Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	The Children's Sunshine Home (operating as LauraLynn Children's Hospice)
Name of provider:	The Children's Sunshine Home
Address of centre:	Dublin 18
Type of inspection:	Announced
Date of inspection:	03 July 2024
Centre ID:	OSV-0003282
Fieldwork ID:	MON-0035774

About the designated centre

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

The Children's Sunshine Home is a voluntary health care organisation which provides respite care to children and residential care to adults with complex health needs. The service operates on a 24 hour 7 day a week basis, ensuring residents are supported by nursing staff at all times. The centre provides residential services to six adults and respite care for up to five children (at any one time). The centre is staffed with nurses, health-care assistants and a recreational and activities coordinator. The centre comprises of two units, one for children and one for adults. There is a restaurant and activity rooms on site. There are three playgrounds available on the grounds, two of which have been adapted and made accessible for people with physical disabilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 3 July 2024	10:30hrs to 18:00hrs	Jennifer Deasy	Lead
Wednesday 3 July 2024	10:30hrs to 18:00hrs	Karen McLaughlin	Support

What residents told us and what inspectors observed

This inspection was an announced inspection scheduled to inform decision making in respect of an application made by the provider to renew the centre's certificate of registration. Two inspectors completed the inspection over the course of one day. Inspectors used conversations with family members and the staff team, observations of care and support and a review of documentation to inform judgments on the quality and safety of care. Overall, inspectors saw that residents were in receipt of a good standard of care. There were improvements required to some aspects of the service in relation to the premises of the adult house and the oversight of restrictive practices.

The designated centre is located in a busy suburb of Dublin and is comprised of two houses. The houses are situated on a campus with well-maintained grounds. One house provides respite support to children with complex health needs. The other house provides supports to adult residents with intellectual and physical disabilities. Inspectors visited both of the houses and had the opportunity to meet many of the residents. Several family members also met with the inspectors and gave feedback through residents' questionnaires, video calls and in-person meetings.

Inspectors completed a walk around of both of the houses with the person in charge and the clinical nurse managers. Inspectors saw that the children's respite house was bright and was designed in a manner suitable to meet the assessed needs of the children who accessed breaks there. Children had access to their own individual bedrooms, a sensory room, bathroom and sitting room with kitchenette. The house was decorated in a child-friendly manner and children had access to playgrounds and gardens for recreation.

The adult residential house had recently been painted internally and a new garden had been developed outside. One resident was seen sitting in their bedroom in the afternoon of the inspection and appeared to be listening to the wind chimes in the garden through their open bedroom window. Residents in this house did not have access to cooking facilities however, inspectors were told that there were plans to install a new kitchen in the centre in the coming weeks. Staff spoke positively regarding the impact that this would have on the quality of life and the everyday experiences of having meals prepared in their home. A staff member told an inspector of how they expected that the new kitchen facilities would provide enhanced choices to residents and enable staff to assist residents with their meals in a more person-centred manner.

The provider had endeavoured to make the living arrangements for the adult residents as homely and personalised as possible throughout. There were adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their tastes and preferences. Despite these arrangements by the provider, the centre presented overall as institutional in aesthetic and design. For example, the adult residential house shared their entryway with staff who were

accessing administration offices and the staff canteen, and part of the footprint of their premises included administration offices.

The inspectors met with four family members of residents from the adult house. These family members each spoke very positively regarding the quality of care in the centre. Family members told inspectors that their loved ones had lived in the centre for many years and that the adults had grown up together. Family members told the inspectors that they considered the adults who were living together a family unit. They said that their loved ones were very well looked after, were safe and were familiar with the staff team. They described how the residents had a good quality of life and were supported to attend day services and a range of personally motivating activities such as horse riding, swimming, massages and music.

The provider had outlined in a compliance plan response, submitted subsequent to the last inspection of the centre, that they planned to transition adult residents to another service provider. This plan was in progress at the time of inspection. Most of the family members expressed concerns about this transition plan. Family members felt that this would cause distress to the residents at being separated from familiar peers and staff. Family members also communicated that they were worried that the residents would not be safe or as well cared for as they currently are in this designated centre. A resident questionnaire received by a family member of one of the adult residents communicated a similar message to the inspectors.

