



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

Issued by the Chief Inspector

Name of designated centre:	Ros Mhuire
Name of provider:	Sunbeam House Services CLG
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	12 December 2023
Centre ID:	OSV-0001706
Fieldwork ID:	MON-0034087

About the designated centre

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

Ros Mhuire is a designated centre operated by Sunbeam House Services CLG located in a small town in County Wicklow. It provides a community residential services to four people, male and female, with intellectual disabilities. The designated centre consists of two sitting rooms, kitchen, dining room, four individual bedrooms, staff bedroom, office and a number of shared bathrooms. There is a well maintained garden to the rear of the centre. The centre is staffed by a person in charge and social care workers. The person in charge works in a full time capacity and they are also responsible for a separate designated centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 12 December 2023	10:00hrs to 17:00hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

Residents living in this centre were supported to enjoy a good quality life and to make choices and decisions about their care. Through speaking with the person in charge, staff members and all residents, the inspector found that residents were empowered to live life as independently as they were capable of.

On the day of the inspection, the inspector was provided with the opportunity to meet and speak with all four residents living in the centre. Each resident showed the the inspector their individual bedrooms and while doing so, relayed to the inspector their views about the service provided to them.

Overall, the house was observed to be clean and tidy and for the most part in good upkeep and repair. Since the last inspection, the action for dry-ling bedroom walls had been completed. The inspector observed that this provided a warmer and cosier feel to the room and saw that plug-in heaters were no longer required.

Residents had been consulted and been part of the decision making about the décor and layout of their rooms and their home. For the most part, residents seemed happy with their bedrooms and appeared proud showing off the different aspects of the room to the inspector.

One resident informed the inspector about wanting a better wardrobe layout. They wanted more space to hang up their clothes. They also wanted different style doors on the unit. The resident discussed their ideas with the inspector and person in charge, who was also present. By the end of the conversation, the resident appeared happy to link in with their key worker to work on a wardrobe upgrade project as a new goal for 2024.

Residents' bedrooms were filled with family photographs, pictures and memorabilia that was important to them. Some residents bedrooms include craft and art pieces which they had designed and made themselves.

From speaking with residents, the inspector found that they were content living in the centre and they enjoyed the company of their housemates. Residents said they were happy with the staff support they received and said they enjoyed the meals provided to them. One resident informed the inspector that the staff make very tasty meals.

The external areas of the centre included a garden to the front and back of the house. There was a pathway leading to the residents' clothes line, garden shed and front gate. The inspector observed the pathway to be raised in areas and cracked and broken in other areas. The provider had identified the risk of pathways as a trip and fall hazard.

The garden shed, which was used by residents, was in poor upkeep and overall very

cluttered. This had also been identified by the provider as a health and safety risk. However, this matter had not been addressed in a timely manner and overall, increased the risks to the residents when using these areas.

In advance of the inspection, all four residents had been supported by staff to complete a Health Information and Quality Authority (HIQA) survey. The surveys relayed the following: staff provided help to residents when they needed it. Residents were familiar with and knew the staff who supported them. Residents had choice in their home and how they lived their lives, they had their own money to spend and their privacy and dignity was respected. Residents felt safe in their own home, where they were treated with kindness. Resident enjoyed who they were living with.

One resident noted that their housemates, that they were "great company" and that they get along and have good craic and a joke with each other. Residents noted that they were provided with their own bedrooms. One resident noted that they liked having their own space and the privacy of their own room.

The inspector observed the house to have a homely feel and due to the time of the year, also a festive feel. There was an array of colourful Christmas decorations in the house with a large decorated Christmas tree in the residents' sitting room. Many of the residents had family visits planned over the Christmas period. Residents were supported to buy and wrap presents for their family members and seemed happy to inform the inspector that they had all their Christmas shopping complete.

Residents were empowered to participate in their community in a meaningful way. One resident informed the inspector that they had made a number of pottery items and had sold them at a local craft market. The resident appeared proud of their achievements. They told the inspector that the money they made at the market would go toward their holiday savings.

Another resident informed the inspector of their involvement in the organisation's advocacy group and about the different meetings they attended. They had also been involved in the organisation's rights committee and had taken part in a number of staff recruitment interviews.

One resident informed the inspector that they were back working in a local public house where they had worked pre-COVID restrictions. The job had ceased during that period and they had missed the job and their colleagues. They also enjoyed helping out on a farm and spoke in detail to the inspector about some of the farm animals they enjoyed working with.

