



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

Issued by the Chief Inspector

Name of designated centre:	Drumcooley
Name of provider:	Sunbeam House Services CLG
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	04 December 2023
Centre ID:	OSV-0004919
Fieldwork ID:	MON-0032861

About the designated centre

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

Drumcooley is a designated centre operated by Sunbeam House Services CLG and is based in Bray, County Wicklow. The designated centre is a respite service that also provides day service provision for two female residents that present with complex needs. The designated centre is a two storey, two-bedroom detached house located in a residential area. It is designed with specifications, decor and furniture to meet the specific needs of residents that use the service. Each resident has their own bedroom and use of a living room, sitting room and dining room. Residents are provided with a bathroom and changing room. There is also a kitchen, utility room, storage room and toilet downstairs with restrictive access to residents. In the back garden there are two large adult swings and a trampoline. The designated centre is staffed by a team of social care workers and care assistants and is managed by a full-time person in charge who divides their time between this centre and one other.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Monday 4 December 2023	10:00hrs to 17:00hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

The inspector found that the person in charge and staff were striving to ensure that the residents availing of the respite service in the designated centre were provided with a quality and safe service through-out their stay.

There were a number of restrictive practices used in the designated centre. The provider and person in charge were endeavouring to balance the respite residents' right to autonomy and liberty whilst at the same time ensuring their health and safety. Restrictive practices were in place to support the reduction of self-injurious behaviours and to ensure the health, safety and well-being of residents during their respite stay.

The centre provided a day service provision during the day-time and a residential respite service every second weekend, Friday morning to Monday evenings to two adult females with complex needs. On the day of the inspection, the inspector was provided the opportunity to briefly meet the residents on two separate occasions. The inspector was mindful of their personal preferences for meeting visitors and their assessed behaviour support needs and took this to consideration during each of the brief engagements with the residents.

The inspector observed that the residents appeared happy and relaxed in the environment of their respite service and in the company of their staff. On observing the residents interacting and engaging with staff using non-verbal communication, it was obvious that staff clearly interpreted what was being communicated. The inspector spoke with the person in charge and reviewed personal plans and records, related to the care and support provided to the residents, in an effort to gather information that relayed the type of respite service provided to them.

Throughout the day, the inspector observed the residents coming and going out to different community activities. The inspector was advised the residents had been supported to go to the cinema at the weekend to watch a Christmas movie.

Each resident was supported by two staff during the day. During the night-time there were two waking staff available to support the residents. In line with residents' assessed needs, for the most part, only one staff at a time engaged with each resident. The second member of staff was required to remain close by in case assistance was needed to support the resident or staff member.

In advance of the inspection, each resident was provided with a Health Information and Quality Authority (HIQA) survey. Two completed surveys were returned to the inspector. On review of the surveys, the inspector saw that residents' family members had completed surveys on their behalf. The inspector found that overall, the feedback was positive.

The surveys relayed that, the residents found the centre to be a nice place to stay in

and that they liked the food provided and that they were treated with kindness and felt safe. Family members were positive regarding residents day-to-day routines and ticked on the survey that they were provided with choices and were supported to go out for trips, visits and to different events.

Family members were also positive about the support provided by staff. They acknowledged that the residents knew their staff team and that help was provided to the residents when required. Surveys also relayed the staff members were aware of what was important to each resident and were knowledgeable of the residents' likes, as well as dislikes.

The survey also relayed that residents were supported and encouraged to have a say. Surveys noted that staff and managers listened to the residents and that residents were kept up-to-date about new things happening in their life and in their respite centre. Family members also noted that friends and advocates supported the residents with decision about their life.

The inspector completed a walk-around of the internal and external spaces in the designated centre with the person in charge. The inspector observed the premises to be clean and tidy. The house was found to be suitable to meet the respite residents' individual and collective needs.

The centre provided a bright, spacious and homely environment. In line with residents assessed needs and to ensure their safety, there was a minimal style décor in the house. Notwithstanding this, the person in charge and staff had been innovative and creative in providing a homely and warm environment for residents, while at the same time, ensuring their safety. The inspector observed an number of framed photographic collages, (of residents enjoying activities), and several framed scenic paintings. These had all been hung high up on the walls in the sitting room and dining area. This was to ensure the safety of residents but at the same time providing a homely and welcoming feel to the environment.

