



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

Issued by the Chief Inspector

Name of designated centre:	Harbour Lights
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	12 August 2024
Centre ID:	OSV-0002034
Fieldwork ID:	MON-0036111

About the designated centre

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

Harbour Lights is a newly refurbished house located close to a large city in the south of the country. It is home to three people, over the age of 18 years old, who require specific support to manage a physical and/or sensory condition. The centre provides long term residential supports and is staffed 24 hours a day. Harbour Lights is located near many social and recreational amenities including local shops and services, and transport links. It is stated in the statement of purpose that the service aims to provide a person centred approach in a homely, safe environment that takes into account each resident's individual needs and aspirations.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 12 August 2024	10:45hrs to 18:45hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed and from speaking to staff and management, the three residents who received supports in this centre were offered a good quality service tailored to their individual needs and preferences. From what the inspector observed and from speaking to staff and management, the three residents who received supports in this centre were offered a good quality service tailored to their individual needs and preferences. Residents were benefiting from a much enhanced premises following works that had recently been completed. Some issues were found in relation to the review of restrictive practices and notification of incidents, and the provider had also identified that they had not fully adhered to their own policy in relation to Garda vetting of staff. However, action had been taken to address these issues.

This centre comprises a large detached bungalow located in a quiet suburb area close to a large city. The centre had recently undergone significant refurbishment works, including an extension. The inspector had an opportunity to view all parts of the centre during this inspection and to meet with all three residents and the staff members working in the centre at the time of the inspection.

The centre was bright and airy throughout with wide corridors and foot operated automatic doors in some parts of the building to make it more accessible for all of the residents. The centre was designed to be fully accessible to the residents that lived there, two of whom used wheelchairs. Residents had their own bedrooms, all with en-suite wetroom facilities. Three of these bedrooms had ceiling track hoist facilities from bedroom to bathroom. Bedrooms and wetrooms were seen to be very spacious and fully equipped with the necessary equipment and facilities for the residents that used them. A height adjustable kitchen counter had been fitted to allow all residents to use the kitchen, and there was an accessible clothes line in the patio area. There was ample storage for residents in their bedrooms and residents told the inspector that they had chosen the style and colours of the wardrobes and paintwork in their bedrooms. The inspector was told that there were plans for one resident to add a beauty counter to their room in line with their known interests.

An automated external defibrillator (AED) was located in the hallway of the centre and oxygen was also stored in a padded bag in the hallway, with signage identifying the location of this. A noticeboard in the hall provided information for residents and visitors. A communal area of the centre had been decorated with Irish flags to celebrate the Olympics and residents had the use of a televisions in a number of communal areas of the centre, as well as televisions in their bedrooms.

One resident was resting when the inspector arrived to the centre and the other two residents had already departed the centre for day services and planned activities. All residents returned to the house in the afternoon. One resident spoke with the inspector and showed the inspector around their new bedroom on the afternoon of the inspection. They spoke about their transition back into the centre from their

temporary accommodation and how much they liked their new home. Both of the other residents met with the inspector in their bedrooms at times of their own choosing. Staff facilitated communication with residents where required or preferred and it was evident that the staff working the residents were very familiar with their individual communication styles and preferences.

Residents also invited the inspector and management of the centre to have tea and cake with them and staff told the inspector that a resident had been supported to bake a cake in their new accessible kitchen the previous evening. The inspector saw that residents were familiar and comfortable with the staff and management team in the centre and that residents were supported in a relaxed and caring environment. Throughout the day the inspector observed residents being supported with activities of daily living including leaving the centre to attend planned activities and appointments, personal care and hair-care and preparing and eating and drinking snacks and meals. Care was provided in an unhurried and respectful manner and residents were supported to make choices about their everyday activities.

