



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

Issued by the Chief Inspector

Name of designated centre:	The Children's Sunshine Home (operating as LauraLynn Children's Hospice)
Name of provider:	The Children's Sunshine Home
Address of centre:	Dublin 18
Type of inspection:	Unannounced
Date of inspection:	03 May 2023
Centre ID:	OSV-0003282
Fieldwork ID:	MON-0035786

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 3 May 2023	09:00hrs to 16:30hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This designated centre is located on a small campus in South County Dublin. On arrival, the inspector saw that the grounds of the campus were well-maintained and were welcoming. There was clear signage directing visitors to the reception or to different buildings on campus. The inspector saw that the campus grounds were designed to be appealing to children. There were several accessible playgrounds and child-friendly sculptures throughout. The main reception area was decorated with bright colours, and teddies and toys added to the visual appeal. The buildings had been designed with accessibility in mind. There were wheelchair accessible entrances, with automatic doors and no steps to impede entry or exit.

The inspector was greeted by staff who asked her to sanitise her hands. The inspector was advised regarding the mask wearing protocol in the centre in line with public guidance at the time. There was ready availability of hand sanitiser and disinfectant wipes to clean furniture throughout the administration buildings and the designated centre. The inspector saw that staff adhered to good hand hygiene principles during the inspection.

The designated centre accommodates both children and adults, however it is designed and laid out so that children and adults are accommodated in different buildings. The children's house operates as a respite facility where children avail of regular overnight stays. The adult house is located at the back of the campus. This house accommodates six full-time residents.

The person in charge was not available on the day of inspection and so a walk-through was completed with another senior manager. The clinical nurse managers also joined the walk-through of their respective houses. A walk through was completed of both houses on the morning of the inspection and, in the afternoon, the inspector spent some time in both houses observing the quality of care and the interactions between residents and staff.

The inspector saw that there was a quite a difference in the facilities and in the design of the children's respite compared to the adults' house. The children's respite house had adequate space for relaxation and recreation. It was designed and laid out in a manner that best supported the children's rights to dignity and privacy. However, the adult accommodation was not laid out in such a manner. The inspector saw that significant improvements were required to ensure that the adult house was designed in a way that was upholding residents' rights. This will be discussed further in the Quality and Safety section of this report.

There were four children in respite on the day of inspection. One child had left for school, one child was being supported with their morning routine and two children were relaxing in the living area of the house. The inspector saw staff supporting these children in a kind and respectful manner.

Works had been recently completed to the respite house for children. The house facilities included large, single-occupancy accessible bedrooms. Bedrooms were fitted with the appliances and equipment required to support residents' physical and medical needs. The centre had a family room to facilitate visits, and a sensory room was in process of being installed. Children had access to interactive floor projectors, multi-sensory lights and toys and were seen using some of these facilities on the day. The centre was also equipped with a multi-sensory, accessible bathroom where children could enjoy a bath while watching colour changing ceiling lights and listening to music. Staff told the inspector that this was the highlight of many of the children's stay in respite.

All of the children who the inspector met communicated through non-verbal means. For this reason, it was difficult to ascertain children's views on the quality of care in the centre. However, the inspector saw that children appeared relaxed and comfortable during their stay. Staff were seen to be responsive to non-verbal communications by the children. For example, one child appeared to be tired and was not engaging in the painting activity. Staff instead supported this child to engage in a more restful activity.

A walk-through of the adult unit was then completed. The inspector saw that the adult house was not laid out in a manner that best supported residents' privacy or that contributed to a homely environment. The house was accessed through a door which was shared by staff. Staff used this door to access a canteen and several of the staff offices. The footprint of the house encompassed these offices.

The corridor inside the main front door was seen to be busy and, at times, noisy due to the footfall of staff. While it was acknowledged that residents' bedrooms and main living space was in a connected building which was separated by a corridor and fire doors, this layout did not support a homely or private long-term housing arrangement for the residents.

The building which made up the main part of the residents' living quarters included a dining area, an accessible bathroom and six individual resident bedrooms. Staff informed the inspector that some residents preferred to have a quiet space to relax as they enjoy their own company however this could be difficult to accommodate. There were no facilities for meals to be cooked in this building. Instead, food was supplied by a central canteen. This also did not contribute to a homely environment.

