



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

Issued by the Chief Inspector

Name of designated centre:	Binn Eadair
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Announced
Date of inspection:	21 August 2024
Centre ID:	OSV-0002371
Fieldwork ID:	MON-0035955

About the designated centre

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

Binn Eadair is a designated centre operated by St. Michael's House. The centre comprises a six bedroom detached bungalow. Each of the residents have their own bedroom and there are two sitting rooms and a kitchen come dining room. There is a large spacious garden to the rear of the centre. It provides residential care and support to up to five adults with mild to moderate intellectual disabilities. The centre is located in close proximity to a range of local amenities and services. These include public transport, pharmacy, church, shops, coffee shops, restaurants and pubs. The staffing arrangements for the centre consists of a social care leader who is the person in charge and a team of social care workers, with access to nursing support if required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 21 August 2024	10:40hrs to 18:40hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, the residents living in this centre reported that they liked living here. From talking to residents, staff and reviewing records the residents appeared to have a good quality of life. Some improvements were required to the premises, risk management and the oversight of residents health care needs. Notwithstanding, these improvements the person in charge and staff team knew the residents very well, provided care in a person centred manner and supported residents to maintain their independence.

This inspection was announced and so the residents had been informed that the inspection was happening. The purpose of this inspection was to inform a decision to renew the registration of the centre. Over the course of the inspection the inspector met the five residents living in the centre and spoke to three of them about what it was liked to live there. Two staff met with the inspector and the person in charge facilitated the inspection. The inspector also reviewed records pertaining to the quality and safety of care provided in the centre. Some of those records included residents' personal plans, risk management records and fire safety records. The inspector also observed interactions between residents and staff members.

On arrival to the centre, three of the residents had left to go to a day service they attended and two of the residents, who had retired were preparing to walk to the local shops for the morning newspapers. This was something they liked to do each day as both of them really enjoyed choosing television programmes/movies they wanted to watch during the day.

The designated centre consisted of a large single storey detached property with six bedrooms (one of which is a staff sleepover room and office). There were two sitting rooms, a large kitchen dining room, a utility room, one toilet and two bathrooms. The kitchen was modern, clean and well equipped. Overall, the premises was clean and well maintained. Some issues with the premises were still in the process of being addressed at the time of this inspection. As an example; two floors needed to be replaced.

Four of the residents showed the inspector their bedrooms and all of them reported that they liked them. Each resident was supported to maintain their bedroom the way they wanted it. For example; some residents liked to store large amounts of their personal possessions in their bedrooms, whereas others didn't. One resident's bedroom storage furniture looked visibly worn however, the resident informed the inspector that they liked this furniture and did not want to change it. Another resident said they would like more storage for their personal belongings. While the person in charge was aware of this, it needed to be addressed going forward in a timely manner as storage in other areas of the centre also required attention.

To the back of the property there was a large garden, some of this area was paved

and led onto a large expansive grass area. New garden furniture had recently been purchased and the person in charge informed the inspector the residents liked to have barbeques outside when the weather was good. Provider audits of the premises showed that the garden area needed to be addressed, this included addressing the paving area which was uneven and could pose a trip hazard for residents some of whom had mobility needs. This needed to be addressed in a timely manner going forward.

Five of the residents had completed resident feedback questionnaires prior to this inspection about what it was like to live in the centre. Overall, the feedback recorded was very positive. Residents reported they liked the staff, food, activities and knew if they had a concern who to report it to. One resident said ' the food was lovely' another said' it was the best place they ever lived' and another said ' they know their neighbours and people in their community'.

The mission statement outlined in the statement of purpose for the centre had been written by the residents. It stated that they valued having a choice in what they do in their lives. Some of the choices they outlined included deciding what to eat, what furniture to pick for their house, where they go and, helping with the running of their house. Valuing their independence and being involved in their community was also very important and they expected their rights, opinions and choices to be respected at all times, and their voices to be heard. The inspector found that the values outlined in this mission statement were in line with the practices in the centre.