In the sitting room, there were a number of brightly coloured beanbags as well as a patterned couch. The windows in the room consisted of inner and outer windows both of which were locked. There were holes in the top section of the inner windows. The system provided good ventilation in the room by allowing the air from the outer window to flow through the inner. It also provided a space for Christmas decorations and fairy lights to be placed where they were unlikely to cause harm to the residents.

Since the last inspection there had been improvements to the upkeep and repair of the house and as such, better ensured the effectiveness of the infection, prevention and control measures in the centre. A new flooring had been laid on the stairs and middle landing of the house, however, had not extended to the top landing or staff office area. The timber floor in these areas was observed to be scuffed and in need of repair and in terms of infection prevention and control, difficult to clean.

There had also been improvements to the respite centre's bathroom. A new Jacuzzi type bath had been installed. There was also other upkeep and repair work completed in the bathroom which meant it was more conducive to an hygienic

environment. During the day, when one of the resident's mood became low, they were supported to avail of the Jacuzzi bath to provide some relaxing and calm space for them. The inspector was informed that the resident enjoyed their time in the bath and as a result, were presenting in a more relaxed and content mood afterwards.

Residents were provided with a specific room where their personal care needs were attended to. Since the last inspection, there had been upkeep and repair to the changing facilities in the room. There were two large cupboards in the room which included all necessary personal care items for the resident, as well as, personal protective equipment and appropriate cleaning and waste management system. A colourful window screen had been provided in the room and this was to ensure privacy and dignity when the residents used the room.

The inspector observed the residents' bedrooms to be minimal in style. This was in line with each resident's assessed needs and to ensure their safety. Where one resident's bedroom included a un-used en-suite facility, there were appropriate cleaning and flushing checks in place.

There were a number of sensory activity items and facilities in place for residents to enjoy during their stay. On the hall walls of the house there were large boards with a number of different types of switches to play with. Outside in the back garden, there were two large adult size swings and a trampoline.

The inspector noticed a number of environmental restrictions when walking around the respite centre. For example, there were locked windows and internal and external doors, there was a fish-light key system, (which meant residents did not have access or control to turning lights on or off). There were other restrictions in place such as monitoring and night-time checking systems and checks as well as the use of restrictive clothing. The restrictions were only used to ensure the residents, well-being and safety and for the most part, in line with best practice.

The inspector also noticed that while some doors were locked others were opened so, where appropriate, there was ease of access for the residents to move from room to room. The doors, which were fire doors, had been fitted with automatic door closing devices so that they closed on the sound of the alarm. However, on observing a number of fire safety doors in the house, the inspector saw that there were visible gaps underneath and between some of the doors. The gaps meant that the effectiveness of the doors in the event of fire, could not be assured.

In summary, the inspector found that residents' well-being and welfare was maintained to a good standard during their stay in the respite service and that staff supported the residents in a person-centre manner.

There were systems in place to ensure that residents were in receipt of good quality care and support throughout their break. Through observing residents and speaking with staff and through a review of documentation, it was evident that staff and the local management team were striving to ensure that residents were staying in a supportive and caring environment during their respite stay. However, to ensure their safety at all times, some improvements were needed. In particular, to the fire

safety arrangements in place.

This is discussed further in the next two sections of the report which present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident availing of the respite service.

Capacity and capability

The inspector found that the provider had satisfactory arrangements in place to assure itself that for most part, a safe and good quality service was being provided to the residents who availed of the respite service in the designated centre. However, some of the fire containment measures in place were not effective and as such, posed a risk to the residents' safety during their stay in the respite service.

The issue with the fire doors had previously been identified by the provider however, had not been addressed in a timely manner. Health and Safety audits in 2022 and 2023 highlighted issues, such as damage and gaps in a number of internal fire doors however, there was no appropriate plan or time-frame in place to complete the required works. This meant that there was an unnecessary on-going risk to residents' safety, in the event of a fire, in the centre. This is addressed further in the quality and safety section of the report.

