



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

Issued by the Chief Inspector

Name of designated centre:	Aubrey Respite
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	15 February 2023
Centre ID:	OSV-0007795
Fieldwork ID:	MON-0029775

About the designated centre

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

Aubrey Respite is a designated centre operated by Sunbeam House Services located in South County Dublin. It provides a respite service for adults with an intellectual disability. The maximum amount of residents who can avail of a respite break at any one time is three. The centre is a two-storey house which consists of a sitting room, kitchen/dining area, three individual resident bedrooms, a shared bathroom and a staff room. It is located close to community amenities including banks, restaurants and shops. The centre is staffed by the person in charge, deputy manager, care assistants, and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
--	---

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 15 February 2023	09:10hrs to 16:45hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

In line with public health guidance, the inspector wore a face mask during the inspection and maintained physical distancing as much as possible during interactions with residents and staff.

The centre comprised a two-storey building in a busy Dublin suburb. The centre was very close to many amenities and services including shops, pubs, cafés, parks, and public transport. The person in charge and deputy manager accompanied the inspector on a thorough walk-around of the centre. The centre was clean, well maintained, bright, homely, and nicely decorated and furnished. It was found to be appropriate to the assessed needs and number of residents.

The three resident bedrooms were nicely decorated in a gender neutral and age appropriate style. One of the bedrooms had an en-suite bathroom. The main bathroom was clean and spacious with good hand hygiene facilities. The kitchen dining area was well-equipped, and the inspector observed a good selection and variety of food and drinks for residents to choose from. The sitting room was bright with comfortable furniture, a large television, game console and board games for residents to play. Nice pictures and photos of residents were displayed in the room. There was a large private back garden. The person in charge had requested that a hand rail was installed to support residents in accessing the garden, and the provider planned for this to happen by the end of June 2023.

The inspector observed examples of appropriate IPC management, such as staff attending to good hand hygiene, an adequate supply of personal protective equipment (PPE), and use of colour-coded cleaning equipment as a measure against infection cross contamination. The inspector checked some of the fire equipment and systems in the centre during their walk-around, such as fire doors which were found to close properly when released, and the servicing stickers on fire extinguishers. However, the fire evacuation plan was lacking in detail and required enhancement. The inspector observed some environmental restrictions including window restrictors and locked front door. Fire safety, restrictive practices, and IPC matters are discussed further in the quality and safety section of the report.

There were over 30 residents using the centre with a maximum of three per night. The length of their stay varied, but was usually one to three nights. The inspector observed signage in the centre informing residents of the inspection. The inspector met two residents before they left to attend day services. The first resident said they were happy coming to the centre, and liked the facilities, bedrooms, staff and other residents. They enjoyed cooking in the centre and told the inspector about their favourite meals. They had participated in a fire drill and knew how to evacuate in the event of a fire. They said that enjoyed relaxing in the centre. They liked their day service where they did activities such as gardening and work experience.

Another resident said they had been looking forward to speaking with the inspector

since the inspection was announced. They said they preferred the centre to other respite services they had previously used. They were happy with their bedroom and the food in the centre. They said that staff were "really nice", and that they missed staff when they left the centre. They liked using the centre at the same time as their "friends", and the inspector observed them asking the deputy manager to book them in with their friends for their next stay. They said they had enough choice and control during their time in the centre, and could choose the activities that they wanted to participate in. They told the inspector they would not change anything about the centre, and would actually like to stay more. They knew about IPC measures such as hand hygiene, mask wearing, and vaccinations, and was glad that most COVID-19 restrictions had lifted.

In advance of the inspection, resident surveys had been sent to the centre which the person in charge had posted to residents' homes. Seventeen surveys were returned. Three of the surveys were completed by residents, and the rest were completed with support from their families. The feedback was positive, and indicated satisfaction with residents' experience of using the centre, for example, the facilities, food, staff, and activities provided in the centre. It was also noted that residents felt safe and were treated with respect and kindness. Two of the surveys noted that more respite provision was desired.

The provider-led annual review had also consulted with residents' families (however, there was no documented consultation with residents). Twelve families provided positive feedback, however two expressed challenges with availability of transport and one expressed a wish for more respite provision. There was no dedicated vehicle for the centre, however the impact on residents during their stay was minimal due to the centre's proximity to services and public transport including bus and train services. Vehicles could also be borrowed from the provider's day services at the weekends.

The inspectors spoke with staff working during the inspection including the person in charge, deputy manager, and social care workers. They observed staff engaging with residents in warm manner, and residents appeared relaxed in their company.

