



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

Issued by the Chief Inspector

Name of designated centre:	Dunavon
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	10 June 2021
Centre ID:	OSV-0001707
Fieldwork ID:	MON-0033127

About the designated centre

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

Dunavon is a service providing residential services to seven adults with disabilities (both male and female) over the age of 18 years. It is located in County Wicklow and in close proximity to a large town. Residents are supported by staff to access local amenities such as shops, restaurants and cafes. The centre comprises of a large two story building. Each resident has their own bedroom, decorated to their individual choice and there is a number of other communal rooms/sitting rooms for residents to avail of. The centre is staffed on a 24/7 basis with both nursing staff and social care professionals. The provider has made arrangements for five staff to be available during the day to support the residents and two waking night staff to assist residents during the night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 10 June 2021	11:00hrs to 18:30hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality life which was respectful of their choices and wishes. The person in charge and staff were striving to ensure that residents lived an environment that was warm and homely and provided a positive living experience. There were systems in place to ensure that residents, and where appropriate their families, were consulted in the running of the centre.

In early 2021 an infectious disease outbreak had been notified to the Health Information and Quality Authority (HIQA) however, no residents in the centre were infected. For the most part, when staff went absent, rostered shifts were covered by redeployed or agency staff however, there were some days where the full cohort of staff was not in place. During most of these times, the person in charge or their deputy manager, completed the work shift themselves in an effort to provide continuity of care to the residents.

On the day of the inspection, the inspector met with six of the seven residents living in this centre. Engagements between the inspector and the residents took place from a two metre distance, wearing the appropriate personal protective equipment and was time limited in adherence with national guidance.

The inspector observed that residents appeared very comfortable in the presence of staff and with the support they were providing. Some residents communicated in a non-verbal manner and therefore could not tell the inspector their opinion of the service. However, the inspector observed residents throughout the day and noted the positive interactions that took place between residents and staff. Where residents did speak with the inspector, they were supported by staff during these times of engagement.

The inspector found that overall, there had been significant improvements to the layout of the centre since the last inspection and in particular, there had been a significant reduction in environmental restrictive practices on the ground floor of the house. For many of the residents this enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents living in the centre.

There were two sensory rooms available to the residents which provided a space for residents to relax and have time out alone. The rooms included special sensory equipment such as bubble tubes, fibre optic lighting and a large indoor swing. On observing some of the bedrooms, the inspector saw that overall, they were in line with the residents' assessed needs, likes and preferences and contained items that were personal to the resident. Outside the house in the garden area, there were raised flower beds, including an outdoor seating area with a new sensory garden in the early stages of development. Out the front of the house there were separate individual seating areas for each resident with their own garden space which they

had planted and maintained with the support of staff.

The inspector observed many of the residents enjoying time out and relaxing in spacious sitting or dining room areas in the house. Most rooms included large framed art work hanging on the walls, all of which had been painted by the residents. One resident pointed out a particular piece of artwork which they had completed and seemed proud when showing it to the inspector. The inspector viewed a small number of the residents' bedrooms, and for the most part they presented as warm and homely and were decorated in line with the residents' needs, likes and wishes. Many included family photographs, posters and ornaments that were important to them. However, furniture in some of the rooms of the house (beds and side tables) required updating as they presented as institutional in nature.

The inspector reviewed the HIQA 'questionnaires for residents' which had been completed by all of the residents in advance of the inspection with the support of their keyworker or a staff member. Overall, the feedback was very positive. Most residents expressed their happiness with the layout of their home, their bedroom and the communal areas, the latter of which they enjoyed relaxing in by themselves whilst also being able to share it with their peers. One resident noted that they were happier now that they were in a less noisy environment and that they had their own private space.

Residents noted in the questionnaires the different activities they enjoyed participating in during the health pandemic related restrictions. In particular, many residents expressed that they enjoyed the in-house art and craft activities, spending time in the sensory room, baking cakes with staff and completing puzzles. Residents also enjoyed engaging with online activities, going for local walks and drives and gardening. However, residents noted that they were looking forward to returning to the community when the current restrictions are lifted and getting back to the many community activities they previously enjoyed such as going to local festivals, shopping, sports days and the cinema. Residents also noted how they were looking forward to having families visit them in their home again.