The inspector was also provided with three questionnaires completed by or on behalf of the residents prior to the inspection. These contained positive responses about the care and support received in the centre and the services and facilities available to them. For example one resident commented that she was "delighted with our new home" and "my bedroom is nice and spacious" and also commented "they are fantastic" when referring to the staff in the centre. This resident told the inspector that they felt safe in this centre and would be able to talk to staff or management of the centre if she was worried about anything. She also told the inspector that she was very happy in her home. Another resident also communicated with the inspector that they were very happy with their new bedroom and wetroom and liked living in the centre.

Overall, this inspection found that the enhanced facilities now available to the residents was contributing to an improved quality of life. There was evidence of good compliance with the regulations in this centre and this meant that residents were being afforded safe and person centred services that met their assessed needs. 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.

Capacity and capability

Management systems in place in this centre were ensuring that the service being provided to residents was safe and appropriate to their needs. This inspection found that overall there was good evidence of compliance with the regulations. Non compliance found in some areas in previous inspections had been addressed by the

provider. Some issues were identified in relation to the notification of incidents and written policies and procedures.

Previous inspections had highlighted some issues in relation to the layout of the centre, the lack of appropriate facilities for residents to receive visitors and storage in the centre. The provider had also identified that the centre would not be suitable to fully meet the future needs of the residents that were living in the centre. In response to this, the centre had recently undergone significant building works that had extended the premises, changed the layout and fully refurbished all areas of the centre. An additional resident bedroom had been added and a suitable room to receive visitors in private was also now available to residents. The provider had submitted applications to vary to change the footprint and the capacity of the centre to reflect these changes.

This centre provided full time supports to three adults at the time of this inspection but planned to accommodate up to four residents once the registration conditions of the centre had been varied. This was an announced inspection to inform the decision relating to these applications to vary and also a decision relating to the renewal of the registration of the centre. As this centre had been closed for a significant period since the last inspection in June 2023, the inspection was mainly focused on the six-week period since the residents had returned to the centre.

There was a clear management structure in place in the centre. A new person in charge had commenced in the centre the previous month and was present on the day of this announced inspection, along with a person participating in the management of the centre. The incoming person in charge had the required skills and experience for the role and was found to be aware of their regulatory responsibilities during this inspection. Both individuals were knowledgeable about the residents living in the centre and spoke with the inspector about how oversight was maintained in the centre and plans for this going forward.

The centre was staffed by a dedicated core staff team who were familiar to the residents and demonstrated good knowledge of their care and support needs throughout this inspection. Overall, staffing levels were in line with the statement of purpose of the centre. A staff member spoken with told the inspector that they felt supported by the management team in the centre and that they would be comfortable to raise any concerns they might have. Staff members that the inspector interacted with during the day confirmed that they felt residents were provided with a good quality service in the centre.

Overall, this inspection found that the management team had good oversight of the care and support provided to residents in the centre. As mentioned previously some notifications had not been submitted to the chief inspector as required while the centre was closed for refurbishment. Also, the provider had identified prior to this inspection that not all staff working in the centre had undergone garda vetting within the previous three years, as per their own policy. These are discussed further under the relevant judgements.

The next section of the report will reflect how the management systems in place

were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 14: Persons in charge

The registered provider had appointed a suitable person in charge. This person possessed the required qualifications, experience and skills for the role. At the time of the inspection they were seen to have the capacity to maintain good oversight of the centre and had remit over this centre only. Evidence of the person's qualifications, experience and skills was submitted and was reviewed by the inspector.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that staffing arrangements in place were appropriate to the the number and assessed needs of the residents in this centre. At the time of this inspection, there was a sufficient number and appropriate skill mix of staff to provide care and support in line with residents assessed needs. The statement of purpose for the centre set out that the staff team consisted of social care workers and care assistants. Nursing input was available to residents from the management team of the centre if required, including the person in charge. A regular core staff team worked in the centre and this provided continuity of care to residents. Some staff members told the inspector that they had worked with the residents for a number of years. This continuity of care meant that residents were being offered care and support in a manner that suited their needs and preferences and that staff in the centre had the knowledge and skills to ensure that residents were offered an appropriate and person centred service.