Residents meetings were held regularly where residents could express their choices. A review of a sample of these meetings showed the inspector that residents were also informed about their rights and how to keep safe. For example, some of the items discussed included fire safety awareness, how to make a complaint and awareness about rights such as the right to vote. The inspector observed that where a resident requested something new for the house or different activities this was followed up by the person in charge. Residents were also informed about things that were happening in the centre, like when new people were taking over management roles in the wider organisation. This demonstrated residents were kept informed and included in decisions about what was happening in the centre.

The inspector also observed the staff and residents interactions with each other were warm and friendly at all times. The staff were very respectful of residents and the choices they made. For example, when residents were having their evening meal, each resident was asked individually what specific portions of food they would like. One resident did not finish their meal and the staff team were observed offering the resident numerous other choices in case the resident was still hungry. This informed the inspector that residents choices and preferences were respected.

There was a real sense of home in the centre and residents appeared to get on well. The inspector observed residents helping each other out with different tasks during the course of the inspection.

All of the staff in the centre had completed training on human rights. One staff

member explained how this training was influencing their practices in the centre. For example, the staff explained that ensuring that all residents had access to areas of their home and everything in their home was very important. They also explained that positive risk taking to support residents independence was also very important and provided an example of how the staff team had supported a resident to take positive risks. For example, one resident wanted to stay on their own in the centre for short periods of time. However, in the past the fact that this resident had a medical condition, which may require a staff member to be present at all times, had prevented this from happening.

Following the human rights training staff began to look at this differently and implemented control measures to mitigate risks which, in turn, enabled the resident to stay alone in their home for short periods of time as was their wish to do so. Some of those controls included education for the resident around fire safety and a medical alert bracelet the resident could wear which would alert staff if the resident required support. This was an example of how a resident was supported to make a decision themselves even though it may involve a level of risk.

The provider had systems in place to monitor the services provided, which was bringing about improvements for residents and ensured that residents needs were being met. For example, the registered provider was reviewing the layout and design of the premises to enable one resident whose needs were changing to remain living in the centre in the long term. This was an example of how the provider and staff team were responding to the potential changing needs of the residents.

The residents in this centre were actively involved in their local community. Some of the residents attended the local church every Sunday and went for coffee afterwards to have a chat and a catch up. Residents spoke about knowing their neighbours, going to local pubs, restaurants, shops, the cinema and some shows further a field. One of the residents, who loved animals, had been to the recent national horse show. Two of the residents, who were avid football supporters and avid movie fans, went to the cinema, football matches and one of them was planning to go overseas in the coming months to watch their favourite football team.

Another resident spoke about a recent holiday they had been on and also about the next holiday they were thinking about going on. All of the residents had televisions in their bedroom; some of them told the inspector that they liked nothing better than going to bed early and watching television. Most of the residents liked music and some of them had been to concerts and shows. They also had a karaoke machine and told the inspector that the person in charge was the 'resident DJ' in the house for karaoke nights. The residents spoke about enjoying a few hot whiskeys when they had karaoke evenings in the house.

Overall, the inspector found that residents liked living here and were supported to maintain their independence. Some minor improvements were required to three regulations.

The next two sections of the report outline 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 care and support provided to the residents.

Capacity and capability

Overall, the centre had a clearly defined managed systems in place which included audits and reviews of the services being provided in the centre. The staff team led by the person in charge knew the residents well and were providing person centred care to the residents living here. Three regulations required some improvements which included risk management, the premises and health care.

The centre had a clearly defined management structure in place which was led by a person in charge and two staff members who were assigned some managerial responsibilities. The person in charge reported to a service manager who in turn reported to the director of services. The registered provider also had several other key managers in the organisation to oversee specific areas of service delivery. For example; there was a director of quality and risk who oversaw risk management and fire safety in the organisation.

The provider had systems in place to monitor and audit the service. This included a number of audits that the person in charge or staff team completed and audits conducted by the service manager.

A review of a sample of rosters for one week in January, April, May and August 2024 showed that there were sufficient staff on duty to meet the needs of the residents. This showed overall that a consistent team were employed in the centre unless there was planned or unplanned leave at which time a regular relief panel was available.