A parent of a child who was in respite on the day of the inspection spoke to one of the inspectors over the phone. She said that her family were very happy with the care provided to her child during his stay in the centre, that she receives good communication and visits are well-planned.

Inspectors spoke with the person in charge and some members of staff on duty on the day of inspection. They all spoke about the residents warmly and respectfully, and demonstrated a rich understanding of the residents' assessed needs and personalities and demonstrated a commitment to ensuring a safe service for them. Staff in this centre had received additional training in human rights and in respect of the assisted decision-making and capacity act. Inspectors were told that residents had access to advocacy services and had been appointed independent advocates to ensure that their views in respect of the transition plans were considered and their rights were upheld.

Residents were observed receiving a good-quality service that was meeting their assessed needs. In the adult service, the inspectors observed residents coming and going from their home during the day. Staff were observed to interact with residents in a manner which supported their assessed communication and behaviour support needs.

Inspectors had the chance to meet some of the adult residents. Two residents were participating in an art based activity when they met with one of the inspectors. Staff supported residents in their communication and told the inspector how one of the residents had recently displayed his artwork in a gallery. Later in the day, the resident was supported by staff to show the inspector his bedroom. The room was

nicely laid out and contained an abundance of photographs of the resident engaging in activities with family and friends. There was also memorabilia and items of interest on display in the room such as a wrestling belt and figurines and some of the residents artwork.

One of the inspectors also met with two of the children in the respite service, one of the children was engaging in a music activity with a staff member and the other was relaxing watching cartoons on the television. Both residents appeared happy to be here on a respite break and were laughing and smiling throughout the interaction.

Overall, inspectors saw that the provider was endeavouring to provide person-centred and rights-informed care to the children respite users and adults in the residential house. However, the design and layout of the adult residential house was not in line with best practice in upholding residents' rights as the adults did not have access to cooking facilities and there were a number of administration offices located within the footprint of their home. There were also improvements required to the oversight of adult residents' finances and restrictive practices. This will be discussed further in the quality and safety section of the report.

The next two sections of the report outline the governance and management arrangements and how effective these were in ensuring the quality and safety of care.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

Overall, inspectors found that there were systems and structures in place to assist the provider in having oversight of the quality of care and, that there were suitably skilled and qualified staff available to meet the assessed needs of the residents. However, improvements were required to ensure that action plans arising from audits comprehensively addressed presenting risks. A review of the staffing skill mix was also required to ensure that there were staff rostered on with the necessary skills to support residents in accessing their community and activities in line with their preferences and needs.

The staffing arrangements in the centre ensured that regular and consistent staff were available to the residents which was supporting continuity of care. Kind and caring interactions were observed between residents and staff throughout the day. Rosters showed that generally staffing levels were in line with the statement of purpose and were adequate to meet the number and assessed needs of residents. However, inspectors saw documented incidents where adult residents' personal

goals and activities could not be achieved due to the allocated number of staffing or the skill mix of those staff on particular days.

The provider had in place a series of audits, as required by the regulations, to support oversight of the quality and safety of care. Improvements were required to aspects of these audits to ensure that the action plans arising from them were clear, specific, measurable and allocated to responsible individuals. Additionally, enhancement was required to ensure that the views of all residents and their representatives, including family members or advocates, were reflected in the annual review of the quality and safety of care.

The provider had submitted an application to renew the centre's certificate of registration for the designated centre. All of the prescribed information was received on time and the inspector saw that the provider had effected insurance to cover risk of injury to residents. The provider also had in place a complaints policy and procedure which was available for review in the designated centre. There were no open complaints at the time of inspection and family members spoken with were very complimentary of the care provided.

Registration Regulation 5: Application for registration or renewal of registration

An application to renew the centre's certificate of registration was made within the required time frame and the appropriate fee was paid. All prescribed information required to accompany the application was submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a suitably qualified and experienced person in charge to oversee the designated centre. They had been in their role for many years and had a clear understanding of the service needs. There were systems in place to support the person in charge in fulfilling their regulatory responsibilities and ensuring the quality of care on a day-to-day basis in the two houses which comprised the designated centre. For example, clinical nurse managers were appointed for each of the houses. They had defined duties and reported to the person in charge regarding risks or service needs.

