



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

Issued by the Chief Inspector

Name of designated centre:	Rosanna Gardens
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	14 October 2021
Centre ID:	OSV-0001711
Fieldwork ID:	MON-0028450

About the designated centre

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

Rosanna Gardens is a designated centre, operated by Sunbeam House Services and is located in Co. Wicklow. The centre can provide support for up to five adults between the ages of 18-90 years old. This designated centre offers support to men and women with mild to moderate intellectual disability and who may display responsive behaviour. Residents living in this designated centre are generally independent in their personal care or require a low level of support. Residents do not need any additional support in relation to their mobility. This centre provides a high level of supervision for residents in shared areas due to their vulnerabilities or the vulnerabilities of others. The designated centre comprises of three distinct areas each with their own kitchen and living/dining area. Each resident has their own bedroom, and some residents have their own living space also. The centre has a gym/games room, laundry facilities, a large garden area and an outdoor room for activities. The staff team working in this designated centre consist of nursing staff, social care staff and care assistants. The centre is managed by a full-time person in charge, who has support from a deputy manager. The centre is not open to new admissions.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

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
Thursday 14 October 2021	10:30hrs to 18:30hrs	Louise Renwick	Lead

What residents told us and what inspectors observed

The inspector ensured physical distancing measures and use of personal protective equipment (PPE) was implemented throughout the course of the inspection and during interactions with residents and staff.

The inspector met all five residents living in the designated centre during the inspection. Residents told the inspector that since other people moved out, it was a much quieter environment in their home which they welcomed. Residents liked the food they ate for their meals and felt the staff were nice and helpful. Some residents had lived in the centre a long time and told the inspector that they liked living there.

Residents spoke to the inspector about how they liked to spend their day, the activities they enjoyed and their health. During the restrictions in 2020 some residents no longer attended day services. Since then, the provider had put in place an additional staffing role to offer residents more one-to-one time for activities and occupation of their choosing. Residents told the inspector they were happy with the activities that they took part in, but some did miss the social interactions of the larger day service programme and spending time with their peers. Other residents did not want to attend a separate day service and were happy with their current weekly plan from home.

There had been some changes for residents who had previously lived in one unit, who moved into a different unit more suited to their needs. Some residents told the inspector that they were going to be moving units again, and they did not want to move again. The inspector reviewed records which showed initial consultation with the resident about this proposed move and the benefits of this, such as having their own apartment with good facilities and a walk-in shower room that would better suit residents' needs. The resident had been informed of any proposal to move from an early stage, however until the premises were upgraded and building works completed, it was difficult for any resident to make an informed choice around whether they would like to live there or not. The person in charge outlined that the resident would be supported in their decision-making as the building changes progressed. While residents were encouraged to advocate for themselves and were consulted and listened to, there was no evidence that residents were being supported by an external and independent advocate in relation to decisions about their care.

Some residents showed the inspector their home including their living space and bedrooms. Each person's space was decorated in line with their own tastes and choices. For example, soft furnishings, wall colours and posters or artefacts on display. Each part of the designated centre was decorated differently, and residents had made it their own. Residents had access to television, radio and computer tablets. Some residents had additional equipment in their homes, such as an exercise bike in their living room to use throughout the day.

The inspector saw residents using their computer tablets during the day to listen to music or watch videos, going out for coffee or to attend appointments. Some residents were doing art and crafts, spending time in the activity room and watching television.

In one unit of the centre, the shared living room and dining area had been enhanced with painting, decoration, soft furnishings and photographs. This made them more pleasant for residents and more homely. In another unit a resident's identified living room now had a stereo and their CD collection on display, which they previously had not been able to have in the shared space due to other peers. The resident was seen to enjoy this space during the inspection, and relaxed in their living room surrounded by their own belongings and watching their favourite shows on their tablet or television.

Some parts of centre were very open and even with the reduction of people living there, remained busy. For example, one resident's living room had multiple doors and exit points, and staff, and other residents were seen to come and go throughout the day. Residents tended to come out of their own living space to interact with other peers and staff and seek social interactions through the day. While the statement of purpose outlined the need for supervision in shared areas, it wasn't fully clear which parts of the centre were shared or communal spaces in some units, and which were individual and private spaces.