The service was led by a capable person in charge, supported by a deputy manager, who were knowledgeable about the support needs of the residents availing of the respite service. The inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of residents through person-centred care and support.

The provider had made improvements to the upkeep and repair of the designated centre since the last inspection. In particular, a number of the upkeep and repair works completed led to improvements in the effectiveness of the infection prevention and control measures in place.

For the most part, the governance and management systems in place enabled service delivery to be safe and of good quality. On an annual basis, the provider carried out a variety of audits on the quality of care and support provided to residents during their respite stay including a medication audit, health and safety audit and infection prevention and control audit.

The provider had completed an annual report of the quality and safety of care and support in the designated centre and this was made available to respite residents and their families. In addition, during 2023 two six monthly reviews, of the quality and safety of care and support provided to residents during their respite break, had been carried out. Action plans, with time frames, had been put in place to follow up

on any improvements needed. However, the effectiveness of these audits required review as neither addressed the outstanding fire safety issue which had been raised in the provider health and safety audits over the past number of years.

The inspector found that there were satisfactory local governance and management arrangements in place. The person in charge with the assistance of the deputy manager, completed a number of checks and audits on a weekly, monthly and quarterly basis to evaluate and improve the provision of service and to achieve better outcomes for residents during their respite stay. The audits provided good oversight and monitored other audits and checklists in the centre.

The person in charge ensured that team meetings were taking place regularly. On review of the minutes, the inspector found that the meetings promoted shared learning and supported an environment where staff could raise concerns about the quality and safety of the care and support provided to residents during their break.

There was evidence to demonstrate that the person in charge was competent, with appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service and meet its stated purpose, aims and objectives.

The registered provider was striving to ensure that the number, qualification and skill-mix of staff was appropriate to the number and assessed needs of residents, the statement of purpose and the size and layout of the designated centre. There had been improvements to staffing since the last inspection, staff vacancies had reduced from four to one. The inspector was advised that the provider and the person in charge were actively recruiting for the vacant position.

Overall, the education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective service for residents during their respite break. The person in charge was currently working on sourcing additional training for staff that would enhance their skill and knowledge related to a specific assessed need of both residents.

Incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. Overall, there was effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. The person in charge ensured that incidents were notified in the required format and with the specified time-frames.

The person in charge and deputy manager were aware of their roles and responsibilities regarding the management of records. The person in charge was aware that record keeping was a fundamental part of practice which was essential to the provision of safe and effective care. Records, including records relating to schedule 2, 3 and 4 were made available to the inspector on the day.

Overall, records in the centre were up-to-date and included all of the required information. The person in charge had an auditing system in place that was

endeavouring to ensure that records were up to date, of good quality and accurate at all times and that they supported the effectiveness and efficient running of the centre.

Registration Regulation 5: Application for registration or renewal of registration

The application for registration renewal and all required information was submitted to the Office of the Chief Inspector within the required time-frame.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector found that the the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. The person in charge was familiar with the residents' needs and was endeavouring to ensure that they were met in practice.

The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of the residents during their respite break in the centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed a sample of staff folders and found that the provider had ensured that Schedule 2 requirements had been met.

While there was a staff vacancy in the centre, the inspector saw that there were sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents during each respite break. Where staff, who were employed on a less than permanent basis, were employed, the person in charge was endeavouring to employ staff that were familiar to the respite residents.

There was an deputy manager in the centre who supported the person in charge. Since the last inspection, the provider had increased the deputy managers working days from two days to five days a week.

There was an actual and planned roster in place and it was maintained appropriately by the person in charge. On review of the roster, the inspector observed there to be a decrease in the number of agency staff employed over the past six months.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents during their break.

There was a training matrix in place that supported the person in charge to monitor, review and address the training needs of staff to ensure the delivery of quality, safe and effective service for the residents. Overall, staff training was up-to-date including refresher training.