Judgment: Compliant

Regulation 15: Staffing

Planned and actual rosters were maintained in the centre which demonstrated that staffing levels were consistent with the statement of purpose. The inspector reviewed both the planned and actual rosters from May and June 2024 and found that these reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts. There were some gaps in the roster due to unplanned leave of staff which were covered using regular relief and agency staff in both houses.

However, while the roster indicated that staffing levels were appropriate, inspectors were told by staff that, on occasion, the skill mix and number of staff was ineffective in ensuring that residents could be supported to engage in community activities. Inspectors saw that it was recorded on two occasions in recent months where residents had not been able to avail of their preferred activities due to the staffing arrangements. On one occasion, in May 2024, there were insufficient staff on duty to facilitate the activity, and on another, in June 2024, there was a lack of staff who were qualified to drive the service's transport vehicles in order to access the activity.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

All staff had completed mandatory training including fire safety, safeguarding, manual handling and infection prevention control (IPC). Refresher training was available as required to ensure that adequate training levels were maintained. This was being effective in ensuring that staff had the required skills to ensure the safe delivery of care to the residents.

Staff had also received additional training in areas including strengthening rights and in the assisted decision making and capacity act. The inspector was told that these were discussed at staff meetings and staff explored how they were ensuring that residents' human rights were being upheld on a daily basis.

Judgment: Compliant

Regulation 22: Insurance

The provider had effected a contract of insurance against injury to residents and had submitted a copy of this to the Chief Inspector with their application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management systems in place in the centre. The staff team reported to clinical nurse managers who, in turn, reported to the person in charge. Staff spoken with were informed of the managements arrangements and of how to escalate risk to the provider level.

The provider had completed six monthly unannounced visits of both of the houses which comprised the designated centre. These six monthly audits were comprehensive in scope and reviewed many aspects of the service delivery including, for example, restrictive practices, staffing, safeguarding and adverse incidents. However, improvements were required to ensure that issues identified from these audits resulted in SMART actions being implemented to address them. For example, on the six monthly audit from May 2024, it was identified that a restrictive practice assessment for one resident had not been updated since 2020. However, there was no specific or time-bound action set out to address this risk. This audit also identified issues with the management of residents' finances and personal possessions. The action put in place to address this was not specific and was allocated to "all staff" rather than to a specific individual who had responsibility to ensure that these risks were addressed.

The provider had also completed an annual review of the quality and safety of care for both of the houses. The families of children who accessed the respite centre had been consulted with regarding their views on the service provided however the families of residents in the adult service had not been consulted with. It was therefore not evident that this report accurately reflected the views of the residents' who used the service or their representatives.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had a policy in place for the management of complaints along with a standard operating procedure. The complaints procedure was available in the designated centre. The policy had been reviewed and updated within the past three years in line with the requirements of the regulations. There were no open complaints in the centre at the time of the inspection. The inspectors heard compliments from family members met with on inspection regarding the quality of care provided in both the adult and children's centres. For example, family members

told the inspectors that they were "really happy with service" and that there was "good communication".

Judgment: Compliant

Quality and safety

This section of the report details the quality of the service and how safe it was for the residents who lived there. Overall, inspectors found that there were improvements required to aspects of the care and support provided in this centre. In particular, in relation to the adult service, improvements were required in respect of the management of residents' finances, the oversight of restrictive practices and the facilities provided for in the house.

The premises of both the children's respite and the adult residential services were both very clean and appeared well-maintained. The inspectors saw that there were adequate fire risk management systems in place including fire detection systems and equipment to contain and extinguish fires.

However, the adults' service presented with a number of issues, which had been identified on the previous inspection of the centre. These included the lack of cooking facilities, an inaccessible bathroom and a shared front door and shared footprint of their home with administration offices. This was presenting an institutional aesthetic to the service. The inspectors did note that the provider had progressed with many of their previously set out actions to address these issues. Including, for example, installing an accessible garden and painting the interior of the main living space. Additionally, inspectors were told that a kitchen was due to be fitted in the coming weeks to the adult house.

The oversight of residents' finances and of restrictive practices also required review in the adult service. Inspectors saw that the provider's policy in respect of the management of residents' finances and possessions was not wholly implemented and this posed a risk to the safeguarding of residents' finances. This is detailed further under regulation 12. The implementation of restrictive practices was found to not be in line with national policy and best practice. Not all restrictive practices were documented as such and it was not evidenced that these had been implemented for as short a duration as possible or that they were the least restrictive.