In one unit the main bathroom was used by most residents in the designated centre, as some en-suite bathrooms were no longer suitable for their needs. This main bathroom was a large room with an accessible bath and accessible shower area. While the room was functional, it was not appealing and required improvements. For example, the room was used for storage of certain items such as metal lockers, chairs and other equipment and required a deep clean in parts.

The inspector viewed some of the vacant bedrooms during the day, and while these were not currently in use they were in need attention. For example, cracked plaster around door frames, rust on radiators and general cleaning requirements. During the inspection some vacant rooms were being painted as part of the provider's improvement plans.

There was a large back garden and grounds with walkways along with some outdoor seating. Some of the pathways around the buildings and to the outside activity room were uneven in parts, and could pose as a trip hazard.

Since the previous inspection, some residents had been supported with individual style living accommodation based on needs and to promote safeguarding within the centre, and improve relationships between peers. The games room and gym area was no longer used for this purpose but had been refashioned into a living space. Residents appeared comfortable in their home and had their spaces decorated in a manner that suited their tastes. The centre was warm and well ventilated and had a separate room for laundry.

Throughout the day, the inspector observed residents coming out of their home to engage with staff or other peers on the grounds or in different units. In general, the

front door was not used into residents' living space, but rather staff and residents came in and out of exit doors or patio doors throughout the premises. While the centre had been moving away from congregated settings and aiming to provide individual living spaces for residents, the manner in which the centre was operated did not fully align with this. For example, the inspector saw staff preparing meals in one of the unit's kitchens which was then given across to the other units. Residents individual spaces were open and active and for the most part, the centre was still operating as one larger unit. While there was a friendly and engaging atmosphere, with residents seeking this social interactions, it did not lend itself to the type of environment that the provider was aiming to offer through more individualised and personal living spaces for residents.

Residents wishes and choices were seen to be respected, and residents encouraged to make informed choices and understand any associated risks. For example, while residents' choices were respected, they were supported to manage their time and smoking in a way that was supporting them to reduce intake.

Residents had familiar staff on duty during the day and night, and if residents required one-to-one support this was provided and identified in advance on the roster complete with a photographic display. The staffing on the day, was in line with the planned rosters and residents seemed at ease and comfortable with the staff members supporting them. It was evident that residents had a good relationship with the person in charge and with the staff members that support them.

Residents were aware that there was going to be a change in the person of charge in the coming weeks. Some residents spoke about this and expressed they would miss the person who was leaving, but were happy that the new person taking up the role of person in charge was very familiar to them and had worked with them before. Residents had been kept informed and supported to plan and understand for this change.

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

Capacity and capability

The registered provider had followed through on their plans to reduce number of residents living in the designated centre by supporting a number of residents to transition safely to other accommodation. The provider's plan also involved supported some residents to move into different units of the designated centre to give them more space, if this had been assessed as required. The purpose of the provider's plan was to have a beneficial outcome for all residents and further enhance community participation and achievements of personal goals. On the day of

inspection there were five people living in the designated centre, across three units located beside each other on the premises.

The provider had ensured there was effective leadership and oversight arrangements in place in the designated centre. There was a full-time person in charge, who reported to a senior services manager, who in turn reported to the Chief Executive Officer. Along with a clear management structure for lines of reporting and responsibility, there were effective oversight systems in place. For example, the person in charge had a local system of audit, review and checks to oversee the care and support delivered in the respite centre. There were established lines of escalation and information to ensure the provider was aware of how the centre was operated and if it was delivering a good quality service. There had been unannounced visits completed through the quality department, on behalf of the provider on a six month basis, along with an annual review on the quality and safety of care. There was a planned change in the role of person in charge, which the provider had notified to the Chief Inspector. Residents had been informed of this change in advance and were familiar with the new person who would take up this role.

