



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

Issued by the Chief Inspector

| | |
|----------------------------|--|
| Name of designated centre: | Helensburgh |
| Name of provider: | Sunbeam House Services Company Limited by Guarantee |
| Address of centre: | Wicklow |
| Type of inspection: | Unannounced |
| Date of inspection: | 16 November 2022 |
| Centre ID: | OSV-0001703 |
| Fieldwork ID: | MON-0037376 |

About the designated centre

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

Helensburgh is a designated centre operated by Sunbeam House Services CLG located in a small town in Co. Wicklow. It provides a full-time community residential service for up to six adults (male or female) with a disability. The centre is a two-storey house which consists of six individual bedrooms, office, sleepover room, a sitting room, dining room/kitchen, a number of shared bathrooms and utility room. The centre is managed by a full-time person in charge and a team of social care and support care workers. The person in charge divides their role between this centre and one other designated centre.

The following information outlines some additional data on this centre.

| | |
|--|---|
| Number of residents on the date of inspection: | 6 |
|--|---|

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 16 November 2022 | 10:00hrs to 17:15hrs | Jacqueline Joynt | Lead |

What residents told us and what inspectors observed

This was an unannounced inspection. On arrival at the centre the inspector was met by the person in charge. Residents were informed about the inspection and asked if they wanted to meet the inspector.

During the morning, the inspector met with two residents and later in the afternoon met with four more residents. Some residents were being supported to engage in activities through an on-site day service that included activities in the community, one resident was attending their community day service, one resident was supported to attend a medical appointment and another resident had planned on staying at home during the day to relax and watch television.

Residents were primarily gathered in the dining area of the kitchen with a number of their staff members through-out the day. The inspector observed balloons and flowers and cards on the dining table and was informed that one resident had celebrated their birthday during the week and another resident was celebrating their birthday that day. The inspector observed that when the resident arrived home later in the day, that they were presented with cards, gifts and a song to celebrate their birthday.

Residents who spoke with the inspector said that they liked living in the centre and were happy with the support they received from staff. With the support of their staff, residents talked with the inspector about their birthday celebrations, about family visiting and about meals out in the community.

Throughout the day, the inspector observed the atmosphere in the house to be jovial and happy. While some residents communicated more vocally than others, overall, residents appeared happy in the company of their peers. However, on review of some of the centre's logged incident reports which relayed the views of residents, not all residents were positive about who they were sharing their home with.

The inspector observed that the residents appeared relaxed and happy in the company of staff and that staff were respectful towards the residents through positive and caring interactions. During brief conversations with staff through-out the inspection, the inspector found that staff were knowledgeable of the needs of residents and the supports required to meet those needs. Some staff informed the inspector that the last month had saw a calmer and more stable atmosphere in the house. A number of staff relayed to the inspector, that due to recent changes, such as the same agency staff covering shifts, additional one-to-one support for a resident and a change in local management arrangements , there had been a positive change in the lived experience of residents in their home.

In summary, the inspector found that overall, through speaking with the residents and staff, through observations and a review of documentation, it was evident that

the person in charge and staff were endeavouring to make sure that residents lived in a supportive and caring environment. In the past month or so, there had been a reduction in safeguarding incidents in the house which resulted in positive outcomes for residents. However, due to the centre not meeting the needs of all residents, there continued to be a potential risk of further incidents occurring in the centre and overall, impacting negatively on the lived experience of the residents in their home.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This risk based inspection was carried out to follow-up and monitor compliance regarding a previous inspection of the centre in June 2022 where the provider had not complied with a number of regulations relating to protection, governance and management, staffing, admissions and contract for the provision of services and protection against infection.

Subsequent to the June 2022 inspection, the provider was required to attend a warning meeting with the Health Information and Quality Authority (HIQA) and was issued with a written warning letter which outlined the requirement of the provider to bring the centre back into compliance outlining the possible further enforcement actions which may be taken by the Chief Inspector should this not occur.

While the provider had submitted a satisfactory compliance plan response to the Chief Inspector following the June 2022 inspection, a provider assurance report request was issued to the provider in September 2022 to ascertain the provider's progress in addressing the non-compliance found on the previous inspection and provide assurances that demonstrated residents living in the centre were safe at all times.