The person in charge and deputy manager spoke about residents in a dignified manner, and it was clear that they were promoting a human rights-based approach to the care and support. There was a high demand for the service which was increasing, and they spoke about the ongoing challenge of maintaining assessments and plans for the large number of residents.

There was also occasional challenges in obtaining relevant information from the residents' primary care givers. The local management team planned provision of services by considering residents' needs, compatibility with others, and the admission criteria. They also considered who residents liked to spend time with, for example, their friends. They told the inspector that the service was tailored to residents' varied needs, for example, staff received specific training, and some residents had sole use of the centre during their stay. They were complimentary of the staff team, and felt that they received sufficient support from senior management. They described a person-centred service where residents were

listened to, had their choices respected, and enjoyed their stays.

Social care workers told the inspector that residents received a very good quality and safe service that respected and promoted their rights, wishes, and preferences. They said that there were good arrangements to access residents' personal plans, liaise with external parties, and communicate with families to ensure that they had sufficient guidance to inform them on residents' needs. They had no concerns, but felt comfortable in raising concerns with the management team. They were also satisfied with the staff supervision arrangements. They said the previous staffing challenges and reliance on agency staff had been challenging, however had improved.

They knew about the different types of abuse and the provider's safeguarding policy and procedures. They advised the inspector that the compatibility of residents was well assessed and planned for. They spoke about some of the in-house activities that residents enjoyed such as arts and crafts, cooking, gardening, games, and relaxing by watching television and listening to music. Some also liked shopping, walks, and going to parks and beaches. They knew about residents' fire evacuation plans and said there were no concerns in this area. They also explained the use of restrictive practices in the centre, and residents' dietary and eating and drinking care plans. They also spoke about IPC matters which are discussed further in the report.

From what the inspector was told, read and observed during the inspection, it appeared that overall, residents received a good quality and safe service in the centre. The centre was operated with a human rights-based approach, and residents were provided with choice and control during their stays. However, some aspects of the service were found to require improvement, such as staffing, fire safety arrangements, and notification of incidents.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems in place in the centre to support the delivery of a service that was safe, consistent and appropriate to residents' needs. However, some improvements were required to ensure that the local management and staffing arrangements were appropriate, incidents were notified to the Chief Inspector of Social Services as required, and that residents' contracts of care were properly maintained.

The management structure in the centre was defined with associated responsibilities and lines of authority. The person in charge was full-time and responsible for two designated centres. They were supported in management of this centre by a deputy manager. However, the deputy manager's working hours did not fully align with the

arrangements outlined in the statement of purpose and this required more consideration from the provider. The person in charge and deputy manager were found to have a good understanding of the residents' care and support needs. They reported to a senior manager and felt comfortable in escalating concerns to them. In the absence of the local management team, staff could contact the senior manager or use the provider's on-call system during out of normal office hours.

The skill-mix in the centre comprised social care workers and care assistants. Staff and management told the inspector that the skill-mix required more consideration due to the varied and increased medical needs of some residents to ensure that the arrangements were adequate. There was one part-time vacancy, however it was managed well to reduce any potential adverse impact on residents. The person in charge maintained planned and actual rotas showing staff working in the centre.

Staff completed relevant training as part of their continuous professional development. The training supported staff in their delivery of appropriate care and support to residents.

The person in charge and deputy manager provided support and formal supervision to staff working in the centre. Staff spoken with said that they were satisfied with these arrangements. Staff also attended team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The inspector viewed the most recent team meeting minutes which reflected discussions on safeguarding, fire safety, audits, infection prevention and control, complaints, and the Assisted Decision-Making (Capacity) Act 2015.

The provider had good arrangements for monitoring the quality and safety of service in the centre, such as annual reviews, six-monthly reports, and audits. However, the arrangements required enhancement to ensure that they consulted with residents.

The provider had prepared a written statement of purpose. The statement of purpose had been recently reviewed and was available to residents and their representatives to view.

Written agreements had been prepared for residents using the centre which outlined the associated fees and details of the service. However, the inspector found that some of the agreements were not signed by residents or their representatives to indicate that they agreed.

The provider had also prepared a suite of written policies and procedures on the matters set out in Schedule 5. The inspector viewed a sample of the policies and found that they were up to date.

The provider's application to renew the registration of the centre contained the required information set out under this regulation and the related schedules.

The person in charge had not ensured that any occasion on which a restrictive procedure was used in the centre had been notified to the Chief Inspector of Social Services at the end of each quarter of the year.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules.