The inspector also reviewed feedback that had been submitted by seven families as part of the annual report consultation process. Overall, the feedback was positive and complimentary towards the staff and management and of the care and support provided to their family members. Families said that they were happy with the level of communication between them and the staff, they were happy with the choice provided to their family member and they felt the needs of their family member were being met. Overall, families expressed their satisfaction with the staffing levels in the centre. Some questionnaires noted that the centre could be short staffed at times however, it was also acknowledged that the current health pandemic added pressure to staffing levels. All families expressed on their feedback that they knew who they could go to should they want to make a complaint.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard and that there was a person-centred culture within the designated centre. The inspector found that overall, there were systems in place to ensure residents were safe and in receipt of good quality care and support.

Residents were now living in a more homely environment than they had been previously and for the most part, were enjoying a restraint free environment. However, some areas of the house, including some furnishing, required further improvement to ensure the whole house provided a homely feel. Through engaging with residents 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 where they were supported to have control over and make choices in relation to their day-to-day lives.

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 overall, the provider and local management were striving to ensure that residents living in the designated centre were in receipt of a good quality and safe service. For the most part, the provider and person in charge had satisfactory governance and management systems in place within the designated centre to monitor the safe delivery of care and support to residents. The provider had ensured 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. The service was led by a capable person in charge, supported by the provider, who was knowledgeable about the support needs of the residents.

Since the last inspection, a number of improvements had been made which resulted in positive outcomes for the residents, and in particular, regarding the layout of the ground floor of the premises which saw a significant reduction of restrictive practices in this area. However, on the day of the inspection, the inspector found that further improvements were warranted to ensure that the house (internally and externally) promoted a homely environment and that the centre met the needs of all residents living in it. Furthermore, the inspector found that some of the governance and management systems in place required reviewing to ensure they were effective at all times.

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

Since the last inspection of the designated centre, the layout and use of some of the rooms in the centre had been changed to support a resident live in their own apartment type space which was located upstairs. However, the provider had not ensured that the location of the apartment was appropriate to the resident's

assessed needs and overall, a review of their living arrangements was required so the provider was assured the totality of their needs were being met. This issue is discussed further in the quality and safety section of the report.

On the day of the inspection, the inspector found that the provider had implemented improvements to the systems in place for ensuring residents' finances were effectively monitored and that they were safeguarded from any risk of financial abuse. However, the inspector found that a further review of the system was warranted. In line with the organisation's Client Money and Property Policy dated Sept 2020, residents, where appropriate, were supported to complete a money management assessment to ascertain if they required support to manage their financial affairs. If support was required a money management plan was put in place. The plan included details of the supports provided to the resident including details of the person authorised as a signatory to their account. Resident finances, including their bank accounts, were audited on a monthly basis by the person in charge with additional spot checks in place by senior management on a regular basis.

However, while there was no anomaly raised regarding the residents' finances, the inspector found that the systems to safeguard residents' finances warranted review to ensure it mitigated any risks of being ineffective. The inspector found that the Client Money and Property Policy had not included sufficient detail to ensure appropriate processes and timeframes for transfer of signatories on resident's bank accounts should it be required. In addition, the policy had not included sufficient information relating to communication, between relevant stakeholders involved in the support and care of residents, to ensure optimum decision making takes place when safeguarding residents' financial arrangements.

There was a staff roster in place and overall, it was maintained appropriately by the person in charge and the deputy manager however, improvements were required to ensure the information on the roster was clear and legible at all times. For the most part, staffing arrangements included enough staff to meet the needs of the residents and was in line with the centre's statement of purpose. The workforce included a mix of staff nurses, social care staff, domestic and cleaning staff. Nursing care was available 24 hours a day to support residents' healthcare needs. Staffing levels were maintained with one nurse, and four care staff on duty each day to support seven residents living in the centre, with the waking night staff including one nurse and one social care worker each night.