Staff were provided with training in, safeguarding and protection of vulnerable adults, fire safety, managing behaviours that challenge, safe medicine practices, epilepsy, food hygiene, feeding eating drinking and swallowing difficulties (FEDS) and Autism awareness, but to mention a few.

On review of the training provided to staff that was specific to residents' assessed needs, the inspector saw that training relating to Autism consisted of a short online training course (105 minutes). On the day of the inspection, the person in charge informed the inspector, that to better support staff in their practice, additional face to face training had been organised for January 2024.

The person in charge had identified a training need relating to a specific assessed need of both residents. There was evidence to demonstrate the person in charge was researching on an on-going basis for an appropriate trainer and course.

Judgment: Compliant

Regulation 19: Directory of residents

The designated centre's director of residents was made available when requested by the inspector and was up to date with all the required information.

Judgment: Compliant

Regulation 21: Records

On the day of the inspection, records required and requested were made available to the inspector. Overall, the records were appropriately maintained. The sample of records reviewed on inspection, reflected practices. Where some improvements were needed in record keeping, for example, restrictive practice, these have been addressed under Regulation 7.

The provider organised for a member of their human resources team to meet with the inspector during the day and provide Schedule 2 records (staff folders). On review of the records the inspector found that they contained all the required information.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

The provider had not addressed the fire safety issues, which had been raised in the centre's 2022 and 2023 health and safety audit, within a satisfactory or safe time-frame. An issue regarding the wear and tear of fire doors had been raised on the audits. The 2022 audit noted that this had been raised on the previous audit. There were no satisfactory actions or time-lines in place to address this risk. In addition, the provider's unannounced six monthly review and annual report, of the care and support provided to residents, had not identified the fire safety issue.

On the day of the inspection, the organisation's maintenance manager booked a fire safety contractor to assess the fire door two days after the inspection. The inspector was advised that any works arising from the assessment would be completed by January 2024. In addition, the person in charge completed a risk assessment of the fire doors concerned and included a number of additional control measures to ensure the respite residents' safety during the interim period.

Notwithstanding the above, there was a clearly defined management structure that identified the lines of authority and accountability and staff had specific roles and responsibilities in relation to the day-to-day running of the centre. In addition, the

working hours of local management personnel had been increase which provided further assistance to the person in charge.

The local governance was found to operate to a good standard in this centre. Good quality local monitoring and auditing systems were in place. The person in charge demonstrated good awareness of key areas and had checks in place to ensure the provision of good service delivery to residents during their respite break.

Aside from the fire safety issue, provider audits such as medication management audits, infection prevention and control audits, health and safety audits and unannounced visits were also taking place and overall, were endeavouring to ensure, that a good quality service was provided to the two residents during their respite break.

Furthermore, regular staff meetings were taking place where matters relating to the care and support provided to residents was discussed and decision made.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the respite service provided and met the requirements of the regulations.

The statement of purpose clearly described the model of care and support delivered to residents in the service. It reflected the day-to-day operation of the designated centre when the respite was open.

In addition, a walk around of the property confirmed that the statement of purpose accurately described the facilities available including room function.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence.

It was evident that the centre strived for excellence through shared learning and reflective practices. Where there had been incidents of concern, the incident and learning from the incident, had been discussed at staff team meetings.

There were effective information governance arrangements in place to ensure that

the designated centre complied with notification requirements.

Quarterly notification for non-serious injuries relayed a high number of incidences. The increase had been highlighted and addressed in the provider unannounced six monthly review and action plan.

The recording of information on the quarterly notifications were of high quality and provided assurances by relaying details of the incidents including context, follow up and where appropriate, any referrals made to multi-disciplinary teams.

Judgment: Compliant

Quality and safety

The well-being and welfare of residents, who attended the respite service, was maintained by a good standard of care and support. On speaking with the person in charge and through observations of staff, the inspector saw that they were aware of the residents' needs and knowledgeable in the person-centred care practices required to meet those needs.