A planned and actual staff rota was maintained in the centre. A sample of two months actual and planned rosters was reviewed by the inspector. These records showed that adequate staffing had been maintained in the centre to ensure that residents were provided with appropriate care and support and that residents were being afforded opportunities to leave the centre and attend community based activities very regularly. Records reviewed showed that at least three staff were rostered by day and one waking night staff and one sleepover staff was rostered by night. Sometimes, four staff were on duty to facilitate additional activities or appointments. In the event of a staff absence the actual rota showed that cover was provided from within the existing staff team or by relief, or agency staff. There were some identified vacancies in the centre and the person in charge told the inspector that these were filled by agency staff that were regular and familiar with the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure present and overall there was evidence that the management of this centre were maintaining good oversight. Action had been taken by the provider to address non compliance found in previous inspections. For example, the provider had put an appropriate plan in place to address the premises issues and ensure that the premises would be suitable to meet the ongoing and future needs of the residents that lived in this centre.

This inspection found that the provider had completed these planned works to bring the centre into compliance and that these works would mean that residents in this centre were provided with high quality accommodation and facilities that would meet their assessed needs into the future.

The management structure in the centre was outlined in the statement of purpose submitted as part of the application for renewal of registration. Frontline staff report to the person in charge, who report to an adult services manager. This individual is also a named person participating in the management of the centre (PPIM). The adult services manager reports to the director of services, also a PPIM. They in turn report to a national director of services, a chief executive officer and a board of directors.

Since the previous inspection, a new person in charge had been appointed to oversee the day-to-day management of the centre. This individual had commenced the role in the weeks prior to this inspection and was met with during this inspection. They were found to be knowledgeable about the residents and their support needs and to maintain a strong presence in the centre and had good oversight of the centre. The inspector saw that since returning to the centre, efforts had been made to update and review documentation and ensure that residents' information was up-to-date.

Documentation reviewed during the inspection included resident information, the annual review, the report of the unannounced six-monthly provider visit, audit schedule, incident reports and team meeting minutes. Documentation had been updated to reflect the return of the residents to the centre. It was noted that the annual review included consultation with the residents of the centre including their views on returning to the centre. This consultation took place while the residents were temporarily residing in another designated centre but did indicate that the provider was ensuring that residents had been supported and kept informed during the building works. There was evidence that the provider was identifying issues and taking action in response to them. The most recent six monthly unannounced provider visit had taken place in July 2024 and some actions identified in these were seen to have been completed.

Written policies and procedures were in place in the centre. The provider had

identified an issue relating to the implementation of the policy in place regarding the vetting of long term staff in the centre. This will be discussed under Regulation 4: Written policies and procedures.

The inspector also spoke with the three staff working in the centre during the inspection, and interviewed one staff at length. Staff indicated that they felt well supported in the centre and were comfortable to raise any concerns they had.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was present in the centre and contained all of the information as specified in the regulations. This document was submitted as part of the application for the renewal of the registration of the centre and was reviewed prior to the inspector visiting the centre. Some minor amendments were required to ensure that this reflected accurately all of the information about the facilities provided in the centre and an updated statement of purpose was submitted by the provider.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had in place written policies and procedures in relation to the matter set out in Schedule 5. The inspector saw that they were all present in the centre and in date. The inspector reviewed the closed circuit television (CCTV) policy for the centre and also the Garda Vetting policy in place in the centre. The CCTV policy was seen to have been implemented. For example, appropriate signage was viewed to inform visitors, staff and residents that CCTV was in operation near the entrance to the centre.