However, on review of a sample of rosters, the inspector found three occasions where the required number and skill mix of staff were not in place. Two of these occasions was during an infectious disease outbreak which led to a high number of core staff being absent for a period of ten days or more. On one occasion, agency staff had been contacted however, cancelled on the day. The person in charge advised the inspector that a new relief panel system had been set up by the organisation to better ensure cover when required and in particular, to ensure that cover was provided by staff who were familiar to the residents and knowledgeable of their assessed needs. However, the inspector found that although this new system had the potential for continuity of care of residents, the system was limited

as the relief panel did not include nursing staff.

Notwithstanding the above, for the most part, the inspector found that there was continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted. A core team of staff were employed in this centre. Many of the staff working in the centre had been providing care and support to the residents for 10 years or more. 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. The inspector observed that staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the residents.

Staff were provided with mandatory training in fire safety, managing behaviours that challenge and safeguarding but to mention a few. Overall, staff training was up -to -date however, a number of staff refresher training courses were overdue. Following a new supervision policy and system recently implemented in the centre, the person in charge had commenced one to one staff supervision meetings to support staff perform their duties to the best of their ability in the care and support they provided to residents.

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 plans, including individual self-isolation plans, specific to the designated centre.

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 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. A number of 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.

Judgment: Compliant

Regulation 15: Staffing

There was a staff roster in place and overall, it was maintained appropriately however, improvements were required to ensure the information on the roster was clear and legible at all times.

The inspector found some gaps in the roster where nursing and care staff shifts were absent. Despite a new relief staff system being introduced, the system was limited as the relief panel did not include nursing staff.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were provided with mandatory training in fire safety, managing behaviours that challenge and safeguarding but to mention a few. Overall, staff training was up-to-date however, a number of staff refresher training courses were overdue, for example, training related to food hygiene, epilepsy and restrictive practice.

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

For the most part, the provider and person in charge had satisfactory governance and management systems in place within the designated centre to monitor the safe delivery of care and support to residents. However, the inspector found that some of the governance and management systems in place required reviewing to ensure

they were effective at all times. In particular, a review of systems that safeguarding residents' financial affairs and a review of the systems that ensured all residents were living in an environment that met their assessed needs and provided the least restriction for shortest duration.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in the associated schedule. A copy of the statement of purpose was available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

Overall, the inspector found that there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

Judgment: 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. The person in charge and staff were aware of residents' needs and knowledgeable in the care practices to meet those needs. Overall, there had been improvements since the last inspection with most of the actions fully completed which resulted in positive outcomes for residents. However, on the day of inspection, the inspector found that positive behavioural supports, healthcare documentation, cleaning systems and in particular the centre's premises, required improvement to ensure that all residents living in the centre enjoyed a safe and positive lived experience, at all times.

The previous two inspections had found that the premises were not fully meeting the residents' assessed health or social care needs nor promoted a restraint free environment and that overall, the premises presented as institutional in nature. However, on the day of the inspection (and through regular updates submitted to

HIQA by the provider and person in charge) the inspector saw that there had been significant improvements to the premises which promoted a more homely environment and saw a substantial reduction in the number of environmental restrictive practices in place in the centre. Despite the enhancements to the premises, the inspector found that further improvements were required to fully ensure that the house no longer presented as institutional in nature and that the homely feel was present throughout the whole house.

The inspector did not enter all residents' bedrooms however, for the ones they did, they observed beds and side tables in two bedrooms that resembled furniture associated with institutional type settings. The inspector found that areas of the kitchen were industrial in appearance and required some upkeep and repair work. There were a number of large structures external to the house, such as a timber framed enclosure and two large metal fire evacuation slides that had no use or requirement to be there. Furthermore, the systems in place for the upkeep of the décor of the house also required reviewing with many walls and door frames throughout the house requiring paintwork or repair.