A review of the staff training record that was maintained in the centre, showed that staff had been provided with appropriate training to support the residents' needs in the centre. As an example, all staff had completed training to support people who have epilepsy and diabetes, which was an assessed need for some residents.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application to the chief inspector to renew the registration of the designated centre which included all of the documents that are required to be submitted with this application. Some minor improvements were required to the details recorded on the floor plans and the statement of purpose

which were addressed by the registered provider in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full time basis in the organisation. They were an experienced social care professional with a qualification in management. They were also in charge of another designated centre under the remit of the provider. In order to ensure effective oversight of both centres, the person in charge had two supernumerary days to oversee both centres.

In this designated centre, the person in charge also had two staff members (who had some managerial responsibilities) who supported them in their role. The inspector found that at the time of this inspection this was not impacting on the care and support being provided.

The person in charge was found to be responsive to the inspection process and to meeting the requirements of the regulations. They had systems in place for the oversight and management of the designated centre which was bringing about improvements to the quality of services provided. For example, the person in charge had identified that the paving in the back garden was uneven and required attention to ensure that residents could safely access it. They had reported this at the time of the inspection.

They were also aware of their legal remit under the regulations and provided good leadership to their staff team and ensured that staff were supported through supervision meetings and team meetings. The two staff spoken with also reported that the person in charge was very supportive to them.

Judgment: Compliant

Regulation 15: Staffing

A review of a sample of rosters for one week in January, April, May and August 2024 showed that there were sufficient staff on duty to meet the needs of the residents. This showed overall that a consistent team was employed in the centre unless there was planned or unplanned leave at which time a regular relief panel were available.

The staffing levels were in line with the assessed needs of the residents at the time of the inspection. There was always two staff on duty in the morning time and the evening time Monday to Friday. At the weekend, the second staff started at 10.00hrs and worked till 20.00hrs. At night there was one sleepover staff on duty. The staff and person in charge confirmed that this was in line with the assessed

needs of the residents as none of the residents required specific supports during the night on a routine basis. The fire records also showed that one staff at night could evacuate residents from the centre in a timely manner and staff spoken to confirmed this also.

The person in charge and service manager discussed the staffing levels in the centre at their review meetings. In these meetings they had highlighted that the staffing levels were sufficient at present, but that this was being monitored due to the changing needs of some residents. This showed the inspector that management were reviewing the staff support for residents on a regular basis.

Staff who spoke to the inspector said they felt supported by the person in charge. The person in charge completed supervision with staff every three months and had planned the dates out for the year to complete this. A review of three staff members supervision records(including the person in charge) confirmed that staff were able to talk about concerns and discuss their personal development and training needs with their manager.

Overall, the inspector found that there was a consistent staff team employed in the centre and sufficient staff on duty to meet the needs of the residents at the time of this inspection. This meant that residents were ensured consistency of care during these times. The residents reported that they liked the staff and were observed on the day of the inspection to be comfortable in the presence of staff.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the staff training record showed staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

Staff training needs were divided into specific requirements; mandatory training and some training that was specifically required to work in this designated centre.

For example, staff had undertaken a number of in-service training sessions which included the following:

- safeguarding of vulnerable adults
- fire safety
- manual handling
- safe administration of medicines
- infection prevention and control
- food hygiene
- supporting residents with feeding, eating and drinking
- diabetes
- epilepsy

Staff had also undertaken training in human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: 'What residents told us and what inspectors observed'.

Two staff members spoken with by the inspector were aware of the assessed needs of the residents. For example, two residents, with specific medical conditions, staff spoken with knew the supports in place for the residents.

Judgment: Compliant

Regulation 22: Insurance

The provider had submitted up-to-date insurance details as part of the application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which was led by a person in charge who reported to the service manager for this centre. The registered provider also had several other key managers in the organisation to oversee specific areas of service delivery. For example; there was a director of quality and risk who oversaw risk management and fire safety in the organisation.

The provider had systems in place to monitor and audit the service. This included a number of audits that the person in charge completed. The registered provider also ensured that an annual review of the quality and safety of care had been completed for 2023 and a six-monthly unannounced visit to the centre had been carried out in July 2024. Both of these reviews are specifically required to be completed under the regulations. These audits and reviews were bringing about positive changes for residents in the centre and to the safety of care provided. For example: the registered provider had identified that some additional improvements were required to the back garden, storage in the centre and updates to the premises. Some of these as discussed under the specific regulations were still in progress at the time of this inspection.