A residents' guide was available in both the adult and children's services. These contained much of the information as required by the regulations however they were written for families of residents and were not accessible to the residents. This required review to ensure that residents could access important information relating to their services.

Residents each had an individual assessment which was reviewed on an annual basis and informed care plans to guide staff in meeting residents' assessed needs.

Individual assessments were reviewed by staff, the residents' family members and multi-disciplinary team members.

However, in recent years, due to a resourcing issue, not all aspects of the individual assessment had been reviewed by the relevant allied health care professional. The provider had recently recruited and privately contracted in these team members in order to inform and update the individual assessments although there remained a gap in the provision of physiotherapy to residents.

Regulation 12: Personal possessions

The provider had implemented a procedure for the management of residents' personal cash, debit cards and funds. This procedure was reviewed by the inspectors and was seen to provide clear detail to staff on the procedure for managing and safekeeping of residents' personal money. However, the inspectors found two incidents where this policy had not been implemented by staff. On one occasion, staff had brought a resident's card away from the designated centre on a trip overnight with other residents while the resident concerned had remained in the designated centre.

The inspectors were told that the resident's card was brought away to purchase a gift on their behalf for a family member. A staff member had signed the card out however it had not been signed by two staff in line with the policy and had not been notified to the clinical nurse manager.

The impact of this was that the resident's personal funds were not available to them over a two day period in order for them to go on personal activities or purchase their own items. The clinical nurse manager had mitigated against this by providing the resident with petty cash for use which allowed them to access their activities. While the impact on the resident was therefore minimised, improvements were required to ensure that policies were implemented and that there were procedures in place to ensure that residents' consent to the use of their debit cards was recorded.

The provider's policy also stated that any loss of funds was to be escalated to senior management, the finance department and to HIQA for notification. However while senior managers were aware of the incident, this appeared to have been managed locally and no notification was received by the regulator in respect of this incident.

The inspectors also saw, on a review of the six monthly audit of the adult residential house completed on 19 June 2024, that there had been another incident whereby a resident had purchased a mobile phone and this had not been recorded on their possessions list as per the provider's policy.

Overall, the management of residents' finances required review to ensure that these were managed in line with the provider's policy and that residents' personal funds were safeguarded.

Judgment: Substantially compliant

Regulation 17: Premises

The designated centre was seen to be very clean and was suitably decorated. The children's respite house was designed and laid out to meet the needs of the residents. Residents in this house had access to individual bedrooms, a sensory room, accessible bathroom and living room. The premises was decorated in a child-friendly manner and children had access to facilities for play inside the house as well as outside in accessible playgrounds.

The adult residential house continued to require improvements to aspects of the premises. The inspectors saw that residents' bedrooms were clean and were personalised. Since the last inspection the provider had painted the interior of the adult house and had installed an accessible garden.

Residents had access to a shared dining room however they did not have cooking facilities at the time of inspection. The impact of this was that residents were unable to prepare food in their own home and experience everyday meal preparation. A small fridge was available which contained yoghurts and staff told the inspectors of how residents could be offered choices of yoghurts and snacks.

However, residents were not involved in grocery shopping or planning the menu for the centre as their meals were prepared by a chef in a centralised kitchen. The centralised kitchen was open until 18:30 each day but meals could not be prepared later than this as the kitchen was closed. These arrangements were limiting residents' choices in respect of choosing their meals and their meal times.

The inspectors were told that a new kitchen was to be installed in the coming weeks. Staff spoke to the inspectors of the expected positive impact of this kitchen for the residents. Staff anticipated that they would be able to provide more choice in respect of meals and that the new facilities would also allow for assistance to be given to residents during their meals in a more person-centred and dignified manner.

Residents had access to a large accessible bathroom which was clean and well-maintained. However, a second bathroom as detailed on the floor plan of the centre was inaccessible to residents. This was due to the inability to safely use a hoist with the low ceiling height in that bathroom. This did not appear to be impacting on the quality or safety of care for the residents as they had access to a large, accessible bathroom close to their bedrooms.

The main living area of the adults' house was located away from the administration offices. However, the footprint of the designated centre encompassed offices which were not required for use by the residents. The residents also shared their entrance with staff coming and going from the canteen and from their offices. This was presenting an institutional aesthetic to the designated centre.