On the day of the inspection, the inspector found that the provider had made a number of improvements since the last inspection which had, in recent times, resulted in a better lived experience for residents and a reduction in safeguarding incidents occurring in the centre. However, not all issues which had been identified on the previous inspection had been adequately addressed and in particular, issues relating to the management of risk and the assessed needs of residents. In addition, improvements were needed to ensure that when there was a change of person in charge, that the arrangements in place were satisfactory, at all times.

A new person in charge had commenced in their role in early October 2022. They divided their role between this centre and one other. The inspector found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated

purpose, aims and objectives. However, while the provider had submitted a notification to the Chief inspector of the change in person in charge, as required by the regulations, overall the interim arrangements in place, until the new person in charge commenced in October, were not satisfactory and impacted on the governance and management systems to ensure the service was effectively monitored, consistent and safe at all times.

The provider was endeavouring to make sure that the centre was adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The provider had put strategies and initiatives in place to improve staffing arrangements in the centre however, there were still a number of staff vacancies to be filled.

While the centre was not meeting the assessed needs of all residents, the provider was actively exploring alternative living arrangements to ensure a resident, who was admitted as an emergency admission in October 2021, was provided with a home that met their assessed needs, in line with their will and preference.

The provider had endeavoured to address some of the potential risks identified on the previous inspection of the centre. However, further review was needed to ensure that all risks were fully addressed and that, where systems had been implemented, they were effective at all times.

Overall, the registered provider was endeavouring to ensure that the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre, at all times. Since the last inspection the provider had employed an additional staff member, as part of the interim strategies to reduce the number of safeguarding incidents occurring in the centre. However, overall, a number of staff vacancies remained in the centre and as a result, there was a high reliance on agency workers, which meant that continuity of care could not always be ensured.

Since the last inspection, there had been improvement to the training provided to staff. There was a training schedule in place and overall, most staff training was up to date, however, a small number of staff were due refresher training.

Regulation 14: Persons in charge

The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, endeavoured to foster a culture that promoted the individual and collective rights of the residents living in this centre.

Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose.

Judgment: Compliant

Regulation 15: Staffing

The provider had carried out a number of staff recruitment days in an effort to increase resources both in the centre and organisation. The provider had also amalgamated two vacant posts into a one whole-time-equivalent post to make the job and position more appealing to potential applicants demonstrating one of their recruitment strategies for the centre.

The provider had sourced funding for an additional 30 hours per week to recruit a care assistant as in interim measure to provide one-to-one support directly to one resident and to potentially decrease the risk of safeguarding incidents occurring within the designated centre.

However, on the day of the inspection there were two staff vacancies and a potential third vacancy was due to occur by the end of November. While there were a number of staff working in the centre for over ten years or more, due to the vacancies there was a heavy reliance on agency staff on a weekly basis. Notwithstanding this, on review of the October and November rosters, the inspector saw that the person in charge was endeavouring to provide continuity of care through employing the same group of eight agency staff to cover the vacant shifts.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had been provided with training to meet the assessed needs of all residents. For example, staff had been provided training relating to Autism. In addition, the provider had put plans in place to provide staff with site specific practical training by the organisation's positive behavioural specialist, while this had not taken place on the planned dates, the inspector was informed that the training was due to take place at the team meeting Friday 18th of November. This was to support better understanding, consistency in implementation and shared learning of residents' behavioural support plans.

Overall, on review of the training schedule in place, most staff training was up to date including safeguarding and managing behaviours that challenge and de-escalating techniques however, a small number of staff were due refresher training in first aid, safe medication management and training specific to feeding, eating, drinking, and swallowing (FEDS).

Staff were in receipt of one to one supervision meetings to better support them in their role. The person in charge was in the process of scheduling supervision

meetings with staff for the remainder of the year.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had implemented a number of improvements since the last inspection which had recently resulted in a better lived experience for the residents living in the designated centre and overall, saw the reduction in safeguarding incidents occurring in the centre and in particular, over the last two months.

Despite initiating a number of strategies to improve staffing arrangements in the designated centre, the centre was not sufficiently resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. For example, on the day of the inspection, there were two staff vacancies a potential third vacancy, (the role of deputy manager), was due to occur by the end of November.

The provider was actively exploring a number of alternative living arrangement venues in an effort to ensure all residents were living in a home that met their assessed needs. The provider had met with an external service and a referral was at the early stages of progress. The provider had also arranged for the organisation's internal referral committee who met on a monthly basis, to examine alternatives living arrangements for the resident.