Judgment: Compliant

Regulation 15: Staffing

The staff skill-mix in the centre consisted primarily of social care workers, and one care assistant. The person in charge was satisfied with the staff complement. The person in charge maintained planned and actual staff rotas. The inspector viewed a sample of the recent rotas, and found that they showed the names of the staff working in the centre during the day and night. There were usually two staff working during the day and one to two at night depending on the residents' needs. However, staff and the person in charge told the inspector that the residents' healthcare needs varied and some were complex, and they felt that the staff skill-mix required further consideration from the provider to ensure that it was appropriate to meet the residents' needs and type of service provision.

Furthermore, the inspector found that deputy manager arrangements required more consideration. The statement of purpose stated that they worked 20 hours per week to support the management of the centre. However, recent rotas showed that they had actually worked above 20 hours. The inspector was informed that this was due to the demands of the role and associated work load.

There was one part-time social care worker vacancy that the provider was recruiting for. The vacancy was well managed to reduce any impact on residents, for example, vacant shifts were filled by regular relief and agency staff to support consistency of care. The deputy manager ensured that agency staff working in the centre were suitable to support residents' needs, for example, appropriate gender and skill set. There had previously been a reliance on agency staff, however this had stabilised. The rotas viewed by the inspector showed a gradual reduction in agency staff over recent months.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous

professional development and to support them in the delivery of effective care and support to residents. The inspector reviewed a log of the staff training records provided by the deputy manager. Staff had completed training in areas such as, fire safety, safeguarding of residents, management of aggression, infection prevention and control, manual handling, percutaneous endoscopic gastrostomy, feeding and drinking, medication management, and epilepsy management. Some staff were also completing additional training such as use of manual communication signs and autism to better support residents with these needs.

The person in charge and deputy manager provided informal and formal supervision to staff. Formal supervision was scheduled three times per year as per the provider's policy, and supervision records and schedules were maintained. In the absence of the local management team, staff could contact a senior manager for support and direction, and there was also an on-call service for outside of normal working hours.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the centre was resourced to deliver effective care and support to residents.

There was a defined management structure with associated lines of authority and accountability. There was a deputy manager to support the person in charge in managing the centre. The local management team were found to have a good understanding of the residents' needs and of the service to be provided in the centre.

The person in charge reported to a senior manager. They were satisfied with the arrangements for communicating and escalating concerns. There was regular informal communication, and they also prepared a governance report for the manager to support their oversight of the centre. The report provided information on a range of topics, such as safeguarding, fire safety, staff training, complaints, audits, and COVID-19.

Generally, the provider had implemented good systems to effectively monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews and six-monthly reports had been carried out by the provider. However, while the annual review had consulted with residents' representatives, it had not consulted with residents to gain their views.

Audits had also been carried out in the areas of infection prevention and control, health and safety, and medication. Actions from audits and reviews were monitored by the management team to ensure progression and completion.

There were effective arrangements for staff to raise concerns. In addition to the supervision arrangements, staff could informally raise concerns and there were on-

call arrangements for them to contact in the absence of the local management team. Staff spoken with advised the inspector that they were confident in raising any potential concerns.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider had prepared admission policies and procedures to govern the admission of residents to the centre.

Prospective residents and their representatives were provided with opportunities to visit the centre before admission, for example, they could visit for short periods to view the centre, meet staff, and observe routines.

The provider had prepared written agreements for residents and their representatives which outlined the associated fees and details of the service. The inspector viewed four of the agreements, and found that three were not signed by the resident or their representative to indicate that they agreed.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose was last revised February 2023. It was available in the centre to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that most incidents occurring in the centre had been notified to the Chief Inspector in line with the requirements of regulation 31. However, the person in charge had not notified the Chief Inspector on the use of environmental restrictive practices in the centre, such as locked doors and gates, and window restrictors, at the end of each quarter of the year.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The registered provider had prepared a suite of written policies and procedures containing the information set out in Schedule 1. The inspector viewed a sample of the policies including those on the provision of intimate care, provision of behavioural support, use of restrictions and restraints, visitors, nutritional intake, medication management, and complaints. The policies were found to have been reviewed within three years of approval.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of care and support. Residents spoken with were happy using the centre which was found to be safe and of a good quality. However, some enhancements were required to the fire safety systems.