The registered provider was also responding to the changing needs of the residents in the long term. For example; they had recently requested a review of the premises to ensure that going forward the centre could accommodate residents whose needs may change in the future.

Regular staff meetings were also held. A review of three records of these meetings

showed that a wide variety of topics relating to residents needs, safety and safeguarding were discussed.
Judgment: Compliant
Regulation 3: Statement of purpose
<p>The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations.</p> <p>This document detailed the aim and objectives of the service and the facilities and services to be provided to the residents. For example, it set out how residents plans were reviewed, the complaints procedure and how residents privacy and dignity was maintained in the centre. Some minor improvements were required, however, these were addressed on the day of the inspection.</p> <p>The provider and person in charge was aware of the requirement to review and update the statement of purpose on an annual basis (or sooner), as required by the regulations.</p>
Judgment: Compliant
Regulation 31: Notification of incidents
<p>The inspector reviewed all of the incidents that had occurred in the centre since January 2024 and found that the person in charge had notified the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre in line with the regulations.</p> <p>This assured the inspector that the person in charge was aware of their remit under the regulations to report adverse incidents.</p>
Judgment: Compliant
Regulation 4: Written policies and procedures
<p>The actions from the last inspection were followed up. Three of the policies and procedures required to be in place under the regulations and updated every three years were now updated. These included:</p> <ul style="list-style-type: none"> the policy on admission, transfer, discharge and temporary absence of

- residents
- the policy on communication with residents
- the policy on the creation of, access to, retention of, maintenance of and destruction of records

Judgment: Compliant

Quality and safety

The residents reported they liked living in this centre, with one resident describing it as the best place they had ever lived in.

The inspector observed that residents had a good quality of life here and that residents were supported to make their own decisions. Some minor improvements were required in risk management, premises and residents health care needs.

There were systems in place to manage and review risks in the centre, however some improvements were required in one risk assessment and the follow up to adverse events in the centre.

The premises were generally clean and homely. Some improvements were required in the premises as discussed earlier in this report which needed to be addressed in a timely manner going forward.

Residents had personal plans in place outlining the residents health care needs. Some improvements were required to support plans in place to guide practice.

The residents in this centre were actively involved in their local community. Some of the residents attended the local church every Sunday and went for coffee afterwards to have a chat.

The registered provider had systems in place to mitigate or respond to a fire in the centre. This included staff being provided with training in fire safety, residents being provided with education around fire safety and ensuring that fire equipment was serviced regularly.

There were systems in place to safeguard residents including the provision of training for all staff.

Regulation 13: General welfare and development

Residents were supported to be actively involved in their community and were provided opportunities to have meaningful days in line with their preferences and

wishes

One of the residents who loved animals had been to the recent national horse show. Two of the residents who were avid football supporters and avid movie fans went to the cinema, football matches and one of them was planning to go overseas in the coming months to watch their favourite football team. Residents were supported to have meaningful days in line with their personal preferences.

Another resident spoke about a recent holiday they had been on and also about the next holiday they were thinking about going on. All of the residents had televisions in their bedroom; some of them told the inspector that they liked nothing better than going to bed early and watching television. Most of the residents liked music and some of them had been to concerts and shows. They also had a karaoke machine and told the inspector that the person in charge was the 'resident DJ' in the house for karaoke nights. The residents spoke about enjoying a few hot whiskeys when they had karaoke evenings in the house.

The residents in this centre were actively involved in their local community. Some of the residents attended the local church every Sunday and went for coffee afterwards to have a chat and a catch up. Residents spoke about knowing their neighbours, going to local pubs, restaurants, shops, the cinema and some shows further afield.

Three of the residents attended day services and two of the residents were retired. On the day of the inspection the residents were observed to lead busy lives in line with their wishes. For example; when one of the residents returned from their day service, they wanted to go to the local shopping centre to buy something and then another residents joined them.

Judgment: Compliant

Regulation 17: Premises

The property itself was a large single storey detached property with six bedrooms (one of which a staff sleepover room and office). There were two sitting rooms, a large kitchen dining room, a utility room, one toilet and two bathrooms. The kitchen was modern, clean and well equipped. Overall the premises was clean and well maintained. Some issues with the premises were still in middle of being addressed at the time of this inspection. As an example; two floors needed to be replaced.