Overall, actions from the last inspection of the centre had been completed, many of which had resulted in positive outcomes for the two residents availing of the respite service. The majority of the required premises upgrades had been completed, which overall, improved the effectiveness of the infection, prevention and control measures in place. However, the inspector found that, to ensure the safety of residents during their respite stay, improvements were needed to the fire containment systems in the centre. In addition, some improvements were also needed to the area of restrictive practices.

For the most part, the inspector found that the systems in place for the prevention and detection of fire were observed to be satisfactory. The fire-fighting equipment and fire alarm system were appropriately serviced and checked. Local fire safety checks took place regularly and were recorded.

Staff had been provided with suitable training in fire prevention and emergency procedures, building layout and escape routes and overall, arrangements were in place for ensuring respite residents were aware of the evacuation procedure to follow. Fire drills were taking place at suitable intervals. Resident's personal evacuation and emergency plans were up-to-date and reviewed on a regular basis.

However, fire containment systems in place, such as fire doors, required upkeep and repair. There were visible gaps observed under and to the side of some doors in the house. On the day of the inspection, a risk assessment was completed and provided a number of additional control measures to minimise any potential associated risks until the issue had been dealt with.

The inspector looked at the residents' personal plans and found that each resident was provided with an individual plan. Residents' plans were regularly reviewed and updated in consultation with the resident, relevant key-worker, allied health professionals and family members at least once a year or more regularly if required. The reviews ensured that plans reflected residents continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices.

Residents were provided with an accessible form of their personal plan to ensure meaningful participation, consultation and understanding of their plan. When engaging with residents during their respite stay, the person in charge and staff engaged with the resident in a format of their preference and in line with their assessed communication support need. A picture exchange communication system was used to support meaningful engagement and understanding throughout their stay.

Overall, the provider and person in charge promoted a positive approach in responding to behaviours that challenge. The inspector found that staff had been provided with specific training relating to behaviours that challenge that enabled them to provide care that reflected evidence-based practice.

There was a number of environmental and rights restrictive practices used in the centre. Primarily the restriction were in place to support the health, safety and wellbeing of residents during their respite stay. For the most part, where applied, the restrictive practices were clearly documented and were subject to review by the appropriate health professionals. The restrictive practices were supported by appropriate risk assessments which were reviewed on a regular basis. However, improvements were needed to ensure that all restrictions in place, and in particular, restrictions identified by the inspector, were applied in accordance with national policy and evidence based practice.

The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, who required such assistance during their respite stay, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity.

For the most part, the inspector found that the infection, prevention and control measures were effective and efficiently managed to ensure the safety of residents during their respite stay. There were satisfactory contingency arrangements in place in the event of an outbreak of infectious disease in the centre.

Staff had completed specific training in relation to infection, prevention and control. From a review of relevant audits and cleaning checklists, the inspector found that staff were working in line and adhering with, the cleaning schedules in place. Overall, the premise was in good upkeep and repair however, improvements were needed to the flooring on the landing on the second floor of the centre. This was to ensure that the floors in these rooms could be effectively cleaned to limit the potential risk of spread of infectious disease.

On a walk-around of the centre, the inspector observed the house to be clean and

tidy and for the most part, in good decorative and structural upkeep and repair. The centre provided appropriate indoor and outdoor recreational areas for the residents during their stay, including age-appropriate play and recreational facilities. The design and layout of the premises ensured that each resident could enjoy their respite visit in an accessible, comfortable and homely environment. The sensory needs of residents were catered for during their respite break. The bathroom included a newly installed bath with Jacuzzi functions and outdoors there were two large swings and a trampoline.

The organisation's risk management policy met the requirements as set out in Regulation 26. For the most part, there were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. The risk register was reviewed regularly and addressed risks relating to the centre and residents. For the most part, the inspector found that individual and location risk assessments were in place and were endeavouring to ensure safe care and support was provided to residents during their respite break.

Regulation 12: Personal possessions

The person in charge and staff ensured that residents personal possessions were respected and protected. In particular, they recognised items that were of significance to the residents during their respite stay. While the residents assessed needs meant that there was minimal items or clothes in their bedrooms, the inspector observed that there were ample storage in the rooms should it be needed.