Judgment: Not compliant

Regulation 20: Information for residents

A residents' guide was submitted with the application to renew the centre's certificate of registration. This was reviewed by the inspectors on the day of inspection. While the resident's guide contained the information as required by the regulations, it was not in a format which was accessible to the residents. Additionally, the information on the involvement of adult residents in the running of the centre required review to ensure that it was in line with current legislation and best practice.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fighting equipment.

For example, the inspectors observed fire and smoke detection systems, emergency lighting and firefighting equipment throughout the centre. The fire panel was addressable and the inspectors tested the self-closing mechanisms on a number of fire doors, including bedroom doors, which were seen to close properly in order to contain smoke or fire.

Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

The inspectors reviewed fire safety records, including fire drill details and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed two of the residents' files from the adult service which contained their individual assessments and care plans. The inspectors saw that these had been recently reviewed and updated. However, due to a resourcing issue, the individual assessment had not been reviewed by some of the required multi-disciplinary professions in the past 12 months.

Residents in this centre presented with assessed needs which required support from allied health professionals. The inspectors saw, and were told, that the provider had been unable to provide some of these supports in recent years including occupational therapy and physiotherapy. For this reason, some of the residents' care plans relating to these assessed needs were out of date. While these had been updated by keyworkers on a regular basis, the review had not been informed by the relevant allied health professional.

The inspectors were told that a speech and language therapist had recently commenced in the centre and that they were in the process of reviewing and updating residents' communication care plans. The provider also stated that they had recently privately contracted an occupational therapist and a psychologist to update residents' individual assessments and care plans and provide guidance to staff in meeting these assessed needs.

However, the provider did not have access to physiotherapy as required by residents' individual assessments. The inspectors were told that the provider was endeavouring to recruit for this post at the time of inspection.

The residents' care plans which were reviewed contained information on their personal preferences regarding the delivery of care and support and guided staff on how to ensure that residents' privacy and dignity was maintained in respect of their personal care. Care plans were available for each assessed need including, for example, in areas such as oral hygiene, feeding, eating, drinking and swallowing (FEDS) and intimate care.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

A record of restrictive practices in place was maintained, however this record required enhancement to ensure that it accurately reflected all of the restrictive practices. Additionally, further detail was required on this record in order to inform a review of the restrictive practices and to provide assurances that they were the least restrictive and that they were implemented for the shortest duration possible.

The inspectors were told that nightly checks were completed with the residents. This practice had been recently reviewed and amended, so that nightly checks were now occurring every four hours rather than every 15 minutes. However the rationale for these nightly checks was not established. Staff told the inspector that, although residents communicated through non-verbal means, they could vocalise and waking night staff would be able to attend to residents in a timely manner if they required support by night. Staff spoken with were aware of the potential impact of nightly checks on residents' privacy however they remained in place at the time of inspection.

Another resident was prescribed a face mask at times due to a behaviour which posed a risk. Inspectors reviewed the restrictive practices log and saw that this practice had been required on two occasions since February 2024. However, the detail in the restrictive practices log was insufficient to inform a review of the practice. For example, there was a lack of information on the context of the situation which prompted the requirement for the restrictive practice to be implemented. Additionally, there was a lack of documentation regarding other less restrictive measures which had been trialled. The inspector was told by staff that other measures had been trialled previously but these were ineffective, however without documentation this could not be verified.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
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	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant

Compliance Plan for The Children's Sunshine Home (operating as LauraLynn Children's Hospice) OSV-0003282

Inspection ID: MON-0035774

Date of inspection: 03/07/2024

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: - 1:1 meetings were completed with staff between February – June 2024 to outline requirements to support residents in accessing activities, any obstacles arising plans, developed to support the staff member in fulfilling their role, i.e. if staff not confident to drive service vehicles to use public transport when supporting residents to access community. This has resulted in an increase in support for activities such as swimming and an increase in staff driving service vehicles. - Further training including SRV and FREDA principles for staff and competency development on supporting people to live enriched lives ongoing. - Staff Annual Education Day scheduled for 09/11/2024 and will include a morning's education and awareness session on how to support people with a rights-based approach. - Workforce plan established, and recruitment reviewed monthly in consultation with HR department. - The Clinical Nurse Managers monitor rosters daily to ensure staffing is adequate to meet needs. - Rostering Procedure including pathway for managing unexpected vacancies reviewed, updated and recirculated to staff on 22/07/2024. - All Job descriptions reviewed in June 2024 and now include the need for full driver's license. - On the job orientation to use of service vehicles, including clamping training provided. - Any occasions where a resident cannot access community / events are reported through the services Residents Rights Committee and Risk Management system and remedial plans implemented, this has included • Completing Risk Assessments and implementing actions to mitigate • Trialing different methods of transport with resident(s) and staff members - After a successful recruitment campaign, a 0.5 WTE Recreation Support Worker commenced post on 02/09/2024, the service now has 1.5 WTE Recreation Support	