On the day of the inspection, residents were heading off with their staff to see a night light show in Dublin. They had planned to stop off for something to eat along the way. The residents informed the inspector that they had enjoyed it so much last year they were going back again. The inspector observed an atmosphere of happiness and excitement as the residents headed off on their trip that afternoon.

Residents were encouraged and supported around active decision making and social inclusion. Residents participated in weekly residents' meetings where household

tasks, community activities, information regarding safeguarding, complaints, human rights committee and upkeep and repair work of the house were discussed.

Each resident's view was relayed at the meeting. The resident who was involved in the organisation's advocacy group, often relayed information and updates where appropriate. On review of a sample of resident meeting minutes, the inspector saw that improvements had been made to the recording template for the agenda and minutes of the meetings. The improved format better ensured the effectiveness of the meetings as well as having a clearer record of them.

In summary, resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre.

Overall, the inspector found that the systems in place endeavoured to ensure residents were in receipt of a safe and good quality care and support.

While there had been some improvements to the premise since the last inspection, further work was needed and in particular, to the external parts of the house. This was to ensure that residents could continue to access all areas and facilities in the garden in a safe way.

In addition, there were a number of fire safety upgrade and repair works needed and in particular, in relation to fire containment issues.

These are discussed further in the next two sections of the report, where the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impact on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

The provider had satisfactory arrangements in place to assure itself that for most part, a good quality service was being provided to the residents living in the designated centre.

The provider and staff promoted an inclusive environment where each of the resident's needs, wishes and intrinsic value were taken into account. Residents were empowered to live their life as independently as they were capable of.

However, improvements were needed to ensure that, the provider was addressing health and safety risks in a more timely manner. In particular, risks related to the centre's fire containment measures in place as well as external premises' risks. Both the premises and fire safety issues posed a safety risk to the residents' living in the centre.

The provider had organised for a fire safety risk assessment to be completed in the designated centre in February 2023. The recommendations of the assessment were compiled in a report on June 2023. There were a number of fire containment measures that required addressing and had been risk rated as orange meaning they posed a moderate risk that required timely action to address. One issue had been risk rated red which meant it required a more urgent response and action by the provider in order to address the risk presenting. The assessment had been referred to in the provider's health and safety audit in March 2023 however, had not been referred to or addressed in the provider's annual report or six monthly unannounced review of the quality and safety of care and support in the designated centre.

In addition to the fire safety works, the provider had not addressed the premises works, (uneven and cracked external pathway around the front and back of house), in a timely manner. This meant that there was an increased trip and fall risk to residents when walking to the clothes-line or to the garden shed. While these issues had been identified in provider audits, there was no satisfactory plan or time line in place for the completion of the works.

This meant that there were a number of unnecessary on-going risks to residents' safety both internal and external to their home which, although identified and documented by the provider through various audits of the centre, had not been addressed by the provider in a timely manner and were still present on the day of inspection. These are discussed further in the quality and safety section of the report.

There was a new person in charge. The inspector found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. The person in charge was full-time and divided their time between two designated centres. The person in charge was familiar with the residents' needs and endeavoured to ensure that they were met in practice.

The governance and management arrangements, that had previously been in place, had changed since the new person in charge commenced. Overall, the inspector found that a review of the supports in place for the new person in charge was needed. This was to ensure that they continued to have capacity to carry out their duties in a timely manner ensuring the smooth and effective deliver of the service.

On an annual basis, in addition to the annual report and two six monthly reviews, the provider carried out a variety of audits on the quality of care and support provided to residents living in the centre. These included a medication audit, health and safety audit and infection prevention and control audit, the latter of which, saw most actions completed.

The person in charge 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 living in the designated centre. 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 and

included items such as internal audit actions, care and support of residents, safeguarding, complaints and risk management, but to mention a few. 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 living in the centre.

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. On the day of the inspection, there was a deputy manager vacancy and a social care worker vacancy. The inspector was advised that the provider and the person in charge were actively recruiting for the vacant positions.

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 living in the centre.

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 provider and person in charge 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 was informed that the change in person in charge was a temporary arrangement and that the previous person in charge would be returning to their post in February 2024, at which time, the new person in charge would return to their deputy role.

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.

There was a vacancy for a deputy manager and a social care worker.

The person in charge was endeavouring to ensure continuity of care. To cover gaps on the roster, the core staff team completed additional hours and staff from the other designated centre, that the person in charge was also responsible for, covered a number of work shifts.

There was an actual and planned roster in place and it was maintained appropriately by the person in charge.

The inspector was informed that the provider was activity recruiting staff through a variety of recruitment campaigns.