Assessments of residents' care needs had been carried out which informed the development of personal plans. There were some ongoing challenges in gathering information from residents' primary care givers and in the maintenance of the documentation for each resident. However, the care plans viewed by the inspector were up to date and provided sufficient guidance for staff in order to effectively support residents with their needs and ensure that that had an enjoyable respite stay.

The residents' guide was available to residents, and included the required information. Minor amendments were made by the deputy manager during the inspection to ensure it was fully accurate.

Staff completed training to support residents with behaviours of concern, and there was also written guidance to support them in responding to these behaviours. There were some environmental restrictive practices implemented in the centre for the safety of residents. There were arrangements to ensure that residents or their representatives consented to the use of restrictions and that they were implemented for the shortest duration necessary. The template for recording use of the restrictions required more consideration to ensure that individual recording sheets were in place for each restriction.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Staff spoken with were familiar with the procedure for reporting any

concerns.

The centre was appropriate to meet the needs of the current residents. It was bright, clean, nicely decorated, and well maintained. There was sufficient communal and private spaces, and the bathroom and kitchen facilities were in a good state of repair. The provider planned to install hand rails in the garden by June 2023 to ensure that it was accessible to all residents.

There were good fire safety systems to protect residents from the risk of fire, such as fire detection, fighting and containment equipment, servicing of equipment, and provision of fire safety training. Fire drills were also carried out to test the fire evacuation plans. However, the inspector found that the fire evacuation plan required more information, specific to the centre, in order to provide sufficient guidance. The recording of staff fire safety checks also required improvement to ensure that they were consistently completed.

There were good infection prevention and control (IPC) measures and arrangements to protect residents from the risk of infection. The provider had prepared written IPC policies and procedures, and established an IPC committee to support the governance of IPC matters. Within the centre, there was a COVID-19 lead with associated responsibilities. However, the COVID-19 outbreak protocols and plans were found to require expansion beyond just COVID-19.

There were good arrangements for monitoring and assessing IPC in the centre, such as detailed IPC audits. The person in charge had completed a self-assessment tool to assess the effectiveness of the IPC measures which they were satisfied with.

The centre was clean, and the inspector observed good IPC practices, such as access to personal protective equipment (PPE) and appropriate cleaning supplies, and good hand washing and waste arrangements. Staff were required to complete IPC training, and told the inspector about some of the IPC measures in the centre.

Regulation 17: Premises

The centre comprised a two-story building in a busy Dublin suburb. The premises were found to be appropriate to the number and needs of the residents using the centre. It was clean, bright, warm, comfortable, and well maintained. There was sufficient communal and living space including outdoor spaces. There was adequate bathroom facilities, and the kitchen facilities were well equipped and in a good state of repair. Residents had their own bedrooms which were spacious and nicely decorated.

Residents spoken with told the inspector that they were happy with the premises.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide. It was available to residents, and included information on accessing inspection reports, complaints, services and facilities provided in the centre, arrangements for running the centre, and terms and conditions relating to residency. Minor amendments regarding access to multidisciplinary team services, visiting facilities and security arrangements were required and made by the deputy manager during the inspection.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had implemented good infection prevention and control (IPC) measures and procedures that were consistent with the associated national standards.

The provider had established an IPC committee that met regularly and as required. The provider had also prepared a written IPC policy and associated procedures. There was also signage and public health information on IPC for staff to refer to.

There was a COVID-19 lead in the centre and their responsibilities included monitoring cleaning schedules and maintaining the information in the COVID-19 folder. They also attended the provider's COVID-19 meetings with the management team. The person in charge had completed a self-assessment tool to assess the effectiveness of the IPC measures which they were satisfied with. Risk assessments had been completed on IPC hazards and risks in the centre. A detailed IPC audit had been recently carried by an external contractor. Good practices were identified as well as some areas for improvement. Regular housekeeping inspection audits were also completed which covered aspects of IPC such as hygiene, waste, and legionella. Actions from the audits were being monitored by the local management team.

The centre was clean and tidy. Social care and care staff completed cleaning duties in addition to their primary roles. There was a good supply of cleaning chemicals and equipment. The inspector observed a good arrangements for accessing PPE, hand washing facilities, and management of waste including sharps.

Staff had completed relevant IPC training to inform their practices. IPC was also discussed at team meetings to refresh their knowledge, for example, during the most recent meeting, PPE, respiratory etiquette, hand hygiene, and training was discussed. Staff told the inspector about some of the IPC measures and precautions in the centre, such as the cleaning arrangements, symptom screening, immunisation programmes, and the arrangements for the management of soiled laundry and bodily fluid spills.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had implemented good fire safety systems in the centre, however some aspects required enhancement.