workers supernumerary to the care team to support residents' social opportunities.
- Recruitment campaign to fill existing Staff Nurse vacancy is ongoing, relief and agency staff employed to fill vacancy.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
- Undertake a review of the last Service Providers unannounced inspection report and compliance plans to ensure SMART action plans are in place to address shortfalls and reviews are completed – 27/09/2024.
Consultation with families of people living in the service on their views of the quality and safety of care will be conducted in November 2024.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
- Incidents reported through the Risk Management system have been addressed and areas for improvement implemented.
- A review of the Services Procedure for Managing Residents/Children's Personal Cash, Personal Possessions, Personal Debit Cards, Petty Cash and Restricted Funds for the Disability Residential Services, commenced prior to inspection, is in final consultation phase.
- All staff will be orientated to the updated procedure through team meetings and emails, all staff will sign off to verify that they have read and understand the procedure.
- Safeguarding people's personal finances and possessions is an agenda item on team meetings.
- The Director of Nursing leads on supporting residents to access their social welfare benefits and allowances, engagement is ongoing with the HSE and department of Social Welfare.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: - The Kitchen upgrades in adult residential house are completed. - Enhanced HACCP training commenced to support all staff in maintaining compliance in the use of Air Fryer – training delivered to staff as and when on duty - Review of process for purchasing and preparing meals in the new kitchen considering EHO recommendations – completed by end October 2024 - The Transforming Lives project, with a timeline of end 2025, is focusing on supporting the 6 residents to transition to an alternative specialist service provider that can better meet their rights, needs and preferences. A HSE decongregation Steering Group was established to support this happening.	
Regulation 20: Information for residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 20: Information for residents: - Multi-Disciplinary Assessments commenced in July 2024 for each resident, these assessments include Psychology, Occupational Therapy and Speech and Language therapy and will inform each individuals capacity and how to make information accessible in a meaningful way for each resident. - Development of a Residents Guide in an accessible format has commenced post consultation with other service providers. - It is acknowledged that further work will be required of the residents guide once the Multi-Disciplinary Assessments are completed to support each resident access same.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: - Multi-Disciplinary Team (MDT) Assessments commenced in July 2024 for each resident, these assessments include Psychology, Occupational Therapy and Speech and Language therapy and will enhance each resident's care plan. - The MDT assessments process occurs 1 day per week, with an expected timeframe for completion of 3 months. - Nursing team have completed a review of all care plans and updated as required. - Recruitment for physiotherapist for assessments is included in the Human Resources recruitment schedule, and due to be re advertised mid-August 2024.	

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
- The services Clinical Risk Assessments group has included a review of the Restrictive Practice Policy and Assessments in its work plan.
- A working group established to review the Restrictive Practice Policy has commenced review considering HSE Preventing the Need for Restrictions Guiding Principles and HIQA Guidance on promoting a care environment that is free from restrictive practice Disability Services
- Individuals Restrictive Practices log and assessments will be reviewed once the updated policy is completed.
- A review of nightly checks completed considering each person's individual needs, and actions implemented resulting in a reduction of nightly checks.
- Review of the restrictive practice risk assessment for use of a face mask for one resident has commenced.

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	30/11/2024
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	02/09/2024
Regulation 17(7)	The registered provider shall	Not Compliant	Orange	31/12/2025

	make provision for the matters set out in Schedule 6.			
Regulation 20(1)	The registered provider shall prepare a guide in respect of the designated centre and ensure that a copy is provided to each resident.	Substantially Compliant	Yellow	27/09/2024
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/11/2024
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	30/11/2024
Regulation 05(6)(a)	The person in charge shall ensure that the	Substantially Compliant	Yellow	31/10/2024

	personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	22/11/2024