The inspector was told that, while there were two bathrooms in the footprint of the adult unit, only one of these was accessible to the residents. The other bathroom was out of use and was seen to be storing equipment. This bathroom was not located in a place that would support residents' dignity and privacy as it was located away from their main living quarters and at the end of the corridor which housed staff offices.

Staff told the inspector that they were aware that the layout of the centre was not upholding residents' rights. The inspector saw that several rights referrals had been made to the provider in this regard. This will be discussed further in the next two sections of the report.

Some time was spent in the adult unit in the afternoon. The inspector had the opportunity to meet and interact with four of the adult residents. All of these residents communicated through non-verbal means. One resident was supported by staff to tell the inspector about a recent trip to Belfast to watch a wrestling show. They smiled and indicated that they had enjoyed their trip. Other residents engaged with the inspector through eye contact and facial expressions.

The inspector saw that staff and resident interactions were positive and caring. The inspector saw that staff were responsive to residents' communications. Staff were mindful of supporting residents' autonomy and dignity and demonstrated this through offering choices and consulting with residents regularly regarding plans and activities.

Overall, the inspector saw that staff were endeavouring to provide a rights-based and person-centred service, however the accommodation for adult residents was not supporting best practice in this regard.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. In general, the inspector found that the provider had robust oversight systems in place and that this was supporting the effective delivery of a safe service. However, enhancements were required to ensure that the provider's audits were being completed wholly in line with the regulations.

There were clear lines of authority and accountability in the designated centre. Each unit, the childrens' respite and adult house, had an identified clinical nurse manager 1 who supported the clinical nurse manager 2 and the person in charge in having oversight of the centre. Staff spoken with were clear on their roles and responsibilities and of how to escalate any concerns or risks through the chain of command to the provider level.

The centre was staffed by a team of nurses and health care assistants. These staff were further supported in delivering a quality service by additional staff such as an activity co-ordinator, volunteers and clinical team members. The inspector reviewed the roster for the centre and found that the number and qualifications of staff were in line with the statement of purpose. Where there were gaps in the roster, these were filled by a small panel of relief staff which was supporting continuity of care.

The inspector reviewed a sample of the records that were maintained in the designated centre and found that these were maintained in line with the regulations. Schedule 2 files for a sample of staff and volunteers were also reviewed. The

inspector found that all staff, including volunteers, had been Garda vetted and that there was a copy of all documentation for each staff member as required by the regulations.

There were a series of audits in place which identified specific risks in areas such as infection prevention and control or environmental health. The provider had also recently commissioned a report into the quality and safety of care specific to the adult service. The inspector saw that the provider had self-identified that this service was not promoting adults' rights in line with current evidence-based best practice. The report identified several strategic objectives in order to address this risk. The inspector was informed that this report was with the board of directors at the time of inspection and that the objectives as set out in the report were being considered.

While there were a series of audits in place, the inspector saw that these were not completed wholly in line with the regulations. For example, the audits looked at specific risks such as IPC or rights, and did not comprehensively look at the provider's overall compliance with the entirety of the regulations and standards. The provider's audits had not been used to inform a six monthly report as required by the regulations.

The annual review for the designated centre was in draft form at the time of the inspection. The inspector saw that this had not been completed in consultation with the residents or their representatives. While the inspector was informed that the provider maintained regular contact with representatives, this was not reflected in the annual review.

Overall, the inspector saw that the provider had management systems in place that were effective in ensuring that the service was safe and consistently and effectively monitored. The provider had identified where service improvement was required and was in the process of addressing known risks pertaining to the adult unit at the time of inspection. However, a review was required to ensure that six monthly unannounced visits and an annual review of the quality and safety of care were completed in line with the requirements of the regulations.

Registration Regulation 8 (1)

The provider had recently applied to vary a condition of the centre's certificate of registration. The application was received in full and contained the information as required by the regulations. The relevant fee had been paid.

Judgment: Compliant

Regulation 15: Staffing

The centre's planned and actual roster were reviewed. It was found that there were sufficient suitably qualified staff to meet the needs of the residents. The number and qualifications of staff were in line with the centre's statement of purpose.