Overall, the change in layout of the house resulted in a better lived experience for residents. In an effort to reduce restrictive practices and alleviate compatibility issues in the house the provider and local management had supported a resident to move into an area of the house (apartment type space) where they could spend time on their own which was in line with the resident's preferences and wishes. On review of the resident's personal plan and speaking with management and staff, the inspector found that since moving, there had been a significant decrease in behavioural incidents recorded. In addition, the person in charge and staff told the inspector that the resident appeared content in their new environment and that the change in their location had resulted in positive outcomes for the other residents living in the house as they were now enjoying a restraint free environment. However, as the apartment was upstairs, and the resident residing in it was unable to safely access the downstairs area without assistance, daily and nightly restrictive practices were required to ensure the resident's safety.

The inspector found that the provider and person in charge promoted a positive approach in responding to behaviours that challenge. Although there had been a significant decrease in behavioural incidents in the centre since the last inspection, the inspector found that during the first quarter of 2021 there had been an increase in non-serious injuries related to behaviours that challenge. Following this increase, a referral to the organisation's behaviour support specialist was arranged and the resident's plan was reviewed. However, the updated plan was still outstanding. Furthermore, two other residents were awaiting referrals for an initial review visit or for a review of their current plan. Overall, the inspector found improvements were warranted to ensure a more timely response to residents' change in behaviours and the associated supports to alleviate them.

The inspector found that where restrictive practices were applied, they were documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the individual. However, in relation to the upstairs apartment, the inspector found that the centre's recording systems in place

to log each time the restrictive practices were used required reviewing. For example, there was no documentation in place that clearly demonstrated every time the resident left their apartment or every time when a staff visited the resident in their apartment. This meant that the documentation in place could not provide assurances that the least restrictive practice was in place for the shortest time. Furthermore, improvements were warranted to ensure that where therapeutic interventions were implemented, they were implemented with the informed consent of the resident, or their representative, and that it was reviewed as part of residents' personal planning process.

Overall, appropriate healthcare was made available to residents having regard to their personal plan. The residents' healthcare plans demonstrated that each resident had access to allied health professionals including access to their general practitioner (GP). Residents' plans were regularly reviewed in line with the residents' assessed needs and required supports. However, not all reviews were found to be effective as some information contained within the plans was no longer required or not in line with other associated documents relating to residents' healthcare.

The inspector found that residents were supported to live healthily. On the day of the inspection the inspector observed the menu planner for the week and observed there to be a number of nutritious and healthy options available to residents which were in line with the residents' likes and preferences. Where appropriate, residents were facilitated to attend health screening appointments and where a resident had refused this service, it had been appropriately followed up with their GP.

The inspector found that the infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. There were satisfactory contingency arrangements in place for the centre during the current health pandemic. Staff had completed specific training in relation to the prevention and control of COVID-19. Staff who spoke with the inspector demonstrated good knowledge on how to protect and support residents keep safe during the current health pandemic. Overall, the centre was clean with household staff available to ensure that cleaning duties were carried out. However, on the day of inspection the inspector observed four cupboards in a resident's sitting room to be in poor décor on the outside and unclean on the inside.

There was an up-to-date safeguarding policy in the centre and it was made available for staff to review. Staff were provided with safeguarding training and on speaking with staff the inspector found them to be knowledgeable in the policies and procedure to keep residents safe and free from abuse. The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity.

The person in charge had systems in place in the designated centre to mitigate the risk of financial abuse. Where appropriate, the person in charge carried out a monthly audit of residents' financial records in an effort to ensure each resident's money was safe. However, as addressed in the capability and capacity section of the

report, a review of the governance and management systems to safeguard residents' finances was warranted to ensure that they were effective at all times.

There was a risk register in place and it was reviewed and updated on a regular basis. There was an up-to-date risk management policy in place that included all the required information as per the associated Regulation. Individual and location risk assessments were in place to ensure that safe care and support was provided to residents. 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. On the day of inspection, the inspector found that not all risks relating to group activities within the house had been identified. Post inspection, the person in charge promptly responded and developed a risk assessment with the appropriate controls measures to mitigate the identified risks.