As the number of residents living in the centre decreased, the provider maintained a high ratio of staffing and had further increased the staffing resources to include an instructor / supervisor role who was responsible for leading out on the day services programme for residents throughout the week. This meant that residents had more opportunities to take part in activities and occupation in a one-to-one environment and activities in line with own wishes and interests. The provider had also further resourced the centre with the addition of a third vehicle, to support residents daily activity and to support their choices. Staff were qualified in nursing, social care or other care professions, and were provided with routine and refresher training to ensure they had the skills required to meet the needs of residents. There was oversight of the training needs of staff, and training needs were identified in advance and planned for by the person in charge.

While there was a written statement of purpose in place as required by the regulations, the provider needed to further clarify the purpose of centre and its aim within the written document. For example, while there were three separate units in operation on same grounds and residents had own living and bedroom spaces there was still a sharing of resources and spaces and staffing between the units. The centre was being operated as one large centre when needs of residents indicated individual spaces were required. Similarly, while these units were described as individual apartments, this was not a true reflection of the premises. For example, one resident had a large sitting area with a dining table and kettle, the large kitchen and dining room was not in use and did not contain any furniture and the main bathroom was situated outside of the apartment area. Similarly the gym/games room was no longer used for this purpose and it was unclear which parts of the centre were for communal use and which were private/ individual spaces. The statement of purpose required improvement to ensure the premises layout was clear, and the overall purpose of the centre was defined.

The provider and person in charge demonstrated that they had effective governance

systems and resources in place to deliver a good standard of care and support to residents living in the designated centre. Overall, this inspection found the centre was operated in a manner that was striving to deliver safe, person-centred care and support to people living there with improvements required in respect of the upkeep of the premises, fire containment measures and the details within the written statement of purpose.

Registration Regulation 7: Changes to information supplied for registration purposes

The provider had notified the Chief Inspector of an upcoming change in the role of person in charge.

Judgment: Compliant

Regulation 14: Persons in charge

There was a full-time person in charge appointed to be responsible for the designated centre, who was suitably skilled, experienced and qualified. The provider had informed the Chief Inspector of a planned change in this role and the inspector found that the person identified to be appointed as person in charge in the coming weeks met the requirements of regulation 14. The incoming person in charge was well known to residents, and had a good understanding of the designated centre. The provider had arrangements in place to ensure effective governance and oversight of the designated centre, as the person in charge was responsible for more than one centre. For example, through the recruitment of a deputy manager to support the person in charge with their responsibilities.

Judgment: Compliant

Regulation 15: Staffing

The staffing resources in the designated centre were well managed to suit the needs and number of residents. Residents were afforded with staff support from familiar staff who knew them well. Where required, residents had one-to-one staffing support if this had been assessed as necessary.

Staff working in the designated centre were suitably qualified to deliver services in line with the written statement of purpose. There were nursing staff employed by the provider, along with staff qualified in social care professions and care assistants.

The person in charge maintained a planned and actual staff roster for the

designated centre.

Recruitment was underway for two full-time positions, one of which had been recently completed and one which was at interview stage. While there was a requirement to use agency temporary staffing until these two roles were in place, this was covered by temporary staff who had worked in the designated centre numerous times and in some cases over many years. Residents said that in general they knew all the staff that supported them.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training. The person in charge had oversight systems in place to identify any training needs of the staff team and to ensure refresher training was made available in a timely manner.

There was a system in place for formal supervision of individual staff members and staff team meetings were held regularly.

Information on the Health Act 2007 (as amended), regulations and standards, along with up-to-date guidance documents on best practice were available in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had put in place a management structure in the designated centre, with clear lines of reporting and responsibility.

There was effective oversight arrangements and monitoring systems in place, and pathways for information and escalation from the person in charge to the provider.

There was an enhanced auditing system in place by the person in charge, to ensure information, documentation, assessments and plans were reviewed and updated periodically.

