



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:	Short Notice Announced
Date of inspection:	27 May 2021
Centre ID:	OSV-0001703
Fieldwork ID:	MON-0033126

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 who also has responsibility for two day services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 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 May 2021	11:00hrs to 18:45hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the provider and staff endeavoured to promote an inclusive environment where each of the resident's likes, wishes and intrinsic value were taken into account. Residents advised the inspector that they enjoyed living in the house and were happy with the support provided by staff. On the day of the inspection, residents appeared happy in the company of their housemates however, on review of documentation, the inspector found that not all residents were happy with who they shared the house with and that at times, this was resulting in negative lived experiences for the residents.

The inspector met with four of the residents living in this centre throughout different times of the day. Where possible, conversations between the inspector and the residents took place from a two metre distance with the inspector wearing the appropriate personal protective equipment, and was time limited in adherence with national guidance. Where appropriate, and when requested by the resident, residents were supported by staff when speaking with the inspector.

In January 2021 there had been an infectious disease outbreak in the designated centre. On the day of the inspection, most of residents that were affected had fully recovered and appeared well and healthy. One resident was currently recuperating in hospital and making good progress. Overall, the inspector found that residents were provided with good quality healthcare during this period.

Residents were supported to keep in contact with their housemate through regular telephone and video calls during their time in hospital. Residents were kept updated of the resident's wellbeing and progress. Staff regularly visited the resident in the hospital and was supported by other residents to organise and bring supplies into the resident during their stay in hospital.

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, mindful and caring interactions. Residents appeared to be content and familiar with their environment. The inspector observed that residents seemed to enjoy relaxing in the communal areas such as the sitting room or the kitchen/dining area. When a number of residents gathered in one room the inspector observed the staff to support some residents move to another room or support conversations so that everyone's voice was heard. On the day of the inspection, none of the residents were availing of the new upstairs sitting room.

Prior to the inspection, residents were supported by their staff members to complete Health Information and Quality Authority (HIQA) questionnaires. Overall, residents' feedback was positive. The questionnaires noted that residents were happy with their bedroom, meals provided, the choice of activities and the care and support provided by staff including the amount of choice and control they have in their daily

life.

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. Family feedback that had been collated as part of the consultation process for the centre's annual review relayed positive and complimentary comments about the service and about the support and care provided by staff.

Overall, the inspector observed the physical environment of the house to be clean and tidy and had a homely feel to it. A number of decorative upgrades had taken place in recent weeks including paint work and the addition of new communal and individual pieces of furniture for residents. Further decorative plans were in place for the centre, including upgrading the outdoor furniture. The residents had been consulted and were happy about the decorative changes that had taken place with two of the residents expressing their happiness about the new sitting room furniture and about their new beds.

However, the inspector found that the house was not fully accessible to all residents. For example, the front door entrance did not include a wheelchair ramp, the new sitting room was based upstairs and the laundry facilities had steps leading down to it.

Residents were encouraged and supported around active decision making and social inclusion. Residents were supported to be involved in decisions about their home. The inspector viewed minutes of residents' monthly meetings that had taken place over the last few months where menu plans, complaints, health and safety and changes to keyworkers and management were all discussed and decisions made. All actions from the meetings included a person responsible to follow up on them.

In summary, the inspector found that for the most part each resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. The inspector found that overall, there were systems in place to ensure residents were in receipt of good quality care and support. However, the inspector found that to ensure the best possible lived experience for residents, improvements were warranted to ensure the environment of the house, and the layout of the house, met the needs of all residents at all times. 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.

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 inspector found that the registered provider was striving to ensure that the residents living in the designated centre were in receipt of a good quality and safe service. The provider had ensured that the centre was adequately resourced and that there was a clearly defined management structure in place. Staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. For the most part, the provider had satisfactory governance and management systems in place within the designated centre to monitor the safe delivery of care and support to residents. The inspector found that since the last inspection, a number of improvements had been made which resulted in positive outcomes for the residents. However, due to ongoing issues relating to the protection of residents and the centre's premises, the provider was not operating the centre in a manner that ensured residents were living in a suitable environment to meet their assessed needs. These issues are addressed further in the quality and safety section of the report.

This risk-based inspection was completed as there had been no inspection carried out in this centre since December 2019 and an update was required in advance of the designated centre's registration renewal.

On the day of inspection, the governance and management systems in place were found to operate to a good standard in this centre. The provider had completed an annual report in May 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.