Regulation 17: Premises

Since the last inspection, there had been significant improvements to the premises which promoted a more homely environment and saw a substantial reduction in the number of environmental restrictive practices in place in the centre.

However, a number of further improvements were required to ensure a better lived experience for all residents living in the centre.

The location of a resident's apartment upstairs resulted in a number of environmental restrictive practices being put in place to ensure the resident's safety during the day and night-time. Overall, a review of their living arrangements was required to ensure the provider was assured the totality of the resident's needs were being met.

There were beds and side tables in two bedrooms that resembled furniture associated with institutional type settings. The kitchen was industrial in appearance and required some upkeep and repair work.

The systems in place for the upkeep of the décor of the house required reviewing with many internal walls and door frames throughout the house requiring paintwork or repair.

Externally, the steel fence and gates at either side of the house were badly rusting and required upkeep. Furthermore, there were a number of large structures external to the house, such as a timber framed enclosure and two metal fire evacuation slides that had no use or requirement to be there. (Post inspection an improvement had been made to one of the structures with the removal of the large steel gate at the front of it).

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 inspection, the inspector found that not all risks relating to group activities within the house had been identified. (Post inspection, the person in charge promptly responded and developed a risk assessment with appropriate control measures to mitigate the identified risks).

Judgment: Substantially compliant

Regulation 27: Protection against infection

The inspector found that the infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. However, on the day of inspection the inspector observed four cupboards in a resident's sitting room to be in poor décor on the outside and unclean on the inside.

Judgment: Substantially 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. Fire drills for staff and residents were taking place regularly. Overall, there were adequate means of escape, including emergency lighting. Two large fire slides at either end of the house were not included on the current fire plan or evacuation procedures and were unclean with moss growing inside them. Post inspection the inspector was advised by the person in charge that an external fire safety assessment will be completed on 24/06/2021 where the fire escape slides will be discussed on their role in evacuation plans.

Judgment: Substantially compliant

Regulation 6: Health care

Overall, the register provider provided appropriate health care for each resident

having regard to the resident's personal plan. However, improvements were warranted to ensure that all documentation contained within residents' personal plans were at all times accurate, up-to-date and line with other relevant documentation associated with the plan. For example, records relating to the administration of medicine and support plans relating to safeguarding matters.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The inspector found that the provider and person in charge promoted a positive approach in responding to behaviours that challenge. However, the inspector found improvements were warranted to ensure timely responses to residents' change in behaviours and the associated supports to alleviate them.

The centre's recording systems in place (for the upstairs apartment) to log each time the restrictive practices were used required reviewing so that documentation demonstrated that the least restrictive practice was in place for the shortest time.

Furthermore, improvements were warranted to ensure that where therapeutic interventions were implemented, they were implemented with the informed consent of the resident, or their representative, and that it was reviewed as part of the residents' personal planning process.

Judgment: Substantially compliant

Regulation 8: Protection

The person in charge had systems in place in the designated centre to mitigate the risk of financial abuse. Where appropriate, the person in charge carried out a monthly audit of residents' financial records in an effort to ensure residents' money were safe. However, a review of the governance and management systems in place to safeguard resident's finances was warranted to ensure they were effective at all times. This has been addressed in Regulation 23, Governance and Management.

Judgment: 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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Dunavon OSV-0001707