Staff who spoke with the inspector demonstrated good understanding of the residents' support needs and of their individual likes and preferences.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with training as part of their continuous professional development and to support them in the delivery of effective care and support to

residents living in the designated centre.

There was a training matrix in place that supported the person in charge to monitor, review and address the training needs of staff. 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, infection prevention and control, but to mention a few.

Staff who spoke with the inspector were found to be knowledgeable of policies and procedures which related to the general welfare and protection of residents living in this centre

Supervision and performance appraisal meetings were provided for staff to support them perform their duties to the best of their ability. Staff who spoke with the inspector informed them that they found the meetings beneficial to their practice.

Judgment: Compliant

Regulation 19: Directory of residents

The designated centre's directory 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, overall, reflected practices in place.

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 raised on an external risk assessment report, within a satisfactory or safe time-frame. While some assurances were provided on the day, for example, a safer locking system was installed on external doors and a timeframe of January 2024, to address gaps on internal fire doors, overall, the inspector found that there was no satisfactory plan or clear timeframes to address all issues raised on the report.

On the day of the inspection, the provider had not considered the additional risk that these outstanding fire safety issues posed. (Subsequent to the inspection, the person in charge completed and submitted a risk assessment with additional control measures for the increased risk).

In addition, the provider's unannounced six monthly review of the quality of care and support provided to residents, had not referred to the external fire safety risk assessment report and as such, had not included any actions or timelines for works to be completed.

In addition to the fire safety works, the provider had not addressed the premises works, (uneven and cracked external pathway around the front and back of house), in a timely manner.

The issue had been repeatedly raised on the centre's health and safety report since 2019 and had also been included on the centre's annual report and six monthly review of the quality of care and support provided to residents. Since the issues were originally raised, the paths had deteriorated further and the risk was now rated at a higher risk.

Overall, the timeliness of the provider to address the pathways around the house was not satisfactory. This situation posed a greater risk of trip and fall to residents using the pathway to clothesline and garden shed.

Notwithstanding the above, on the day of the inspection, 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 living in the centre. However, a review of the supports in place for the new person in charge was needed, considering the same governance and management structure was not in place as previous. For example,

there was no deputy manager support available to them.

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 residents.

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 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. 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

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

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 learning from the incident, had been discussed at staff team meetings and resident house meetings.

Judgment: Compliant

Quality and safety

The inspector found that the resident's well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality. Residents were empowered and encouraged to live as independently as they were capable of and to have meaningful participation in their community. Overall, the centre met the assessed needs of residents.

However, to ensure the safety of residents at all times, significant improvements were needed to the areas of fire safety and premises.

The house was found to be suitable to meet residents' individual and collective needs in a comfortable and homely way. This enabled the promotion of independence, recreation and leisure in the house. The inspector observed the physical environment of the house to be clean and tidy and in good decorative repair. There had been a number of improvements made to the premise of the centre since the last inspection and in particular, to the walls of residents' bedrooms which resulted in positive outcomes for residents.

However, improvements were needed to the external areas of the house and in particular, to pathways leading to a number of facilities used by residents.

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 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, there were a number of fire safety issues, which had been identified on a fire safety risk report, that required addressing. Some of the issues impacted on the effectiveness of the current fire containment systems and structures in place and required to be addressed more promptly than others. Overall, there was no appropriate plan or time-line in place to address all the fire safety risks identified on the report. As such, there was an increased risk to the health and safety of residents living in the house.

One issue raised in the external report, regarding the locking mechanisms on external fire doors, had been resolved by the end of the inspection. Another issue raised on the report, regarding a fast closing internal fire door, was resolved in October 2023, however the delay in time to have it resolved negatively impacted on a resident and resulted in a non-serious injury for them.

The inspector reviewed a sample of 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.

The inspector observed the house to be clean and cleaning records and monthly household audits demonstrated that staff were working in line with the cleaning schedules in place. Staff had been provided with appropriate training in infection prevention and control (IPC) and policies, procedures and guidance had been updated to ensure that they included information regarding all possible infections as well as COVID-19. Improvements to the upkeep and repair of areas of the premises meant the IPC measures in place were effective. However, some further improvements were needed to the staff sleepover room as mould was observed on the window sill and net curtains.

Overall, the provider and person in charge promoted a positive approach in responding to behaviours that challenge. There were systems in place to ensure that where behavioural support practices were being used that they were clearly documented and reviewed by the appropriate professionals on a regular basis. Where there had been recent changes in a resident's behaviour, the person in charge had followed up promptly. The organisation's positive behavioural support specialist was contacted, the residents plan was updated and a schedule of three weekly meetings was set up for the next twelve months. There were a small number of restrictive practices in place in the centre. Where applied, the restrictive practices were clearly documented and were subject to review by the centre's human rights committee.