The provider had endeavoured to address some of the potential risks identified on the previous inspection of the centre. While the provider had made improvements and had completed a risk assessment of the impact an emergency admission had on the residents living in the designated centre, there were a number of other risks which had been raised on the previous inspection, which had not yet been adequately assessed. These are discussed in detail in Regulation 26.

Interim arrangements in place, since the previous person in charge had left the centre, impacted on the effectiveness of the systems in place for oversight and monitoring of the centre. For example, quarterly audits, which monitored the effectiveness of the care and support provided to residents, had not been reviewed or completed since July 2022. In addition, monthly team meetings, where learning is shared and care and support of residents is discussed, had not occurred between May 2022 and early September 2022.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Since the last inspection, the provider had reviewed the organisation's Admission Policy and had updated the centre's statement of purpose admission criteria to reflect emergency admissions were part of the service.

In addition, an outstanding contract of care, (written agreement), regarding the terms on which residents reside in the designated centre, was completed.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

While a notification regarding the absence of the person in charge had been submitted as required by the regulations, the procedures and interim arrangements in place, until the new person in charge commenced their role in October 2022, were not satisfactory and, at times impacted on the effectiveness of oversight and monitoring of the centre.

Judgment: Substantially compliant

Quality and safety

Since the previous June 2022 inspection, there had been a number of improvements to the governance and management arrangements in place which, in recent times, positively impacted on the quality and safety of care and support provided to residents living in the centre. In addition, there had been a reduction in safeguarding notifications submitted to the Chief Inspector during the latter part of October and November 2022. However, due to the centre not meeting the needs of all residents, there was a continued risk of behavioural and safeguarding incidents occurring in the residents' home, which was likely to remain until alternative living arrangements for an emergency admission were sourced.

There was a continuation of behavioural and safeguarding incidents occurring in the centre preceding the last inspection. In mid-October 2022 the provider was requested to submit further assurances on how they planned to reduce the incidents so that all residents in the house were free from abuse. On the day of the inspection, the inspector found that there had been a notable reduction of these incidents and in particular, in the latter half of October and November 2022.

A number of strategies to support the reduction of safeguarding incidents had been implemented in the centre including strategies relating to staffing, the provision of training relating to the assessed needs of residents, updated positive behavioural support plans and on-site practical training regarding the support plans. In addition, where appropriate, residents had been provided with individual safeguarding plans

rather than a combined overarching plan. However, a review of the plans was required to ensure that they adequately addressed the risk of all potential safeguarding incidents, rather than one specific risk.

For the most part, the person in charge had initiated and put in place investigations in relation to incidents, allegations or suspicion of abuse and took appropriate action if a resident was at risk of abuse. However, on review of the centre's incident log the inspector found that, not all potential safeguarding incidents, had been adequately addressed.

Since the last inspection, improvements had been made to ensure that, where appropriate, residents were provided with positive behavioural support plans that were relevant to their environment. In addition, a team meeting with management, staff and the organisation's behavioural specialists took place to discuss the positive behaviour support plans and measures in place. Further on-site meetings between the organisation's behavioural support specialist and staff have been planned, with the next to occur at a staff meeting scheduled in mid-November.

The provider had reviewed the systems in place in the designated centre for the assessment, management and ongoing review of risk. Since the last inspection, a risk assessment had been completed addressing the safeguarding risks an emergency admission placed on the safety of all residents. New control measures had been implemented to reduce the potential risk the change in layout of two rooms in the designated centre had on the assessed needs and aging profile of the residents living in the centre. However, the inspector found that the control measures were not effective at all times and that no appropriate investigation or follow up had incurred to review this risk.

In addition, another risk, that had also been identified on the previous inspection, to ensure all residents were safe during an infectious outbreak, had not been appropriately addressed.

Regulation 26: Risk management procedures

The provider had not ensured that all of the risks identified on the previous inspection had been adequately addressed.

While a control measure had been put in place to reduce the potential risk the change in layout of two rooms in the designated centre would have on the assessed needs and aging profile of the residents, they were not always effective. For example, a call-bell system had been installed in two residents' bedrooms. In October 2022, a resident informed staff that they had called the bell three times. The timeliness of staff attending to the resident was not appropriate and it was unclear if there was an issue with the call system. Overall, there was no appropriate risk assessment in place regarding this measure or further risk assessment when the measure was found not to be effective at all times.