Inspection ID: MON-0033127

Date of inspection: 10/06/2021

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A. Roster has been redesigned to ensure information is clear and legible. with new columns and is clearer now. Completed 26/6/21 B. As per Residential SOP the designated Centre is skill mix of both Nurses and Social Care Staff. Social Care Staff are all trained in the administration of medication. A cohort of staffing including the PIC are trained in Peg Feed and administering medication via PEG. On days where there are no nurses, the Social Care Staff are competent and trained to provide full care to residents to meet their assessed needs. All care and support is delivered in accordance with care and support plans. Completed 11th June 2021.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff are scheduled to complete mandatory face to face refresher courses Face to face training will be dependent on current government and HSE infection control guidelines. Completion by 10/12/2021.	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A. The Provider will ensure that there will be no delay in the changing of PIC signatures in Residents Financial Accounts. The Client Money and Property policy will be reviewed to ensure appropriate processes and timeframes for transfer of signatories on residents' bank accounts is completed in good time should it be required. Completion date 16/08/2021</p> <p>B. The PIC will be the named signatory on residents' accounts since the residents are adults in the full-time care of the provider. The client money and property policy will direct the PIC to make every reasonable effort to discuss the money support plan before finalization, with the nominated family support/contact person for each resident. Completion date 16/08/2021</p> <p>C. Chart completed daily, monitoring Resident's activities and time spent supported by staff outside of the apartment. This now demonstrates that the use of restrictive practices are in place for the shortest period possible to meet the Resident's needs Completed 12/07/2021</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A. Resident requires a half door to bedroom locked at Night to ensure a good night's sleep. Trial period of 2 weeks carried out September 2018, post Inspection, where half door was removed during the Night. Resident did not sleep during this period and was unsteady on their feet from tiredness during the Day, incidents of aggressive behaviour escalated due to tiredness and agitation. Half Door is essential for sleep regulation and its removal has a severe impact on the Resident's wellbeing.</p> <p>Risk assessment and Care plan in Place and this restriction is removed when Resident wakes in the morning. Consultant Clinical Psychologist has reviewed current setting for Resident and has deemed that the resident's current placement meets their needs.</p> <p>Chart completed daily, monitoring Resident's activities and time spent supported by staff outside of the apartment. This now demonstrates that the use of restrictive practices in place for the shortest period possible to meet the Resident's needs.</p> <p>Completed 12/07/2021</p>	

- B) New furniture has been purchased for Residents rooms. Completed 19 July 2021
- C) The provider will have Designated Centre painted including the Kitchen for updated repair work Completion date 31/09/2021
- D) Gazebo gates removed. Completed 11 June 2021
- E) The Provider will have painted and removed rust on steel gates Completion date 31/09/2021
- F) Evacuation Slides - following an Inspection by an Independent Fire Consultancy Agency it is recommended that the Evacuation Slides are not removed. The provider agrees with this recommendation and Evacuation Plans will be reviewed to include the use of the Evacuation slides as a means of escape and a maintenance plan in place to ensure their upkeep Completion date 31 September 2021
- G) The Evacuation slides will be serviced and cleaned Completion date 31/09/2021

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
 This Risk Assessment is now in place. Completed 11 June 2021

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:
 The drawers in room have been cleaned out. Completed 11 June 2021

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Evacuation Slides- following an Independent Inspection, it is recommended that the Evacuation Slides are not removed. The Provider agrees with this recommendation and the Evacuation slides will be added to the Evacuation Plan and maintenance/cleaning of slides will be completed.</p> <p>Completion Date: 31/09/2021</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>A. PRN Protocol has been corrected and signed by GP. Completed 11 June 2021.</p> <p>B. Out of Date plan removed. Completed 10 June 2021.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>A. Review by Behaviour Support Specialist has occurred and the PBSP will be in place by 31st August 2021.</p> <p>B. Recording chart now in place for resident re how long the resident spends in and out of their apartment now in place. Completed 12th July 2021</p> <p>C. 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 the PIC and keyworker. Completed 12th July 2021</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 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	11/06/2021
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	26/06/2021
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	Substantially Compliant	Yellow	10/12/2021

	development programme.			
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.	Not Compliant	Orange	12/07/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	11/06/2021
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required	Substantially Compliant	Yellow	12/07/2021

	alterations to the premises of the designated centre to ensure it is accessible to all.			
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	12/07/2021
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	11/06/2021
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	Substantially Compliant	Yellow	11/06/2021

	associated infections published by the Authority.			
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/09/2021
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	11/06/2021
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	12/07/2021
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the	Substantially Compliant	Yellow	31/08/2021

	resident's challenging behaviour.			
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	12/07/2021