The provider had not ensured that they had fully adopted and implemented their own policy in relation to the garda vetting of staff. The provider's policy in this area stated that GV should be obtained every three years for all staff. However, prior to this inspection, the provider had identified that garda vetting disclosures that were on file for some staff working in the centre had not been obtained within the previous three year period. The provider confirmed that action had been taken to rectify this and in the weeks following the inspection, the person in charge confirmed with the inspector that all of the identified staff had received up-to-date garda vetting disclosures. It is noted that all staff working in the centre had been vetted at the commencement of their employment and evidence was provided to the

inspector of this.
Judgment: Substantially compliant
Regulation 31: Notification of incidents
<p>Not all incidents had been reported as required by the person in charge to the Chief Inspector. No quarterly notifications or nil returns had been submitted in respect of the third quarter and fourth quarter of 2023 and the first quarter of 2024. It is acknowledged that the centre was undergoing building during that time and the residents were not present.</p>
Judgment: Not compliant
Quality and safety
<p>Safe and good quality supports were provided to the three residents that availed of residential services in this centre. The wellbeing and welfare of residents in this centre was maintained by a very good standard of care and support, provided by a consistent and committed core staff team. Overall, a high level of compliance with the regulations was found during this inspection. Some ongoing non compliance was noted in relation to the review of restrictive practices but it is acknowledged that there was a plan in place to address this, and this will be discussed further under Regulation 7: Positive behaviour support.</p> <p>Residents were benefitting from an enhanced, newly refurbished premises that was designed and built to a high standard and was suitable to meet their ongoing and future needs. Residents now had appropriate facilities for visiting in the centre and previous issues identified with storage in the centre had been addressed.</p> <p>Fire safety systems had been updated in the centre also, and it was seen that the measures in place would provide good protection to residents in the event of an outbreak of fire in the centre. Most of the hoist equipment in use was seen to have been recently fitted. A manual hoist was kept in the centre for use in the event that there was a problem with the overhead hoists. There was a schedule in place to ensure that this was charged regularly and staff were familiar with this schedule. However, this hoist was overdue a service since December 2023. The inspector brought this to the attention of the management of the centre and this was addressed immediately. The person in charge confirmed on the day following the inspection that this hoist had been serviced.</p> <p>One room, an office, was noted to be very warm during the inspection and the inspector was told that this was due to it's location beside a mechanical room. This</p>

was not impacting on residents, who did not use this space. The management of the centre confirmed that this issue had been escalated and action was planned to address it.

Residents had individualised plans in place and these were seen to be overall up-to-date and provide good guidance for staff to ensure that residents were appropriately supported. Residents were observed to be active in their community and had suitable transport available to them to attend day services, leisure activities and healthcare appointments. Residents and the staff working with residents told the inspector that they were very happy with their newly refurbished home. Residents were offered choices and where supports were required in the areas of personal care and feeding, eating or drinking, this was provided in a respectful and dignified manner.

Regulation 11: Visits

Previous inspections of this centre had found that there was no separate facilities for residents to meet visitors in private except for their bedrooms. This inspection found that the registered provider was facilitating each resident to receive visitors in accordance with the resident's wishes. The person in charge had ensured that, as far as reasonably practicable, residents are free to receive visitors without restriction and that suitable communal facilities are available to receive visitors, and, a suitable private area, which is not the resident's room, is available to a resident in which to receive a visitor if required. The inspector saw that following the building works completed, the centre now had a dedicated visitor's room, situated in a convenient location close to the front entrance, for residents to receive visitors if they wished. This was appropriately furnished with seating and a television and was a comfortable space for residents to receive visitors. The communal areas of the centre were spacious and homely and would also provide for visits if residents desired. Residents had been supported to receive visitors since returning to their home. Family members and friends had visited to see their newly renovated home and residents were clearly proud to have been able to show their home and new bedrooms and facilities to their visitors. The inspector saw documentation such as visiting records and resident notes indicating that these visits had taken place. Residents and staff also spoke with the inspector about having visitors in the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to ample storage for their personal belongings. They had large fitted wardrobes in their bedrooms and there was ample space to store mobility equipment and personal effects in the house. Residents had access to laundry

facilities, including an accessible clothes line.

The person in charge was ensuring that residents were supported to manage their finances and there were appropriate safeguards in place to protect the resident's monies. One resident told the inspector that she managed her own money and used her own bank card and that staff helped her with this if she wished. A risk had been identified in relation to a residents' management of their finances. This was seen to be documented and during a review of residents information, the inspector saw that there was ample evidence of consultation and discussion with the resident about this and that this risk was being managed without impinging on the rights of the individual.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. It was of a suitable size and layout to meet the needs of the residents that lived in this centre and was seen to be very well maintained. Since the previous inspection, the premises had undergone significant upgrading and extension works and was seen to now provide a very high standard of accommodation.