The provider had completed unannounced visits to the centre on a six monthly basis, and had completed an Annual Review of the quality of care and support.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had ensured there was a written statement of purpose and function in the designated centre. While this document met most of the requirements of schedule 1, some of the content required improvement. The written document required a clearer aim and overall purpose of the centre and its service, along with improvements in the description of the premises and lay out of the buildings. For example, there was no longer a games/gym room in one unit as outlined in the statement of purpose.

Judgment: Substantially compliant

Quality and safety

The provider's plan to reduce the number of residents living in the centre supported and promoted residents' safety within the designated centre and their quality of life with a reduction in incidents of a safeguarding nature between peers along with the amount of restrictive practices in use. These changes had also resulted in a quieter and less noisy environment and more opportunities for individual and person-centred care and support. While these were having a positive impact on residents' safety and quality of life, there were issues identified on this inspection regarding the premises and fire containment that required improvement.

As the provider had reduced number of residents living in the centre from 14 to five people, this had resulted in a number of vacant rooms and spaces throughout the building. The impact of this change and the current design and layout of the premises meant that residents were not always afforded with a homely lived experience. This proved a challenge both for staff in creating a more ordinary and homely environment, and also for the provider in the upkeep of the building internally and externally. For example, some residents needed to visit a different unit of the designated centre in order to use the bath, staff cooked residents meals in the kitchen area of one unit and sent the meals to residents in other units. This meant that residents were not having their meals cooked in their own home environment. While the statement of purpose outlined high supervision of residents in shared areas, it was unclear on the day which parts of the designated centre were "shared" or communal spaces. While the centre had the support of domestic staff, not all parts of the centre were clean or well maintained. Most notably the exterior of the buildings paintwork, pathways and grounds and some bathroom areas.

With less people living in the centre, the purpose of centre had changed somewhat with residents all supported to have their own individual living room and bedroom areas across three different units. While the centre was aiming to provide more individual style facilities and supports it was still being operated in a manner that didn't fully support that aim. As mentioned above, residents still needed to use

bathroom facilities in different units, for example. Similarly, residents tended to leave their external doors open and seek social engagement and interactions with other people around the centre. Most doors into residents' individual spaces were open and there were numerous exits and entry points, resulting in a lot of people (support staff, domestic staff, other residents) coming and going throughout the day. The centre was being operated as one large centre, and residents themselves seemed to welcome this, while the premises were designed to offer individual spaces and facilities.

Residents told the inspector that the food on offer in the centre was nice and tasty. Staff members made meals for residents in a kitchen in one unit of the centre, and brought meals to each resident. The other kitchen areas in the designated centre were bare, and one unit had nothing in the fridge or presses and this room was not in use. While residents were provided with safely home-cooked meals, improvements were required to ensure residents had full opportunities to observe and be involved in the food preparation and cooking in their own home environments, if they so wished. The statement of purpose also outlined that residents would be supported to develop their independence and be involved in the running of the centre.

Residents appeared relaxed and happy in their home. There were policies, procedures and pathways in place to identify and respond to any safeguarding concerns or risks, and staff had received training in safeguarding vulnerable adults. Safeguarding plans were put in place, to promote residents' safety. While some residents had been supported to live in an individual living space to better support their needs and to promote safeguarding, some staff felt that this resulted in residents being isolated from their peers. It was observed on inspection that residents did seek out social interactions and stimulation outside of their individual living spaces throughout the day and this was facilitated. There was good oversight systems in place to continuously review any restrictive practices in place in the designated centre, and there continued to be a focus on reducing any restrictions since the previous inspection. Residents were aware of any restrictions imposed upon them and the reasons why.

The centre was managed in a way that identified and promoted residents' good health, personal development and well-being. Residents' needs were noted and assessed in a comprehensive manner using an assessment tool implemented by the provider. Based on these assessments, personal plans or care plans were written up to outline how each individual need would be met and supported. Residents had access to their own General Practitioner (GP) and allied health professionals, and were supported to keep healthy through attending regular health appointments, follow-up appointments or adopting the advice of health professionals. Residents felt that staff were supportive of their health, and encouraged them to make good choices, along with supporting them to attend appointments for their health. Residents' rights were respected, with information and education available to support them to make informed choices regarding their health. For example, the risks of smoking.