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.

A weekly location COVID-19 check list had been put in place in the centre May 2021 which included the review of the centre's contingency plans, infection prevention control systems and a review of individualised self-isolation plans and risk assessments. Furthermore, the provider had ensured there were adequate contingency plans in place during the current health pandemic. The person in charge, supported by senior management, had put in place individualised self-isolation plans and individualised risk assessments for all residents to better ensure their safety and welfare in the event of any further outbreaks of infectious disease.

However, in relation to the local governance and management systems in place, the inspector found that for most of 2020 there was insufficient documented evidence in place to demonstrate that the systems in place were ensuring better outcomes for residents. Local audits to evaluate and improve the provision of care were lacking, there were no minutes of staff team meetings and records of the residents'

meetings were inconsistent. However, the inspector found that since February 2021 there had been significant improvements. The local auditing system in place by the person in charge, to evaluate and improve the provision of service and to achieve better outcomes for residents, was robust and comprehensive in nature.

The person in charge had commenced their role in February 2021 to cover while the previous person in charge was on unexpected absence. The person in charge divided their role between this centre and two day services and within this time had ensured the effective governance, operational management and administration of the designated centre.

The inspector found that 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 had implemented a number of recent improvements in the centre which had resulted in better outcomes for residents living in the centre. Furthermore, the person in charge had brought about improvements in record keeping, as well as supporting staff in this area, to better ensure the effective and efficient running of the centre.

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 four residents living in the centre. 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 with a number of staff having worked for over 12 years. Where relief staff had been required, the person in charge had employed the same staff member who was familiar to the residents and was knowledgeable of the residents' assessed needs.

However, to ensure staffing arrangements included enough staff to meet the needs of the residents at all times, any increase on the current number of residents residing at the centre (four) would require a full review of staffing levels 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 it was maintained appropriately. The staff roster clearly identified the times worked by each person including when the person in charge was present in the centre. In addition, a visual roster had been created for the residents and was placed on the kitchen wall so that residents were aware of the staff supporting them each day of the week.

Staff were provided with the organisation's mandatory training in fire safety, managing behaviours that challenge, safe medicine practices, restrictive practices and epilepsy but to mention a few. Overall, staff training was up-to-date however, a number of staff refresher training courses were overdue. The person in charge had

commenced one to one supervision meetings with staff to support them perform their duties to the best of their ability when supporting the residents in the centre. However, annual performance reviews, which support and develop staff to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering, had not yet been completed for 2020.

Registration Regulation 5: Application for registration or renewal of registration

The application for registration renewal and all required information was submitted to the Office of the Chief Inspector within the required time-frame.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector found that 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

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 four residents living in the centre. However, to ensure staffing arrangements included enough staff to meet the needs of the residents at all times, any increase on the current number of residents residing at the centre (four), including the return of the resident from hospital, would require a full review of staffing levels in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Overall, staff training was up-to-date however, a number of staff refresher training courses were overdue. The person in charge had commenced one to one supervision meetings with staff to support them perform their duties to the best of

their ability when supporting the residents in the centre.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

On the day of the inspection, the inspector found the governance and management systems in place in the centre were appropriate with recent improvements to the documentation that provided assurances that the service was effectively monitored. However, due to a lack of documented local audits, lack of team meetings minutes and resident meeting minutes pre-February 2021, improvements were warranted to the oversight systems in place at organisational level to ensure local governance and managements system were effective at all times.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

All residents were provided with a contract of care. On the day of the inspection, staff supported two of the residents go through and their contract so that they fully understood what was included and were happy to sign them.

Judgment: Compliant

Regulation 3: Statement of purpose

Overall, the statement of purpose contained all required information, as per Schedule 1. Where a small adjustment had been required this had been completed and submitted to HIQA post inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that previous to February 2021 the arrangements in place to ensure that the designated centre complied with notification requirements was not effective at all times. For example, a number of notification (NF39 & NF06) had not been submitted within the required timeframe. However, all notifications since that date have been submitted in accordance to the regulations.

Judgment: Substantially compliant

Quality and safety

The inspector found that the provider and person in charge were endeavouring to ensure that residents well-being and welfare was maintained to a good standard. There was a strong and visible person-centred culture within the centre. The person in charge and staff were aware of residents' needs and knowledgeable in the care practices to meet those needs. Overall, care and support provided to residents was of good quality. However, due to ongoing compatibility issues in the centre, the lived experience of residents was not always positive.