Nursing support was available to those residents who required it.

The inspector saw that there were sufficient staff working on the day of inspection to meet the needs of the residents.

Gaps in the roster were filled by a small panel of regular relief staff. This supported continuity of care for residents.

Schedule 2 files were reviewed for several staff and volunteers. These were found to contain the information as required by the regulations

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the centre.

This directory was made available to the inspector. It was reviewed and was found to contain the information as required by Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The Schedule 2 and Schedule 3 records were reviewed by the inspector. These were found to meet the requirements of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The centre was adequately resourced in order to ensure the effective delivery of care and support in accordance with the statement of purpose.

There were clear lines of authority and accountability in the centre. Staff were informed regarding their roles and responsibilities and of how to escalate risks to the

provider level.

The provider had in place a series of local audits which were capturing risks in several areas such as infection prevention and control, and environmental health and safety. Action plans were derived from these audits. There was clear communication of audits and risks to the provider level.

The provider had also recently conducted a report into the quality and safety of care specific to the adult residential service. This report had identified that changes were required to ensure that care was being delivered in a manner that upheld residents' rights and ensured that the model of care was in line with national policy and evidence-based best practice. The provider had identified a number of strategic objectives which were with the board for consideration at the time of inspection.

While there was a series of comprehensive audits in place, enhancements were required to ensure that these audits were completed as frequently as defined by the regulations. For example, the inspector saw that a six monthly unannounced visit had not been completed in the designated centre since 2020. Additionally, a review was required to ensure that audits were comprehensively reviewing the quality and safety of care in the service having regards for the entirety of the regulations and standards.

The inspector was informed that there were forums in place to capture and document the views and opinions of family members on the quality and safety of care in the service. These forums included annual family satisfaction surveys and representation of family members on a family engagement board sub committee. However, the views of residents and family members were not represented in the annual review of the quality and safety of care. This had previously been identified as an area of non-compliance in a HIQA inspection. Additionally, the annual review was in draft form at the time of inspection.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Admissions to the designated centre were co-ordinated by an admissions and discharge team. Admissions were informed by the provider's admissions policy and were determined on the basis on transparent criteria. At the time of inspection, the adult disability unit was closed to new referrals.

Prospective residents for the respite unit for children were provided with an opportunity to visit the centre in advance of their admission. The inspector saw that an admissions meeting was in progress on the day of inspection. The meeting was attended by the child, their family members, the clinical nurse manager for the unit and relevant clinical team members. The meeting was held to determine the supports required by the resident on their admission.

Judgment: Compliant

Regulation 30: Volunteers

Volunteers played an active role in supporting the delivery of a quality service in the designated centre.

The inspector reviewed the Schedule 2 files for a sample of volunteers and saw that volunteers had been Garda vetted.

Volunteer roles and responsibilities were also clearly defined and documented in their files.

Volunteers were in receipt of regular supervision and support by the provider's volunteer co-ordinator and an established peer mentoring or buddy system.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the centre's adverse incident recording log. It was found that incidents were notified to the Chief Inspector in the manner as required by the regulations.

Judgment: Compliant

Quality and safety

This section of the report details the quality of the service and how safe it was for the residents who lived in the designated centre. Overall, the inspector found that the day-to-day practice within this centre ensured that residents were safe. The inspector found that the respite unit for children was providing a quality and child-centred service. However, the design, location and model of care in the adult unit was seen to be hampering staff efforts to provide a rights-based service to these residents.

As discussed in the first section of this report, the inspector completed a walk-through of both units of the designated centre. Both were seen to be clean and well-maintained. The inspectors saw staff interacting with residents in a kind and respectful manner. The inspector saw that staff were familiar with residents' needs

and with how to best support their communication.

The children's respite house was seen to be bright, spacious and welcoming. There was ample availability of space for relaxation and activation. Children appeared to be relaxed and comfortable during their stay.

The adult unit, was however, not laid out in a manner that contributed to a homely environment. The unit contained several staff offices and was seen to be quite busy at times. The provider had endeavoured to uphold the privacy of residents by assigning resident bedrooms and main living area away from the busier corridor containing staff offices. However, the residents' main living unit did not have its own front door, cooking or garden facilities. This contributed to an institutional feel to the unit. The provider had self-identified through their own audits that the building was not fit for purpose in meeting the residents' social needs and in ensuring their privacy.