Residents' health and safety was promoted through effective risk management

policies and procedures, emergency planning and incident recording and management systems.

Residents were protected against the risk of fire in the designated centre, through fire safety systems and local procedures. The buildings were equipped with fire detection and alarm systems, emergency lighting, fire fighting equipment and fire containment measures. On the day of inspection, some internal doors were not closing fully or tightly when released, and some vacant parts of the centre had doors that required repair.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 through formal risk assessments. Personal protective equipment (PPE) was available along with hand-washing facilities and hand sanitiser. Staff wore personal protective equipment as advised through public guidance. Each staff member and resident had their temperature checked twice daily as a further precaution. The provider had plans and facilities in place should a resident require self-isolation.

Overall the provider had taken action to improve safeguarding within the designated centre and to reduce the numbers of people living in the designated centre and this was having a positive impact on residents' quality of life. Residents were afforded a quieter environment and their safety was promoted. However, due to the size and layout of the premises, residents were not fully provided with a homely and ordinary lived experience and the manner in which the centre was operated at times was still as a congregated setting. The general upkeep of the premises was in need of address, along with internal practices regarding cleanliness and upkeep. For example, the storage of mops, debris and dust in vacant rooms and external painting and maintenance.

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in line with their individual needs and wishes.

Residents were supported to remain active and occupied, with additional staff put in place to ensuring residents had access to activities and learning based from their home. An external garden room had been converted into an activity space since the last inspection and was a space for residents to do art and crafts, felting and work on the computer.

The provider had sourced a third vehicle to further support residents' choices to spend time in their community using amenities and facilities of interest to them.

Judgment: Compliant

Regulation 17: Premises

The premises now had a number of vacant rooms and spaces since the reduction of the number of people living there. While these rooms were not currently in use they were in need of general cleaning and improvements in decoration such as painting, blinds, curtains and en-suite areas.

The main bathroom in use by residents required a deep clean, with dirt and debris in some parts of the room and there were items stored in this room that were not appropriate.

Residents did not have suitable bathing facilities within their own unit of the designated centre, and were required to walk to other units in order to avail of showering/bathing facilities.

Some rooms did not have furniture or items to support their use. For example, kitchen and dining rooms without tables and chairs.

Some pathways out of the units were uneven and posed a trip hazard, especially for people with risk of falls.

General upkeep of the external buildings was required. For example, wall and window sill painting, removal of leaves and debris and clutter.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents told the inspector that they liked the meals available to them in the designated centre and were provided with choices and food and drinks were available in line with any dietary requirements.

Meal preparation and cooking was done by staff in the kitchen of one unit, this was not affording residents the opportunity to observe and be involved in meal preparation and cooking within their own home to develop their skills.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Residents' safety was promoted through effective risk management systems in the

designated centre. For example, there was a policy in place outlining how risks were identified, assessed, managed and reviewed and the person in charge maintained a risk register of known personal and environmental risks.

Residents' right to take a risk was respected, and residents were supported to make well-informed decisions.

The provider had written plans in place to follow in the event of an emergency. For example, if there was a flood, or loss of power.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had put in place procedures for the management of the risk of infections in the designated centre, which were guided by public health guidance and national standards. The risk of COVID-19 was assessed and reviewed regularly, and the provider had plans in place to support residents to isolate if they were required to.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place fire safety systems in the designated centre, along with policies, procedures and plans to manage the risk of fire.

There was a fire detection and alarm system, emergency lighting, fire fighting equipment in the designated centre. These were routinely checked by staff through daily and weekly checklists, and serviced regularly by a relevant fire professionals. There were fire containment measures in place throughout the building, for example fire shutters in kitchen areas and fire doors on all doors. Not all fire doors were closing fully on the day of inspection and required review.

Fire exits were easily accessible, kept clear, and well sign-posted.