A walk around of the premises was completed by the inspector. Resident bedrooms and living areas were seen to be decorated in a manner that reflected the individual preferences of residents. The centre was observed to be very clean throughout on the day of the inspection and communal areas were seen to be homely and welcoming. Bedrooms and wet-rooms were very spacious and fully equipped with the necessary equipment and facilities for the residents that used them. The centre was seen to be accessible to the residents that lived there. For example, all areas of the centre were accessible by wheelchair, there were wide corridors, large wetrooms and a height adjustable kitchen counter had been fitted to allow all residents to use the kitchen. There was suitable accessible outdoor areas available for the use of residents. Residents had access to suitable storage, laundry and waste facilities. A new heating system had been installed and the centre was comfortably ventilated on the day of the inspection. Some issues had been identified in relation to the heat management in a plant room but this was being addressed at the time of the inspection and was not impacting on residents.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Residents had moved out of this centre for a ten month period to allow for renovation and extension works to be completed. The current and previous person in charge had ensured that residents had received support as they transitioned between residential services for the renovation works that had been completed in this centre. Residents were informed about and consulted with about planned transitions. There was some evidence that some documentation in place had not been updated to reflect the temporary change in centre. However, at the time of this inspection, residents and staff did not report any impact in relation to that issue and the at the time of this inspection the documentation in place correctly identified the residents current centre

The inspector reviewed a transition folder that set out the details of the residents' transition into this centre. While this was brief it did set out the steps taken to support residents during both transitions. A resident also spoke with the inspector about the move from and back into the centre. Also the current and future needs of residents was considered when works were completed in the centre. For example, residents now had access to larger bedrooms and fully-fitted wet rooms and overhead hoists had been provided in all bedrooms.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place in this centre at the time of this inspection and that adequate precautions were taken against the risk of fire. Arrangements were in place for maintaining fire equipment and reviewing and testing fire equipment. Appropriate containment measures were in place. The registered provider had ensured, by means of fire drills, that staff and residents were aware of the procedure to be followed in the case of fire.

Fire safety systems such as emergency lighting, fire alarms, a fire panel, fire extinguishers, break glass units and fire doors were present and observed as operating on the day of the inspection by the inspector during the walk-around of the centre. Fire safety systems were reviewed by the inspector during the inspection. Labels on the fire-fighting equipment such as fire extinguishers identified when they were next due servicing and records viewed showed that appropriate commissioning and checks by a fire safety company were completed prior to residents occupying the centre. Automatic closures were not installed in two rooms at the time of the inspection and the provider notified the inspector following the inspection that these had been since installed.

There were plans in place to evacuate residents in the event of an outbreak of fire. Fire evacuation drill records were reviewed from when the residents had returned to the centre. These showed that a number of fire drills had taken place, including a drill that simulated the staffing levels at night. All residents had appropriate personal

emergency evacuation plans in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that appropriate assessments were completed of the health, personal and social care needs of each resident and that the centre was suitable for the purposes of meeting the needs of each resident. The enhancements to the centre observed during this inspection meant that the premises was suited to the ongoing and future needs of residents.

The inspector reviewed two residents' files during this inspection. Plans in place had been carried forward throughout both transitions away from and into the centre. Annual assessments of need had been completed and were seen to have been updated and reviewed when residents were seen by an allied health professional. Plans in place for residents contained relevant guidance for staff about the assessed needs of residents and these were being updated as required to reflect any change in circumstances. This meant that the care and support offered to residents was evidence based and person centred.

The registered provider was ensuring that arrangements were in place in the centre to meet the assessed needs of the residents using the centre. Resident and staff ratios were appropriate to ensure a safe service could be provided to all residents, and staffing levels were considered based on the assessed needs of each resident and were seen to be appropriate to meet the needs of residents.