In addition, where residents had chosen not to have the call-bell system in their rooms, and no other alternative was put in place, there had been no risk assessment carried out to ensure that residents sleeping downstairs could contact staff (sleeping upstairs) should they require assistance. Furthermore, there was no documentation included residents' personal plans regarding any of the above mentioned potential risks or control measures.

Since the last inspection, no appropriate risk assessments had been completed to ensure that where residents may incur an infectious disease, such as COVID-19, and chose not to self-isolate, that there were adequate control measure in place to ensure their safety during that time, or in the future, should this potential risk occur again.

Judgment: Not compliant

Regulation 27: Protection against infection

Since the previous inspection, there had been improvements to the systems in place to better ensure infection prevention and control measures were effective.

For example, the cleaning of residents' mobility equipment was included on the centre's daily cleaning schedule.

Some of the upkeep and repair work on the last inspection had been completed. On the day of the inspection, a member of the maintenance personnel was actively reviewing areas of the centre that required upkeep and repair to ensure it was added to the centre's maintenance system.

However, some improvements remained outstanding. For example, there had been no satisfactory review or update of the designated centre's outbreak management plan to address the potential risk should any resident, with an infectious disease, choose not to self-isolate.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and endeavoured to ensure that evidence-based specialist and therapeutic interventions were implemented.

Where appropriate, residents were provided with positive behavioural support plans. Some of the plans had been reviewed and updated since the last inspection to

ensure that they were relevant to the resident and to their environment.

All staff had been provided with training in the management of behaviours that is challenging including, de-escalation and intervention techniques. In addition, behavioural incidents were reviewed at team meetings to support shared learning and consistency in practice amongst the team. Furthermore, arrangements had been made for the organisation's behavioural specialist to attend the team's upcoming meeting in November for them to provide site specific practical training.

Judgment: Compliant

Regulation 8: Protection

While there had been a continuation of safeguarding incidents occurring in the centre preceding the last inspection in June 2022, there was a notable reduction of incidents in the latter part of October and November 2022.

The provider had made a number of improvements to support the reduction of safeguarding incidents occurring in the centre. For example, staff were provided with training that met the assessed needs of all residents, additional site specific training to best support the implementation of behavioural support plans had been arranged and additional hours for a staff member to provide one to one support to a resident had been allocated to the work force.

The provider and person in charge had completed individual safeguarding plans for all residents living in the house. However, the plans required reviewing to ensure that they adequately addressed all situations where the risk of safeguarding incidents reoccurring existed. For example, the current safeguarding plans addressed the increased risk of incidents due to an emergency admission, however, the plans did not address the compatibility issues between other residents, which at the time of inspection, were ongoing.

Not all potential safeguarding incidents, had been adequately addressed. For example, a recorded incident in October 2022 noted that, during the night a resident had used the call-bell on three occasions for assistance with their personal care needs. As a result the resident's dignity was not protected due to the un-timeliness of their needs being met. As noted, on the day of the inspection, an effective investigation of the incident had not been carried out.

Overall, the inspector found that, due to the centre not meeting the needs of all residents, there was a continued risk of behavioural and safeguarding incidents occurring in the residents' home, which was likely to remain until alternative living arrangements for an emergency admission were sourced.

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 | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Not compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 24: Admissions and contract for the provision of services | Compliant |
| Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent | Substantially compliant |
| Quality and safety | |
| Regulation 26: Risk management procedures | Not compliant |
| Regulation 27: Protection against infection | Substantially compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Not compliant |

Compliance Plan for Helensburgh OSV-0001703

Inspection ID: MON-0037376

Date of inspection: 16/11/2022

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 | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing: As an interim measure to provide one-to-one support directly to one resident and to mitigate the risk of safeguarding and improve the lived experience of all residents. A Staff member has been in post since 7.11.22. This allows for greater continuity of care for both this resident and other residents in the designated centre, this also allows for greater opportunities for activities for this resident during the day within the community.</p> <p>An interview for the full-time post took place on Friday 2nd December, the candidate was successful at interview stage and the post has been offered and accepted. The expected start date is mid January 2023.</p> <p>The PIC and PPIM interviewed for the post of Deputy manager for the designated centre on 8th December 2022. The new Deputy is commencing on the 01st Jan 2023</p> <p>The Provider implemented the below strategies in relation to the recruitment of staff.</p> <ul style="list-style-type: none"> • Regarding recruitment, the Provider ran an open day on the 8th of November 2022. SHS will be planning another such event in the New Year. • SHS ran recruitment advertisements on local radio and multimedia formats in November 2022. • SHS are exploring running 2 Open Days overseas in 2023. • The Human Resource department will be attending some college Open Days in 2023 when college schedules are confirmed. | |