The person in charge and staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. There was an atmosphere of friendliness, and the resident's modesty and privacy was observed to be respected. The culture in the house espoused one of openness and transparency where residents could raise and discuss any issues without prejudice. Safeguarding was included on the agenda of both staff and resident house meetings. Where incidents had occurred, the inspector found that they have been followed up appropriately and in line with best practice.

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. Large items purchased by residents were clearly recorded in their personal plan as items they owned.

Resident were supported to have their own bank account and to access their own money when they wanted to. Residents were provided with training and education programmes to support their awareness and knowledge in relation to safe money management. Where residents needed supports, these were provided after an

appropriate assessment had been completed.

Judgment: Compliant

Regulation 17: Premises

Actions from the last inspection had been completed. For example, residents bedrooms had dry-lining works completed. Residents no longer required plug in heaters in their room and there was no mould or damp observed on the day.

However, the staff bedroom had not been fitted with dry lining and on the day, mould was observed on window sill and net curtains (addressed in regulation 27).

There was a large shed outside in the back garden. The inspector was informed that one of the residents enjoyed using the shed. However, the shed was observed to be cluttered, with a lot of heavy cobwebs and shrubs growing through the ceiling. This issue had been noted on the health and safety audit however, had not yet been actioned.

Major works to the footpaths throughout the front and back garden was needed. This work had been identified since 2019 and since that time the paths had gone into further disrepair. The paths lead to areas that the residents used, such as the clothesline and garden shed. The condition of the paths posed a potential risk and fall hazard.

Judgment: Not compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents which met the requirements of the regulations. The guide was written in easy to read language and was located in an accessible place in the designated centre.

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.

There was a risk register specific to the centre and for the most part, it addressed

individual and centre risks. The person in charge had completed a range of risk assessments, which included appropriate control measures to mitigate or reduce the potential risks.

There were a number of specific fire-safety risk assessments in place, for example, risks relating to smoking, cooking and open fire place. However, as of the day of the inspection, there had been no review or additional control measures considered in response to the risks identified on the external fire safety risk assessment report.

The morning after the inspection, the person in charge submitted a fire safety risk assessment specific to the report and included a number of additional control measures.

Overall, fire safety risks have been addressed under Regulation 28.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, policies and procedures and guidelines in place in the centre in relation to infection prevention and control clearly guided staff in preventing and minimising the occurrence of healthcare-associated infections.

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. For example, the walls in a number of residents' bedrooms had dry-lining works completed and resulted in better insulated rooms with no mould or damp observed.

However, the staff sleep over room had not been included in the dry-lining works and on the day of the inspection, mould was observed on the window sill and on the net window curtains.

The walls in the main bathroom required painting and the radiator was observed to have rust on it.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The recommendations from an external fire safety risk assessment report, (which had been carried out in the centre in February 2023), included orange and red risk rated fire safety issues that required action.

Most of the issues identified had not been completed and overall, no satisfactory time-bound plan had been put in place to address the risks.

For example;

Containment measures were required improvement to a number of the doors in the centre, for example gaps were noted under some containment doors in the centre and damage to a fire door frame in the corridor.

There was an absence of fire stopping in some key areas that required urgent repair and addressing for example, inadequate fire stopping in areas of the ceiling and an area above the hot press, furthermore the hot press fire doors did not shut fully.

The attic door was not fire compliant and further electrical work was required within the attic space and an area near the storage area required further review and addressing to ensure safe electrical arrangements were in place.

Some internal fire doors did not close safely and needed fixing to ensure they could not cause injury to staff or residents when they closed too quickly.

On the day of the inspection, an email update was provided that gave assurances that an external contractor was booked to carry out a survey of the doors and complete works, regarding gaps and tags on doors, by January 2024.

While the email noted all works would be completed by end of 2024 there was no clear time-bound plan in place to demonstrate steps or actions needed to complete the work.

Overall, the fire safety issues and well as the inadequately timeliness of addressing them, meant that there was a great risk to the residents' safety in the event of fire.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The residents had individualised holistic assessment and care plans which were part of everyday life with keyworking staff involved and resulted in person centred service for residents. The assessed needs section of the plan outlined the support required to maximise each resident's personal development in accordance with their wishes, individual needs and choices.

Plans were up-to-date and were continuously developed and reviewed in consultation with the resident, relevant keyworker, and where appropriate, allied health care professional and family members. The person in charge had a document auditing system in place that ensured records within the plans were relevant and up-to-date.