There had been a significant increase of notifications relating to behavioural incidents submitted to the Health Information and Quality Authority (HIQA) during the months of March and April of 2021. The management team had identified that there was a compatibility issue within the centre and believed many behavioural incidents were environmental related. For example, incidents were more likely to occur in communal areas such as the kitchen/dining area and sitting room where residents would gather as a group.

Following the most recent incident, the management had decided to complete a comprehensive safeguarding plan to reduce the risk of psychological and emotional abuse occurring in the centre. In advance of the plan, a number of strategies had already been implemented, such as a second sitting room upstairs, multi-disciplinary reviews for all residents and meetings with the positive behavioural support therapist. However, the inspector found that until the overarching safeguarding plan was fully completed, implemented and reviewed, the risk of continued behavioural incidents remained in place in the centre. Furthermore, the inspector found that any new admissions of residents during this period was likely to negatively impact on the outcome of the safeguarding plan.

Notwithstanding the above, the inspector found that staff treated residents with respect and that personal care practices regarded residents' privacy and dignity. The

culture in the house espoused one of openness and transparency where residents could raise and discuss any issues without prejudice. All staff had received up-to-date training in the safeguarding and protection of vulnerable adults.

Overall, the provider and person in charge promoted a positive approach in responding to behaviours that challenge. Where appropriate, residents were provided with behavioural support plans however, the inspector found that where a plan had been found ineffective in reducing behaviour that challenge, the timeliness of the review and implementation of a new plan was not satisfactory.

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.

The inspector found that appropriate healthcare was made available to residents having regard to their personal plan. The plan included an assessment of the residents' healthcare needs and supports required to meet those needs. Residents' healthcare plans demonstrated that each resident had access to allied health professionals including access to their general practitioner (GP) which included an annual health check for each resident. The inspector found that the residents healthcare plans were regularly reviewed. Where appropriate residents were facilitated to attend national screening appointments. Resident plans contained easy-to-read information regarding each of their specific medical conditions and details and explanations for medicines they were administered. However, the inspector found that not all PRN (a medicine only taken as required) protocols in place included an appropriate clinical oversight of the document.

Overall, the physical environment of the house was clean and tidy and in good decorative repair with a number of upgrades to residents bedrooms and communal spaces such as new beds and a new suite of furniture (in line with a health professionals specific recommendation). There were plans for further upgrades such as painting the upstairs sitting room and revamping the garden furniture which the residents were all consulted about and involved in. However, the inspector found that the layout of the house did not ensure that all residents could access all areas of their home, which impacted on their independence and freedom of movement throughout the house.

Overall, where maintenance work had been required this had been completed in a timely manner however, repair work to the roof of the house which had been initially identified by the provider in 2018, remained outstanding with little evidence of plans for completion. Some of this work had been identified as urgent. Post inspection, management followed up with an update and advised that work on the roof would commence in September, with a planned completion date of November 2021.

There was a risk register in place in the centre and it was regularly reviewed. There were risk assessments specific to the current health pandemic including, the varying risks associated with the transmission of the virus and the control measures in place to mitigate them. Furthermore, to better ensure the safety of residents during an

outbreak, specific individualised risk assessments to assist residents' self-isolation plans were in place.

Overall, appropriate individual and location risk assessments were in place to ensure that safe care and support was provided to residents. However, on the day of the inspection some potential hazards and risks had not been risk assessed, for example risks associated with the disrepair of the roof and risks associated with the compatibility issue in the centre. Post inspection, the person in charge submitted evidence to demonstrate that the risk assessments had now been completed.

The provider had policies, procedures and guidelines in place in relation to infection prevention and control. Staff had completed appropriate training in relation to the prevention and control of COVID-19. Residents were supported to be aware and knowledgeable in matters relating to the current health pandemic so that they were protected and kept safe from the risk of transmission of COVID-19. Staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the residents.

The inspector found that overall, the day to day infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. The inspector reviewed cleaning records which demonstrated that a good level of adherence to cleaning schedules was taking place.

The centre had appropriate fire management systems in place. This included containment systems, fire detection systems, emergency lighting, and firefighting equipment. These were all subject to regular checks and servicing with a fire specialist. All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly, which simulated both day and night time conditions. These were being completed in a timely and efficient manner.