| | |
|---|-------------------------|
| Regulation 16: Training and staff development | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Behavioural Specialist met the staff team on 18th November 2022</p> <p>The Behavioural Specialist discussed questions around the Positive behavioural support plan to provide the staff team practical support, consisting of an interactive informative session to provide staff with a greater knowledge and rationale to effectively support the resident who was the emergency placement in the designated centre.</p> <p>Human Resources have advertised a new temporary role of "Behavioural Practitioner" which will be allocated to the designated centre for a period of time, to support staff and residents in this location. This will provide training and further support in relation to the implementation of the Positive behavioural support plan within the designated centre.</p> <p>The staff members who require refresher training have been identified, the training matrix has been reviewed, and arrangements have been made to ensure this training is booked with SHS training co-ordinator for 2023. These updates will be added to the training matrix when confirmed.</p> | |
| Regulation 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>As an interim measure to provide one-to-one support directly to one resident and to mitigate the risk of safeguarding incidents occurring within the designated centre. This Staff member has been in post since 7.11.22. This will allow for greater continuity of care for both this resident and other residents in the designated centre.</p> <p>An interview for the full-time post took place on Friday 2nd December, the candidate was successful at interview stage. The expected start date is mid January 2023.</p> <p>The PIC and PPIM interviewed for the post of Deputy manager for the designated centre on 8th December 2022. The new Deputy is commencing on the 01st Jan 2023</p> <p>Human Resources have advertised a new temporary role of "Behavioural Practitioner" which will be allocated to the designated centre for a period of time, to support staff and residents in this location. This will provide training and further support in relation to the implementation of the positive behavioural support plan within the designated centre.</p> | |

The internal referral committee met on 1.12.22 in relation to the resident who was placed in the designated centre as an emergency admission in 2021 was discussed, a single occupancy dwelling had become available to the provider, be explored further. The PPIM and PIC visited a location on 8th December 2022, it was decided that this potential dwelling for this resident did have the potential to be further explored in conjunction with relevant departments such as housing and facilities, health and safety and MDT team.

The PIC has planned local audits monthly and has regular team meetings scheduled, the last of which was on 18th November 2022.

The behavioural Specialist met the staff team on 18th November 2022

The behavioural specialist discussed questions from the staff team around the Positive behavioural support plan to provide the staff team practical support and interactive informative session to provide staff with a greater knowledge and rationale to effectively support the resident when behaviours present.

| | |
|---|-------------------------|
| Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent | Substantially Compliant |
|---|-------------------------|

Outline how you are going to come into compliance with Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent:
 There is now a full time PIC in place and a deputy to support the PIC in day to day management and they report to the PPIM on a regular basis as part of Governance & Management procedures.

Full time PIC in place and a deputy to support the PIC in day to day management of the service and the service requirements. The deputy and PIC to have weekly service meetings to ensure there is a shared knowledge. A monthly checklist is available to outline what tasks are required to be completed by both the PIC and the deputy. PIC will arrange or provide training on auditing of the service and residents files, appraisals/supervision, and roster requirements.

Service Provider has provided access to the HIQA portal and the PIC will provide training on the reporting of HIQA notifications and completing PSF's. Deputy now has access to read and respond to adverse events on the CID. Training has commenced on the completion of actions set out in compliance plans, health and safety audits or formal safeguarding plans along with other relevant documentation.