Four of the residents showed the inspector their bedrooms and all of them reported that they liked their bedrooms. Each resident was supported to maintain their bedroom, they way they wanted it. For example some residents liked to store large amounts of their personal possessions in their bedrooms, whereas other residents didn't. One residents bedroom storage furniture was worn however this resident informed the inspector that they liked this furniture and did not want to change it. One resident said they would like more storage for their personal belongings. While the person in charge was aware of this, it needed to be addressed going forward as

storage in other areas of the centre required attention also.

To the back of the property there was a large garden, some of this area was paved which lead onto a large expansive grass area. New garden furniture had recently been purchased and the person in charge informed the inspector that residents liked to have barbeques outside when the weather was good. Audits of the premises showed that the garden area needed to be addressed, this included addressing the paving area which was uneven and could pose a trip hazard for residents some of whom had mobility needs. This needed to be addressed going forward.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared in writing a guide in respect of the designated centre. This guide was available to the residents and included a summary of the services to be provided.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and review risks in the centre, this included individual risk assessments for residents where required, a risk register of all risks in the centre and a system to review adverse events that occurred in the centre. However, some improvements were required in one risk assessment and the follow up to one adverse event in the centre.

The area of improvement relating to this risk assessment was concerned with the maintenance of electrical equipment in the centre. The registered provider was currently implementing a system to ensure that all electrical equipment in the centre was periodically tested on an annual basis. An organisational risk assessment in place for electrical equipment had not been updated to reflect this. In addition to this, the risk assessment stated that staff conducted visual checks of all electrical appliances on a weekly basis. However, the practice in the centre showed that this was only done on a monthly basis. This needed to be reviewed.

The person in charge had a system in place to review adverse events (incidents/accidents) that occurred in the centre. Overall, there was a low level of adverse events being reported. The inspector followed up on some of the adverse events that had occurred in the centre to ensure that they were reviewed and that where required recommendations for improvement or actions to mitigate risks were implemented. The inspector found that for the most part this was completed,

however, the records maintained in relation to one adverse event that had occurred earlier in the year had not been followed up in line with the practices in the organisation. For example; this adverse event related to a medicine error which had been reported to a senior nurse on call. However, following a medicine error, the person in charge should collate recommendations from the senior nurse following the incident. This was not in place on the day of the inspection.

The transport provided in the centre had an up to date roadworthy certificate in place and was insured.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place to manage and/or prevent an outbreak of fire in the centre. Fire equipment such as emergency lighting, a fire alarm, fire extinguishers and fire blankets were provided and were being serviced regularly. For example; emergency lighting was required to be serviced every three months. The records showed that this had been completed in January, March and June 2024.

Staff also conducted checks to ensure that effective fire safety systems were maintained. Fire exits were checked on a daily basis and the fire alarm was checked weekly to ensure it was working and fire doors were activated. On the day of the inspection, when the centre was vacant the person in charge tested the fire alarm and all fire doors closed when the fire alarm was activated.

Residents had personal emergency evacuation plans in place outlining the supports they required. Staff were aware of specific support needs of the residents. For example; only one resident required some physical assistance from staff to evacuate the building all other residents responded and evacuated the centre when the fire alarm activated. Both staff who met with the inspector were aware of the fire evacuation procedures at night and during the day.

Staff were provided with training/refresher training in fire safety. This included relief staff who were employed from time to time in the centre.

Fire drills had been conducted to assess whether residents could be evacuated safely from the centre and the records reviewed showed that these were taking place in a timely manner. The provider had also ensured that a fire drill had been conducted at night time when only one sleep over staff was on duty. This also showed that residents could be evacuated in a timely manner.

The registered provider also had a fire officer employed in the organisation who reviewed all fire drills that were conducted in the centre to ensure accuracy and a timely evacuation.

Judgment: Compliant

Regulation 6: Health care

Residents had personal plans in place that outlined their health care needs. Support plans and/or risk management plans were also in place outlining the supports residents would require with their health care needs. However, the inspector found that some improvements were required in these support plans to guide practice and ensure that residents were provided with the appropriate supports and access to allied health care professionals/nursing supports when and if required.