There was fire detection, containment, and fighting equipment, and emergency lights throughout the centre. The inspector viewed a sample of the servicing records in the house, and found that the fire extinguishers, alarms, and emergency lights were up to date with their servicing. Staff in the centre also completed daily, weekly and monthly fire checks of the fire alarms, escape routes, and equipment. Some minor gaps were noted in the documentation of the 2023 daily and weekly checks. The inspector tested several of the fire doors including the bedroom and kitchen doors, and they closed properly when released.

Individual evacuation plans had been prepared to guide staff on the supports required by residents. The inspector viewed a sample of the plans and found that one required a minor revision. The fire evacuation plan required more detail, specific to the centre, to ensure that it provided sufficient direction and guidance.

There were regular fire drills, including drills reflective of night-time scenarios.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' care needs were assessed which informed the development of personal plans. The inspector viewed a sample of residents' health and personal care plans including medication, intimate care, eating and drinking, and safety plans. The plans provided sufficient information to inform staff on the supports and interventions to meet residents' needs. There was also information on residents' likes and dislikes, preferences, and interests for staff to follow to support residents' enjoyment of the centre.

Overall, it was found that the centre was suitable for the purposes of meeting the needs of the current residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff working in the centre had up-to-date knowledge and skills to respond to and appropriately support residents with behaviours of concern. Few residents displayed behaviours of concern. Where required, behaviour support plans were available, however were more reflective of behaviours displayed outside the centre. Care plans such as emotional wellbeing plans had been prepared by staff in the centre and they provided guidance for staff more specific to the centre.

Staff had also received training in the management of aggression and the provider had prepared a policy on positive behaviour support for them to refer to.

The person in charge maintained a restrictive practice register which listed environmental and physical restrictive practices in the centre, for example, locked front door and side gates, and window restrictors. The inspector viewed a sample of the supporting documentation for the restrictions. There were arrangements for approval of the restrictions by the provider's oversight group, and consent was sought from the resident or their representatives. Use of restrictions was also recorded to demonstrate that they were implemented for the shortest duration necessary.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The systems were underpinned by policies and procedures. There were no active safeguarding concerns in the centre.

Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with able to describe the safeguarding procedures.

Personal and intimate care plans had been developed to guide staff in supporting residents in this area in a manner that respected their privacy and dignity.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Aubrey Respite OSV-0007795

Inspection ID: MON-0029775

Date of inspection: 15/02/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: In relation to management hours this was discussed at an operations and strategic planning meeting on 1/03/2023 by the PPIM. The CEO requested that the PPIM submit a proposal to be considered in relation to increased management due to the demands of the role / associated workload of running two respite designated centers. The PPIM will submit this proposal to the CEO by 31/03/2023.</p> <p>The PIC/Deputy will review the Statement of Purpose and Function on an ongoing basis to ensure that admissions to respite are indicative of the staffing skill mix that is currently supplied within the designated centre, also ensure that all future admissions are in line the profile of resident as set down in the statement of purpose and function. The PIC/Deputy and PPIM had recently reviewed the SOP on 21/02/2023</p> <p>Where a residents' healthcare needs are complex but still in line with the SOP the provider will ensure that staff are provided training to meet the residents' needs prior to admission to the designated centre.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The provider will complete the Annual Review for the designated center on the 17/05/2023 The PIC/DCSM are currently sending family surveys to each family and carrying out resident surveys with residents while they stay in in the designated centre</p>	

and ensure that the views of the residents and families are included.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: Contracts of Care will be signed by the residents or their representatives beginning - 30/04/23.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The PIC will ensure to notify the Chief Inspector on the use of restrictive practices in the centre, such as locked doors and gates, and window restrictors, at the end of each quarter of the year. – 30/04/23 All residents restrictive practices are recorded on an individual workflow on the Central Information database where relevant.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The PIC has amended the fire evacuation plan to ensure more detail, specific to the centre, to provide sufficient direction and guidance – Completed 03/03/23 The Individual Evacuation plan for one resident will be reviewed during their next respite visit - 29/03/23 PIC and Deputy will review daily and weekly inspections weekly to ensure these are complete. This process commenced on 20/03/23	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(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	31/03/2023
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	17/05/2023
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident	Substantially Compliant	Yellow	30/04/2023

	is not capable of giving consent, the terms on which that resident shall reside in the designated centre.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	29/03/2023
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	29/03/2023
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	30/04/2023