The inspector saw that individualised plans were in place for all residents. A sample of three personal plans were reviewed in detail during the inspection. Plans were in place that reflected residents' assessed needs and these were being appropriately reviewed and updated to reflect changing circumstances and support needs. There was evidence that residents had been supported to set and achieve goals as part of the person centred planning process in the previous year and there was evidence of progression, completion and ongoing review of goals. Goals were identified based on residents' assessed needs and preferences. For example, one resident had a goal to book a holiday in Centreparks and had set goals to attend specific concerts and shows.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were some rights restrictions in place in the centre such as the use of an

audio monitor and bedrails. All restrictions in place were for the purposes of safeguarding residents from harm and there was a rationale for all identified restrictions. The previous inspection had found that restrictions in place had not been reviewed by an appropriate multi-disciplinary team in line with best practice. During this inspection, the inspector was told these restrictions were due for review by a restrictive practice committee consisting of an occupational therapist, physiotherapist and the person in charge. This committee had only recently been reintroduced due to vacancies within the providers' multi-disciplinary team. The inspector reviewed records relating to these restrictions and saw that in the interim they had been reviewed by the management of the centre and appropriate risk assessments and other documentation was in place to support the use of these restrictions. During a review of resident files the inspector also saw that a resident had previously been consulted with in relation to the use of an audio monitor during a keyworker meeting.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The evidence found on this inspection indicated that residents' rights were respected in this centre. Residents were seen to have freedom to exercise choice and control in their daily lives and to be encouraged to participate in decisions about their own care and support. Residents were afforded privacy in their own personal spaces and staff were observed to interact with residents in a dignified and supportive manner. For example, staff were seen to consult with residents about their preferences, to knock before entering bedrooms, and to provide support with personal care and eating and drinking in a dignified and relaxed manner.

Residents were being consulted with in the centre about the running of the centre and issues that were important to them. Residents meetings were documented to have occurred since the residents returned to the centre. The inspector reviewed this documentation and saw that it showed that residents were being consulted about various issues such as menu planning, fire safety, activities and the furnishings in their new home. It was seen that some concerns raised by the residents during these meetings such as some issues regarding their televisions. The person in charge told the inspector about these issues, which were related to an external provider, and the steps that had been taken to address this.

The inspector also reviewed some evidence such as keyworking minutes and transition plans that showed that residents had been consulted with about their transfer from the centre and back into this centre and that the transition was in line with their wishes. For example, one resident had, for a period indicated that they wished to explore the option to remain living in the centre that they had transferred to during the building works. This was explored with the resident who subsequently decided to return to the original designated centre. This resident spoke with the inspector about this and about how she was very happy in the centre since her

return and was happy with this decision.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Harbour Lights OSV-0002034

Inspection ID: MON-0036111

Date of inspection: 12/08/2024

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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Updated Garda vetting disclosures received for the relevant staff and the PIC informed the inspector in writing of this. Same was documented in the report. To prevent this occurring again, regular auditing of the Schedule 2 files will be done by the PIC, to ensure Garda vetting is always in date for all staff. All staff are compliant with Garda Vetting.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: During the period of building works on this centre the residents were accommodated in another designated centre. All notifiable events relating to these residents were submitted via this designated centre for the duration. The Provider recognises the requirement to submit nil returns even in instances where a designated centre is unoccupied and will ensure that this takes place going forward.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The previous PIC, a Social Care Worker and both the Enable Ireland Occupational Therapist and Physiotherapist had met on 01/07/2024, to review the restrictive practices in place for the residents. The date on the front of the Restrictive Intervention protocol stated 12/07/23 recorded in error, but this has now been rectified to reflect 2024 records.	

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 31(4)	Where no incidents which require to be notified under (1), (2) or (3) have taken place, the registered provider shall notify the chief inspector of this fact on a six monthly basis.	Not Compliant	Orange	04/11/2024
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	04/11/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based	Substantially Compliant	Yellow	04/11/2024

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