Residents required support with their financial affairs. During their stay at the respite service staff supported residents with their spending money. There were systems in place to keep an account of all monies spend and audits and check to ensure residents monies during their stay was safeguarded.

Judgment: Compliant

Regulation 17: Premises

The physical environment of the house was clean and for the most part in good decorative and structural repair.

The design and layout of the premises ensured that each resident could enjoy their respite visit in an accessible, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents though-out their stay.

In line with the residents' assessed needs and in particular, residents' behaviour

support needs, the design and layout of the room was minimal in style.

The person in charge and staff had been innovative in finding ways to make the respite centre homely and in a safe way. Pictures and photographs of residents were hung up high and Christmas lights and decorations placed between double windows.

For a lot of the time, residents liked to spend time apart during their respite stay and while the premise could not fully accommodate separate living quarters, arrangements had been put in place for residents to enjoy different spaces in the house on their own.

There had been improvements to the premises since last inspection. For example, a new ramp had been put in place of steps, there was a new bathroom upgrade and there was new flooring on the two sets of stairs. .

Judgment: Compliant

Regulation 20: Information for residents

A guide for residents was made available to residents and included all information specified under Regulation 20 in a clear and accessible format.

The inspector noted that the residents guide had been recently reviewed and updated by the registered provider.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that the risk management policy met the requirements as set out in the regulations.

For the most part, there were effective systems in place to manage and mitigate risks and keep respite residents and staff members safe in the centre.

There was a risk register specific to the centre that was reviewed regularly and that addressed social and environmental risks in the respite centre.

Judgment: Compliant

Regulation 27: Protection against infection

There had been a number of improvements put in place since the last inspection and as a result better ensured the effectiveness of the infection prevention and control measures in place in the centre. The worn carpet on the stairs had been replaced with safety lino type flooring, there was a new bath installed in the residents' bathroom, the sealant round bath and sink repaired and the changing room plinth had been repaired. In addition, there was a flush-check system in place for one resident's unused en-suite facility.

However, on the day of the inspection some further improvements were needed. Timber flooring on the landing at the top of the second staircase was observed to be scuffed and required upkeep. This meant that this area could not be cleaned effectively and posed a risk of spread of health-care infections to residents during their respite stay. The issue had been raised with the organisation's maintenance department on 7th of November and on the day of the inspection, the person in charge followed up with the department and was advised that work to the floor would be completed in quarter two of 2024.

There were some other issues identified on the day, such as, no holder for paper towels in the staff bathroom and two small pedal bins without plastic bag inserts. The later was promptly addressed by the person in charge on the day.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Issues with fire doors had been identified on the centres health and safety 2022 and 2023 audit. The 2022 audit noted that wear and tear issues of the fire doors was outstanding since the previous audit.

On the day of the inspection, the inspector observed there to be gaps in a number of fire doors in the premises including the sitting room, dining room and kitchen door. This meant that these doors were not as effective as they needed to be to contain smoke or fire. As such, in the event of fire, there was an increased the risk to residents during their respite stay and in particular, at night time.

Assurances that a fire safety expert would review the doors two days later, with any works needed to be completed by January 2024 were provided on the day. In addition, the person in charge promptly completed a risk assessment on the day and included additional control measures on the assessment.

Notwithstanding the above, 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.

Fire drills were completed regularly and learning from fire drills was reflected in

respite residents' evacuation plans. The mobility and cognitive understanding of each resident was adequately accounted for in the evacuation procedures and in residents' individual personal evacuation plans.

All staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents' personal plans included an assessment of their health, personal and social care needs and overall, arrangements were in place to meet those needs. This ensured that the supports in place maximised each resident's personal development in accordance to their wishes, individual needs and choices during their stay at the respite service.

The inspector found that the residents' personal plans demonstrated that the residents were facilitated to exercise choice across a range of daily activities during their respite visits and to have their choices and decisions respected. Residents were provided with an accessible format of their personal plan in a communication format that they understood and preferred. While the plan included an array of photographs of residents enjoying activities and completing achievements since they attended the service, inclusion of some recent photographs would better enhance the plan and ensure relevance and meaningfulness to it.