There were two waking staff working at night time, to support the safe evacuation of people in the event of a fire or emergency. And records of the support requirements of each person in the event of an emergency were maintained and updated as required.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There was a system in place to comprehensively assess residents' needs and these documents were reviewed regularly and included input from allied health professionals, where appropriate. Where a need or risk had been identified, there was a written personal plan in place outlining how each resident would be supported. Residents' aspirations and wishes in relation to their personal and social goals were assessed and outlined in accessible plans.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with appropriate healthcare as outlined in their personal plans.

Residents had access to their own general practitioner (GP) along with access to allied health professionals through referral to the primary care team, or to allied health professionals made available by the provider.

Residents had been supported to avail of national screening programmes, in line with their own wishes and choices.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was clear direction and guidance for staff through written positive behaviour support plans, in order to support people positively with behaviour that can challenge. Staff were trained in positive behaviour support and how to manage aggression.

Any restrictive practice was assessed, monitored and reviewed in respect of people's rights, and the provider had put in place a committee to oversee restrictions. There was an emphasis on ensuring the least restrictive measure was used for the shortest duration of time and a focus on continuously reducing any restrictive practices that were in place in the designated centre.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that there were appropriate policies, procedures and reporting structures in place to support the management of potential safeguarding issues in the designated centre.

Any incidents of a safeguarding nature, had been recorded and reported in line with National Policy. There had been a noted decrease in incidents of a safeguarding nature in the centre, due to the reduction of residents living there and changes to the spaces available to residents for private use.

Staff had received training in the protection of vulnerable adults, and knew how to manage an allegation or suspicion of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents participated in and consented to their supports and decisions about their care. Residents were supported to demonstrate their capacity to make their own choices and decisions.

Residents were supported to understand risks and take responsibility for their choices ,through key-working meetings, education and information.

While in general residents' privacy and dignity was respected, the open nature of the centre and for some residents the constant entry into their individual space did not fully promote their privacy.

While information was available on advocacy services and rights, not all residents were supported to access external advocacy services to support them with decisions about their living situations.

Judgment: Substantially 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 7: Changes to information supplied for registration purposes	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Rosanna Gardens OSV-0001711

Inspection ID: MON-0028450

Date of inspection: 14/10/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>A total review of the SOP for Rosanna Gardens is currently taking place and when complete will reflect all the changes that have taken place and all the changes to use of rooms and all space. It is expected that this review and completed SOP will be complete and submitted by 31/01/2021</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: All areas of the designated will be deep cleaned Date 28/02/2022</p> <p>Lockers and cleaning equipment will be removed from the main bathroom and stored appropriately by 31st January 2022</p> <p>The unused gym equipment will be removed to facilitate the creation of a new bathroom. Bath to meet specific residents' requirement will commence on the 31/01/2022. Full refurbishment of a new bathroom in the Oaks will be completed by March 2022.</p> <p>Discussions are in place to convert The Pines into a separate designated centre. On competition all rooms will have a specific purpose and fully decorated. Date for competition April 2022</p> <p>Discussions in place to create 2 modern self-contained apartments in the Elms to meet the preferred wishes and needs of residents. Date for competition February 2022.</p>	

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>All meals will be cooked in each resident's building and residents will be encouraged to participate in the preparation of meals. This will be discussed with staff at the December 2021 meeting and commence directly afterwards.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A review of the safe operation of fire doors will be conducted Date for completion 31st December 2021.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The intended reconfiguration of the designated centre will afford residents private living space for their sole use and purpose. When this is complete it is hoped that each person will have their own private space to invite other people into at their bequest. 31/03/2022 CSM intends to contact independent advocate service to assist clients with decisions around the new living arrangements and the date for this is 07/01/2022.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	30/04/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/03/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/04/2022
Regulation 18(1)(a)	The person in charge shall, so far as reasonable and practicable, ensure that residents are supported to buy, prepare and cook their own meals if	Substantially Compliant	Yellow	15/01/2022

	they so wish.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/01/2022
Regulation 09(2)(d)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights.	Substantially Compliant	Yellow	07/01/2022
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	31/03/2022