Regular supervisions will be scheduled and in the absence of the PIC, the PPIM will carry

on with the schedule supervisions for with the deputy and the deputy will carry out supervisions with staff. Where the PIC is aware of leave a detailed handover outlining actions to be made available to the deputy and the PPIM, along with scheduled support meetings between the PPIM and the deputy. Where the PIC is absent due to unforeseen circumstances PPIM will support the deputy with regular weekly meetings with an action plan to outline what is required in the service. All training to be completed by the end of March 2023

| | |
|---|---------------|
| Regulation 26: Risk management procedures | Not Compliant |
|---|---------------|

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

To mitigate the risk of not hearing residents requiring assistance whilst in their bedrooms, the previous call bell system has been replaced and is wired to a monitoring alert system for the four bedrooms downstairs. A further two call bells will be placed in residents’ bedrooms upstairs who had previously declined this offer. This will alert all staff during the day and at night in both sleepover rooms if residents need assistance in their rooms during the day or night. The alert system consists of a flashing light alert above for each bedroom door and the control panel is located on the wall with another connecting alerting system on the mobile phone which can be carried by staff. All residents have agreed to have this system now.

The PIC is working with the resident to explain the isolation plan should the identified resident become COVID-19 positive and refuse to isolate. Due to the residents processing needs this piece of education may take time and will incorporate the resident’s preferred communication method. The PIC will log these education sessions on the internal system. The risk assessment and isolation plan will be reviewed including these education sessions as additional control measures.

The isolation plans for the other residents will be reviewed by 1 January 2023 to explore any alternative options.

The occurrence in October a notifiable even has been submitted and an outcome is pending from safeguarding team in CHO6.

| | |
|---|-------------------------|
| Regulation 27: Protection against infection | Substantially Compliant |
|---|-------------------------|

Outline how you are going to come into compliance with Regulation 27: Protection

against infection:

The PIC is working with the resident to explain the isolation plan should the identified resident become COVID-19 positive and refuse to isolate. Due to the residents processing needs this piece of education may take time and will incorporate the resident's preferred communication method. The PIC will log these education sessions on the internal system. The risk assessment and isolation plan will be reviewed including these education sessions as additional control measures.

The isolation plans for the other residents will be reviewed by 1 January 2023 to explore any alternative options.

Updated 20.01.2023

These actions are still outstanding as engagement with the resident involved has been complex

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

The PPIM and person in charge have completed individual safeguarding plans for all residents living in the house to ensure that they adequately address all situations where the risk of safeguarding exists

The PIC has updated safeguarding plans for all known situations that negatively impact on peers for all residents whom present with such behaviours in the designated centre this will ensure risk are identified and also mitigations and support strategies are in place.

The remaining safeguarding plans as outlined above will be completed by the end of January 2023.

The internal referral committee met on 1.12.22 in relation to the resident who was placed in the designated centre as an emergency admission in 2021 was discussed, a single occupancy dwelling had become available to the provider, be explored further. The PPIM and PIC visited a location on 8th December 2022, it was decided that this potential dwelling for this resident did have the potential to be further explored in conjunction with relevant departments such as housing and facilities, health and safety and MDT team. A case meeting on 9th January 23 held with MDT, to assess next steps. Arrangements made for Physiotherapist and OT to carry out an assessment of apartment to see if fits the assessed needs of resident.

The PIC and deputy will adapt a more stringent time management system that will ensure that all safeguarding concerns are reported in the required time.

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. | Not Compliant | Orange | 28/02/2023 |
| Regulation 15(3) | The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis. | Substantially Compliant | Yellow | 30/06/2023 |
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate | Substantially Compliant | Yellow | 01/04/2023 |

| | | | | |
|---------------------|--|-------------------------|--------|------------|
| | training, including refresher training, as part of a continuous professional development programme. | | | |
| Regulation 23(1)(a) | The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. | Substantially Compliant | Yellow | 01/06/2023 |
| Regulation 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. | Substantially Compliant | Yellow | 01/02/2023 |
| Regulation 26(2) | The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. | Not Compliant | Orange | 28/02/2023 |
| Regulation 27 | The registered provider shall | Substantially Compliant | Yellow | 28/02/2023 |

| | | | | |
|---------------------|---|-------------------------|--------|------------|
| | ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. | | | |
| Regulation 33(2)(a) | The notice referred to in paragraph (1) shall specify the arrangements which have been or were made for the running of the designated centre during the absence of the person in charge. | Substantially Compliant | Yellow | 30/03/2023 |
| Regulation 08(2) | The registered provider shall protect residents from all forms of abuse. | Not Compliant | Orange | 28/02/2023 |
| Regulation 08(3) | The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse. | Substantially Compliant | Yellow | 28/03/2023 |