Personal plans were regularly reviewed and respite residents, and where appropriate their family members, were consulted in the planning and review process of their personal plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were systems in place to ensure that where behaviour support practices were used that they were clearly documented reviewed by appropriate professionals. Respite residents were provided with up-to-date positive behaviour support plans.

There was a newly updated plan in place for both residents and they included clear guidance and information to support staff appropriately and safely respond to residents' assessed support needs. The inspector was informed that the plan was due to be discussed with staff at the upcoming staff meeting in December.

There was a policy in place which clearly guided management and staff on the

prevention, appropriate use and management of restrictive practices so that they informed quality and safe care and promoted autonomy and the rights of respite residents.

There was a restrictive practice log in the centre and it was regularly reviewed by the person in charge and at minimum, by the organisation's Rights committee, on an annual basis. The reviews endeavoured to ensure that restrictive practices in use were the least restrictive, for the shortest duration.

However, on the day on the inspection, three restrictive practices were identified that had not been included on restrictive practice log. For example, restrictions relating to residents' access and control of household lights, financial supports for residents and staff night-time checks of residents.

Overall, improvements were needed to ensure that all restrictive practices were in line with the organisation's policy and procedures for restrictive practices.

Judgment: Substantially compliant

Regulation 8: Protection

The residents were protected by practices that promoted their safety during their stay at the respite service.

Safeguarding measures were in place to ensure that staff providing personal intimate care to residents, did so in line with each resident's personal plan and in a manner that respected their dignity and bodily integrity.

Staff had been provided with training in safeguarding and protection of vulnerable adults.

The provider's internal audits had been effective in ensuring that where incidents had occurred, the person in charge and provider had appropriately followed up on them and notified the associated organisations.

The provider had systems in place to ensure residents were safeguarded from financial abuse. The person in charge carried out regular checks and audits of residents' spending money (during their respite break) to ensure each resident's money was maintained appropriately.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Drumcooley OSV-0004919

Inspection ID: MON-0032861

Date of inspection: 04/12/2023

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> <p>A contractor was on site in the Location on Thursday 7th December for a full inspection on fire doors. Report received 04/01/2024. Currently sourcing two additional quotes as per Pro Procurement Policy. An estimated completion date for sourcing quotes is the 26th of January 2024. Taking into consideration the lead time of approximately four weeks for doors to be ordered, delivered and to assign a contractor, the estimated completion date is the 29th of March 2024. If work can be completed earlier, the provider will do so, however this depends on the fast procurement of quotes coming in first, ordering doors and employing contractor to do the work. Current estimated completion date 29th of March 2024.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Holder for paper towels was put in place in the staff bathroom on the 5th of December 2023. Completed 5th of December 2023</p> <p>The timber floor on the landing at the top of the second staircase and staff office will be replaced with anti-slip flooring by the 29th of March 2024. This work will be carried out alongside the fire door replacements. Current estimated date 29th of March 2024.</p>	
Regulation 28: Fire precautions	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A contractor was on site in the Location on Thursday 7th December for a full inspection on fire doors. Report Received of 04/01/2024. Currently sourcing two additional quotes as per Pro Procurement Policy. An estimated completion date for sourcing quotes is the 26th of January. Taking into consideration the lead time of four weeks for doors to be ordered, delivered and to assign a contractor, the estimated completion date is the 29th of March. If work can be completed earlier, the provider will do so, however this depends on the fast procurement of quotes coming in first, ordering doors and employing contractor to do the work. Current estimated completion date 29th of March 2024.</p>	
<p>Regulation 7: Positive behavioural support</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: A right restriction was put in place for access and control of household lights on the 04th of December 2023 to the Human Rights Committee. Completed 04th December 2023 A right restriction was put in place for financial supports on the 08th of December 2023 to the Human Rights Committee. Completed 8th December 2023. A right restriction was put in place for night-time and daytime checks on the 06th of December 2023 to the Human Rights Committee. Completed 06th December 2023.</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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	29/03/2024
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	29/03/2024

	published by the Authority.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	29/03/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	29/03/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	08/12/2023