Staff spoke to the inspector regarding the impact of the premises on the residents' rights. Staff were found to be well-informed regarding human rights and several staff stated they had completed training in this area. Staff described the measures they were taking in order to ensure that they were providing care that was rights-informed and person-centred. However, ultimately due to the layout of the unit and its location on campus, this was proving challenging.

The inspector saw that adult residents were supported to engage in regular educational and recreational activities both in the unit and in the community. Due to the location of the adult unit, it was difficult for residents to access many community facilities. The provider had therefore provided several buses to support community access.

A sample of residents' files were reviewed by the inspector. It was found that each resident had an up-to-date assessment of need as required by the regulations. The assessment of need was used to inform care plans which were written in a person-centred manner. Staff were knowledgeable regarding care plans and were seen to adhere to these in the provision of care to residents.

There were policies and procedures in place that supported effective infection prevention and control practices in line with national standards. The inspector saw that staff were knowledgeable regarding IPC and that they engaged in good hand hygiene throughout the course of the inspection.

In summary, the inspector saw that while both the children and adults were in receipt of a safe service, there was a difference in the quality of care delivered in the children's respite unit compared to the adult residential unit. Children were seen to be in receipt of a child-focused and rights-informed service which was delivered in a premises that was upholding their rights to privacy, dignity and autonomy.

Staff in the adult unit were found to be knowledgeable regarding human rights and were attempting to deliver a quality and rights-informed service. However, ultimately the design and location of the adult unit was not lending itself to best practice in provision of a self-determined and community-based service for the adult

residents.

Regulation 13: General welfare and development

Residents in this designated centre were supported to access a range of educational, recreational and social activities in line with their needs and preferences. Some of these activities were facilitated in the designated centre while others took place in the community. As the centre was located on a campus, the provider had made several buses available for residents to support them to access the community. Adult residents accessed day services and were supported to access the community for swimming, religious occasions, horse riding and local youth or community groups.

Children were supported to continue to attend their educational placements while on their respite stay. Children also had access to playgrounds and sensory facilities on campus.

An activities co-ordinator was employed and worked with the children and adults to support activities in line with their needs and wishes.

Staff were seen to support residents to engage in preferred activities such as reading, singing or watching TV. The inspector saw that staff consulted with residents and supported them to choose their preferred activity.

Judgment: Compliant

Regulation 17: Premises

The premises of both the children's respite centre and the adult residential centre were both seen to be clean and generally well-maintained. The children's centre was designed and laid out in a manner that supported the dignity and privacy of the residents

However, the adult unit was not laid out in a manner that contributed to a homely environment. In particular, the inspector saw that:

- the entrance way to the unit was shared by staff accessing the canteen and their offices
- a significant proportion of the footprint of the designated centre was used for staff offices
- one resident bathroom was inaccessible to residents and was located in a place that did not support residents' dignity and privacy
- there was a lack of appropriate cooking facilities to provide fresh food to residents

- residents had access to only one large shared living space in the main part of their home
- while the house was decorated in resident photographs and with artwork, it did not lend itself to a homely environment
- residents did not have their own garden. Their living space opened directly on to a children's playground. Staff informed the inspector that work was underway to create a sensory garden for the adults.

Judgment: Not compliant

Regulation 27: Protection against infection

The inspector found that procedures and practices in place in the designated centre were in line with National Standards for Infection prevention and control in community settings. The inspector saw that:

- there was ready availability of suitable hand hygiene facilities. Staff were seen adhering to good hand hygiene practices throughout the day.
- staff were informed regarding their roles and responsibilities pertaining to IPC
- there were comprehensive local policies and procedures to guide staff in the management of a suspected or confirmed case of infection
- staff liaised with public health when there were suspected cases of infection
- there was a system of water flushing

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' files. It was observed that all residents had an up-to-date assessment of need. This assessment of need was used to inform comprehensive care plans.

