior support plan update.</p>	

The recent restrictive practice implemented has been notified to the humans rights committee in line with the organizations policy.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

The Provider has committed to undertake a structural reconfiguration to the center, this will provide a more capable environment to suit the needs to the residents and provide alterative cooking/dining facilities for one resident. The provider will submit a plan of works separate to this response.

The center has recently had an increase in staffing on the roster this sees a ratio of 3:4 staff: clients 7 days per week.

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(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	01/02/2022
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	18/02/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/08/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in	Not Compliant	Orange	31/08/2022

	place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
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.	Substantially Compliant	Yellow	22/02/2022
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	17/02/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/08/2022