As an example; one resident had a medical condition that required staff to monitor some vital signs every week. This resident became very anxious when these vital signs were being monitored which staff were very aware of. However, there was no guidance in relation to when staff should seek advice from on call nursing personnel if the residents vital signs were not within normal limits and the inspector observed this at least two times in the records viewed. The person in charge sought advice from the nurse manager on call on the day of the inspection who advised on a plan of action going forward. This addressed the potential risk on the day of the inspection. Notwithstanding this plan needed to be reviewed going forward.

Some other minor improvements were required in the records stored for other residents to ensure accuracy. For example; one residents plan stated that they should be reviewed by a chiropodist every six weeks, while the staff were able to provide evidence that this was happening it was not included in the residents personal plans.

Residents had access to a range of allied health professionals to advise and support them with their health care needs. Some of those included an occupational therapist, psychologist and physiotherapist.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had completed training in safeguarding vulnerable adults. Staff spoken to were aware of what constituted abuse and the reporting procedures to follow in such an event. Where incidents had been reported, the provider and person in charge had reported it to the relevant authorities and taken steps to safeguard all residents.

The inspector also found from reviewing records, speaking to staff and residents that the registered provider had clear systems in place to report concerns should they arise in the centre. Some of these assurances were provided through the

following observations:

- the two staff members spoken with said they would have no issue reporting a safeguarding concern to management if they had one
- there were no open complaints about the service on file at the time of this inspection
- safeguarding formed part of the standing agenda at staff meetings
- in the six monthly unannounced quality and safety review safeguarding issues, including ensuring that staff training was up to date formed part of the review
- the staff team regularly discussed safeguarding with residents and it was evident from reading support plans that staff put measures in place to ensure that residents felt safe and also felt safe reporting any concerns they may have to staff
- the inspector also observed on the day of the inspection that one resident was very comfortable talking to staff about a concern they had

Overall, this demonstrated that residents were being appropriately safeguarded in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

As outlined in the first section of this report there were numerous examples to show how residents were supported to exercise their rights. These are some examples the inspector observed on this inspection:

- residents meetings were held to talk about things that were happening in the centre and keep residents informed
- residents got to decide if they wanted a planning meeting each year to decide on goals they might like to plan for the year. At the time of the inspection, none of the residents wanted these yearly meetings. Instead they wanted to plan them with staff themselves. This showed that residents choices were respected
- residents got to decide how they wanted their bedroom laid out
- residents were supported to maintain their independence and availed of community activities independently.
- one resident was supported to take positive risks which enabled them to maintain their independence
- all staff had completed training in human rights, supported decision making and person centred care.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Binn Eadair OSV-0002371

Inspection ID: MON-0035955

Date of inspection: 21/08/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none">• PIC discussed with TSD and spoke to the Senior Assistant Technical Services Officer re uneven patio surface on the 16/09/2024. Senior Assistant Technical Services Officer will escalate these concerns at the Hosing Association meeting in 04/10/24, Costing will be sourced and Work to be completed by the 2nd quarter in 2025.• The trees and green area at the back of the house will be address by the 3rd Quarter of 2025 by the housing Association.• PIC Added Uneven Patio surface to Falls Risk Assessment on the 03/09/2024, Risk Rating is Low.• At present resident is exploring different options regarding a new bed with storage underneath. 10/12/24• Office storage has been measured and costed; the works will be completed by Housing Association 31/12/2024• Contractor Completed Remaining two floors in the house on the 23/08/2024	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none">• PIC Updated the Electricity/ Electrical Equipment Risk Assessment on the 03/09/2024 to state that PAT Testing is being implemented throughout the organization.• All Drug Related Incidents and recommendations to be collated and added to Medication Risk Assessment if required.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care:	

- All Healthcare Supports Plans reviewed and updated in line with Service User's needs on the 12/09/2024.
- Chiropody Recording was implemented on the 12/09/2024
- Chiropody Support Plans were reviewed and updated on the 12/09/2024.

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)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2025
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2025
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.	Substantially Compliant	Yellow	03/09/2024
Regulation 06(1)	The registered provider shall	Substantially Compliant	Yellow	12/09/2024

	provide appropriate health care for each resident, having regard to that resident's personal plan.			
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