The assessment of need and care plans were seen to be written in person-centred language. They detailed residents' preferences as pertaining to their personal care. Care plans also documented how to support residents to communicate their wishes and ensured that residents' dignity and autonomy in relation to their care was upheld.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that the provider was endeavouring to provide a rights-based and person-centred service. However, the layout and the location of the adult unit was not supportive of their endeavours. There was documented evidence that adult residents' rights were being infringed upon due to the facilities and location of their house. In particular, residents had limited access to cooking facilities and private space.

While residents were supported to access their community through a fleet of wheelchair accessible buses, it was also noted that the location of their home on campus was not supportive of the residents' right to be active participants in their community. Additionally, as the campus mainly provided services to children, there was limited opportunity for residents to engage with other adults who were not paid staff or volunteers while they were in and around their home.

The inspector found that staff were informed regarding residents' rights and that several staff had completed additional training in this area. Staff had made referrals to the providers' rights committee regarding the risks identified in relation to upholding residents' rights. The inspector saw that these referrals had been reviewed by the rights committee. The provider had engaged in a rights based project and had commissioned a report in this regard. The inspector saw that the provider was aware of the impact that the living arrangements were having on residents' rights and had identified an action plan in order to address these issues.

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 8 (1)	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Substantially compliant

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

Inspection ID: MON-0035786

Date of inspection: 03/05/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> - The Draft 2022 Annual Quality & Safety Report will be completed by 30/06/2023 and submitted to the Quality, Risk & Safety Board subcommittee. - The Family Satisfaction survey will be reissued and completed for families accessing children’s services in Q4 2023 - The Satisfaction survey for families of adults living in the service will be finalized and issued by Q3 2023. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> - A garden project is underway in consultation with the people living in the service and due for completion by mid-June 2023, providing a private garden. - Enhancement of kitchen area included in budget plan for 2023 to include purchase of a cooker, planning commenced expected completion by end of Q2 2023 <p>The service has recognised the impact of premises and existing model of care on residents’ quality of life.</p> <p>Discovery project work commenced in August 2020 has been completed gaining a greater understanding and insight of the individuals behind the service, the findings have</p>	

been reported to Board of Directors and resulted in a strategy to support the individuals to transition to a disability service provider experienced in supporting people with disabilities to live engaged, active lives in a home, in their community.

An action plan is in development with Board of Directors to address these issues including.

- Development of a communication strategy – completed.
- Implementation of Communication Strategy from Q2 2023
- Individual referrals to National Advocacy Services for advocate in Q2 2023
- Development of Transition Steering Group in Q2/Q3 2023
- Recruitment of a Transforming Lives Project Lead in Q2/Q3 2023
- Engagement with HSE and other service providers Q2 – Q4 2023
- A due diligence exercise has commenced with the HSE.
- Appointment of Assisted Decision Makers and Capacity Assessments – where appropriate Q3 2023
- Where applicable follow the HSE 'Community Living Transition Planning Toolkit' Q3 2023 – Q4 2025.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The service has recognised the impact of premises and existing model of care on residents' quality of life.

Discovery project work commenced in August 2020 has been completed gaining a greater understanding and insight of the individuals behind the service, the findings have been reported to Board of Directors and resulted in a strategy to support the individuals to transition to a disability service provider experienced in supporting people with disabilities to live engaged, active lives in a home, in their community.

An action plan is in development with Board of Directors to address these issues including.

- Development of a communication strategy – completed.
- Implementation of Communication Strategy from Q2 2023
- Individual referrals to National Advocacy Services for advocate in Q2 2023
- Development of Transition Steering Group in Q2/Q3 2023
- Recruitment of a Transforming Lives Project Lead in Q2/Q3 2023
- Engagement with HSE and other service providers Q2 – Q4 2023
- A due diligence exercise has commenced with the HSE.
- Appointment of Assisted Decision Makers and Capacity Assessments – where appropriate Q3 2023
- Where applicable follow the HSE 'Community Living Transition Planning Toolkit' Q3 2023 – Q4 2025.



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	31/12/2025
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2025
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	30/06/2023
Regulation 23(1)(e)	The registered provider shall ensure that the	Substantially Compliant	Yellow	31/12/2023

	review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	30/06/2023
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	Substantially Compliant	Yellow	30/06/2023

	personal information.			
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