The inspector saw that residents were supported to choose goals that encouraged their independence and personal development and meaningful participation in the community. On speaking with residents and their staff, the inspector was informed about a number of different 2024 goals put forward by residents. For example, some residents had saving goals to enable go on a holiday abroad, other residents' goals included advocating for others, one resident's goals included selling their crafts in an array of local markets.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where appropriate, residents were provided with positive behavioural support plans. Where there had been recent changes in a resident's behaviour, the person in charge had followed up promptly. The organisation's positive behavioural specialist was contacted and the resident's plan was updated and provided clear guidance for staff on how to support the resident manage their behaviours. In addition there was a scheduled plan of meetings set for the next twelve months between the resident and behavioural specialist.

There were currently two restrictive practices in use in the centre. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals. The restrictive practices were supported by appropriate risk assessments which were reviewed on a regular basis.

Judgment: Compliant

Regulation 8: Protection

Overall, the inspector found that residents were protected by practices that promoted their safety.

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

Where safeguarding incidents had occurred in the centre, the person in charge had followed up appropriately and ensured that they were reviewed, screened, and reported in accordance with national policy and regulatory requirements.

In addition, to mitigate the risk of similar incidents occurring again, education and information sessions were held with residents during a number of their house meetings. This was to ensure that residents were supported to continuously development their knowledge, self-awareness understanding and skills required for

self-care and protection.

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	Not 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	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ros Mhuire OSV-0001706

Inspection ID: MON-0034087

Date of inspection: 12/12/2023

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>The provider has implemented a procedure to ensure any reports received are issued to all relevant departments and a SMART action plan is created. All reports received will be saved on the providers internal software platform which will be available for internal auditors to view.</p> <p>The provider will be conducting Bi-annual property inspections in 2024.</p> <p>Electric works in the attic will be commencing on 15/01/2024. Fire seals repair to address gaps in fire doors, scheduled for 19/01/2024.</p> <p>There is a risk assessment now in place which considers any additional risk for outstanding fire safety issues.</p> <p>The uneven and cracked external pathways are a part of planned works for the center for 2024. This work is scheduled to be completed by 31/08/2024. There is currently a risk assessment in place and all clients are aware and spoken with regularly around the use of the pathways.</p> <p>The current washing line will be removed and an alterative means of drying clothes will be implemented until such a time that the footpaths are made good.</p> <p>The shed has been cleared out, a coal bunker has been purchased for the center to store fire fuel closer to the centre therefore residents do no need to access the shed regularly.</p> <p>The change in PIC and management structure is a specified short timeframe. Initial recruitment to backfill the deputy post was unsuccessful, There is now additional administration hours in place for both centers to support the PIC until the original management structure arrangement returns in April 2024.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Areas where mould was present has been removed and treated. There is a weekly checklist in place to monitor for any recurrence of mould.</p> <p>A contractor has been employed for the removal of the ivy growing around and into the shed. This will be completed by 31.01.2024.</p> <p>The shed has been decluttered, which provides more space.</p> <p>The uneven and cracked external pathways are apart of planned works for the center for 2024. This work is scheduled to be completed by 31/08/2024. There is currently a risk assessment in place and all clients are aware and spoken with regularly around the use of the pathways.</p> <p>There is a risk assessment in place for risk of trips or falls in relation to the damaged footpaths with control measures in place.</p> <p>The current washing line will be removed by 31.01.2024. An alterative means of drying clothes will be implemented until such a time that the footpaths are made good.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: Areas where mould was present in the staff sleep over room has been removed and treated. There is a weekly checklist in place to monitor for any recurrence of mould.</p> <p>The main bathroom will be painted by 31.08.2024.</p> <p>The rust on the radiator will be treated by 31.01.2024.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Electric works in the attic will be commencing on 15/01/2024.</p> <p>Fire seals repair to address gaps in fire doors, scheduled for 19/01/2024.</p> <p>A contractor is scheduled for week of 15.01.2024 to carry out a fire door inspection.</p> <p>Small gaps around pipes , doors, lights , will be sealed by 31.01.2024.</p> <p>The attic hatch replacement will be completed by 31/08/2024.</p> <p>The hot press requires a fire treated panel , this will be completed by 31.08.2024</p>	

The internal fire door closure has been completed.

Additional resources have been recruited to the facilities team to help with response times.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	31/08/2024
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	15/01/2024
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated	Substantially Compliant	Yellow	08/01/2024

	infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	31/08/2024
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/08/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/08/2024