Regulation 17: Premises

Overall, the physical environment of the house was clean and tidy and in good decorative repair with a number of upgrades to residents bedrooms and communal spaces. However, all areas of the centre was not accessible to all residents. For example, access to a number of areas in the house was by stairs or steps such as the new additional sitting room, the laundry area and the front door. Furthermore, outstanding repair work was required to the roof of the house since 2018 was required.

Judgment: Not compliant

Regulation 26: Risk management procedures

Overall, appropriate individual and location risk assessments were in place to ensure that safe care and support was provided to residents. However, on the day of the inspection some potential hazards and risks had not been risk assessed. Post inspection, the person in charge submitted evidence to demonstrate that the risk assessments had now been completed.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The inspector found that overall, the day to day infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. The inspector reviewed cleaning records which demonstrated that a good level of adherence to cleaning schedules was taking place.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector found that there were good systems in place for the prevention and detection of fire. All staff had received suitable training in fire prevention and emergency procedures fire fighting equipment and fire alarm systems were appropriately serviced and checked. There were adequate means of escape, including emergency lighting.

Judgment: Compliant

Regulation 6: Health care

The inspector found that appropriate healthcare was made available to residents having regard to their personal plan. The plan included an assessment of the residents' healthcare needs and supports required to meet those needs. However, the inspector found that not all PRN (a medicine only taken as required) protocols in place included an appropriate clinical oversight of the document.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Overall, the provider and person in charge promoted a positive approach in responding to behaviours that challenge. Where appropriate residents were provided with behavioural support plans however, the inspector found that where a plan had been found ineffective in reducing behaviours that challenge, the timeliness of the review and implementation of a new plan was not satisfactory.

Judgment: Substantially compliant

Regulation 8: Protection

There had been a significant increase of notifications relating to behavioural incidents submitted to the HIQA during the months of March and April of 2021. The provider had identified that there were compatibility issues in the centre and had decided to completed a safeguarding plan.

However, until the safeguarding plan was fully operational, the risk of continued behavioural incidents remained in place in this centre.

Furthermore, the inspector found that any new admissions of residents during this period was likely to negatively impact on the outcome of the safeguarding plan.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Helensburgh OSV-0001703

Inspection ID: MON-0033126

Date of inspection: 27/05/2021

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All mandatory training is scheduled and will be completed by the 30th of October 2021.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Post February 2021 The previous PIC has been replaced. Supervision will continue in line with organizational policy. There will be regular Governance and management meetings with the PIC and PPIM which will be documented.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Post February 2021, all notifications have been submitted and will continue to be submitted in accordance to the regulations.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The provider applied for a variance to change an unused bedroom into a second sitting room to provide additional space as part of an over arching safeguarding plan to mitigate peer to peer abuse. Although not all residents can access this sitting room, there is a sitting room on the ground floor that is fully accessible to all residents. Outstanding repair work to the roof of the house will commence in September 2021 and it's due completion date is 31st November 2021.	

<p>Access to the house. Staff and residents use the side entrance to the house as their main entrance and exit route. This is fully accessible to all residents and staff. In relation to the front entrance and fire protection & evacuation the provider will install a portable ramp which can be put in place when required for use by the resident. This will be completed by 30th July 2021.</p> <p>In order to make laundry facilities accessible to all residents, a washing machine will be installed in the kitchen area of the house by 30th July 2021.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: All outstanding risk assessments have been completed and evidence submitted to HIQA post inspection on 28th May 2021.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The PRN protocol documentation has been amended to ensure that the PIC has oversight of the PRN administration and that it is signed off by both the Key Worker and the PIC</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: A positive behaviour support plan will be implemented and signed off by the behavior specialist on July 30th 2021. This will be reviewed by the PIC on the 30th August to ensure that it is effective. Any amendments required will be discussed with the behavioural specialist.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: A new Safeguarding Plan will be implemented and signed off on Wednesday 7th July 2021 and will be reviewed by the PIC in conjunction with social work on Wednesday 11th August 2021 to ensure that it is effective.</p>	

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 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	30/10/2021
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	31/07/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good	Not Compliant	Orange	30/11/2021

	state of repair externally and internally.			
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	28/06/2021
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	28/05/2021
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Substantially Compliant	Yellow	28/02/2021
Regulation 31(3)(a)	The person in charge shall ensure that a	Substantially Compliant	Yellow	28/02/2021

	written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	31/07/2021
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 behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	30/07/2021
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is	Substantially Compliant	Yellow	30/07/2021

	made to identify and alleviate the cause of the resident's challenging behaviour.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	07/07/2021