Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Hall Lodge
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	19 January 2023
Centre ID:	OSV-0001709
Fieldwork ID:	MON-0039031

About the designated centre

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

Hall Lodge is a designated centre operated by Sunbeam House Services CLG. Hall Lodge provides residential care and respite for adults who are over the age 18 years. Hall Lodge supports people who have severe and profound learning disabilities and medical issues. Some residents also have a physical disability. Hall Lodge aims to empower people with the necessary skill to live full and satisfactory lives as equal citizens of their local community. Hall Lodge comprises three properties. The centre is managed by a person in charge who reports to a senior services manager.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 19 January 2023	10:00hrs to 19:00hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out in response to solicited and unsolicited information received by the Chief Inspector of Social Services in December 2022 and January 2023, and also to assess the provider's progress in implementing improvements to the centre since the previous inspection 7 December 2022 which had found poor levels of compliance across a number of regulations.

The solicited information included the provider's compliance plan following the previous inspection, and a provider assurance report following an outbreak of COVID-19. The unsolicited information outlined concerns regarding management and staffing arrangements, infection prevention and control (IPC) measures, provision of food, and the overall quality and safety of service provided to residents in the centre.

The centre was registered to accommodate a maximum of four residents, two-full time residents and two respite users; respite services had been suspended since the beginning of the COVID-19 pandemic and had not yet resumed. The centre comprised three separate residential properties, two of the properties had been added to the centre's footprint to temporarily accommodate the two full-time residents while required renovation works took place in the main property. However, the renovations were suspended due to resourcing constraints, and the additional properties were unoccupied. On this inspection, the inspector only visited the main property, as all three properties were visited during the previous inspection.

The main property comprised a large building and adjoining self-contained apartment. The building, intended as a respite service, comprised several bedrooms, bathrooms, a spacious kitchen, and large open plan living area. The bedroom for the full-time resident living there was observed to be nicely decorated to the resident's individualised tastes.

As noted in the previous inspection report, parts of the building presented an institutional aesthetic due to the layout and size of the building. Efforts had been made to make the living room more homely and comfortable. Maintenance and upkeep was required throughout, for example, there was rust on some radiators, flooring was damaged in areas, kitchen counters were damaged, and sofa fabric was torn.

The adjoining single-occupancy apartment comprised of a bedroom with en-suite bathroom, a small staff office with en-suite bathroom, kitchen/dining room and sitting room. As noted in the previous inspection report, the apartment was not in a good state of repair. Repainting was required throughout, some of the flooring, walls and skirting boards were marked and damaged, and there was a hole in the wall in the dining area. The inspector also found that other areas previously noted as requiring attention had not been addressed, for example, damaged curtain poles in the bedroom, and exposed wires in the staff room. The inspector was also

informed by staff that there had been no television or Wi-Fi in the apartment for approximately eight weeks, the television was repaired on the day of the inspection. As there was no Wi-Fi, staff were unable to use the Internet to access relevant information, such as policies and procedures, and records.

The inspector observed poor fire containment arrangements during the previous inspection, some of which had not been adequately addressed since then, and these matters along with other fire safety deficits are discussed further in the report.

The centre was generally clean, however the inspector observed poor IPC arrangements that had not been addressed since the previous inspection, such as poor hand washing facilities and inappropriate waste receptacles. In addition, the arrangements for staff access to relevant IPC guidance and cleaning chemicals, and the maintenance of cleaning equipment was poor. These deficits did not demonstrate sufficient management oversight to ensure that effective IPC measures were being implemented in the centre, especially since the centre had a recent COVID-19 outbreak.

The inspector observed a good selection and variety of food and drinks in the apartment and main building, including fresh fruit and vegetables, meat, dairy, cereals, dry foods, soft drinks, condiments, and snack foods, such as crisps and biscuits.

The inspector met one resident during the inspection. They interacted with the inspector and spoke of their family, but did not communicate their views of the service. The inspector observed the resident to appear relaxed and comfortable in their home, and familiar with the staff supporting them. Staff were observed supporting the resident in a very warm and kind manner. During the inspection the resident had attended a music session and had lunch in an on-campus day service, and later watched a movie in living area. The inspector did not have the opportunity to meet the other resident as they were out for most of the day.

Daily records were to be maintained on the provider's electronic information system, however were found to be not consistently completed. Some of the records viewed by the inspector noted activities that residents had partaken in, such as walks, drives, colouring, listening to music, watching movies, household chores, and home visits.

The inspector spoke with staff including the person in charge, senior manager, nursing and care staff. They spoke about residents in a respectful and dignified manner, and it was clear that they knew them well.

The person in charge spoke about some of the improvements since the previous inspection, such as the introduction of induction records for agency staff and repairs to some of the fire doors. The person in charge spoke about the residents' needs and their concerns that the centre may not be able to fully meet them. Their concerns were shared by the senior manager. The senior manager also spoke about the progress in the implementation of the compliance plan actions, and the provider's challenges in sourcing the funding and resources to undertake the

required renovation works, of which there was no defined time frame for.

Nursing staff told the inspector that the care provided to the resident they supported was excellent and that their healthcare needs were being met. They spoke about how the resident was provided with choices and control in their lives, for example, choosing meals and activities. They told the inspector that meals were prepared in the centre based on the resident's choices and that they also enjoyed an occasional takeaway. They were knowledgeable on the resident's eating and drinking plan, and fire evacuation plan. They said that there had been staffing issues in the previous month, however efforts were made to reduce any adverse impact on the resident. They felt that the recent COVID-19 outbreak had been managed well and that there were good arrangements, such as designated donning and doffing zones, and sufficient personal protective equipment (PPE). They were familiar with the COVID-19 outbreak plans and spoke about other IPC matters discussed further in the report. They had similar concerns as the management team regarding the centre being able to meet the needs of all residents. They felt confident raising concerns with management team, and were aware of the on-call arrangements too.

Care staff told the inspector that the Christmas period was challenging due to staffing deficits, which had improved since then. They felt that the COVID-19 outbreak was managed well and spoke about some of the measures such as increased cleaning. They spoke about how staff endeavoured to support residents, but had concerns about the effectiveness of some of the supports for them. They were aware of emergency contacts and reporting arrangements.

Social care staff spoke about activities that residents enjoyed, such as walking and going for drives, and in-house activities such as art, meal preparation, and household chores. They told the inspector that residents have choice over their meals and showed the inspector the wide selection and variety of food in the centre. They said the lack of a television for approximately eight weeks in the apartment had impacted on the quality of the service. They spoke about the ongoing staffing challenges which could impact on the resident's consistency of care. They also advised the inspector that while the resident's received good care from staff, staff required more guidance and direction on supporting residents with some of their individual needs. They felt confident raising concerns with the person in charge and provider regarding the quality and safety of service provided to the residents. They also spoke about some of the IPC measures and fire systems in the centre.

During the inspection, the inspector also spoke with a member of the provider's maintenance department. They were carrying out repairs in the centre, and told the inspector that the department were under resourced and it was challenging to carry out all of the required tasks in a timely manner.

From what they were told, read, and observed during the inspection, the inspector found that overall, there were significant deficits in the quality and safety of service provided to residents in the centre due to the provider's ability to adequately resource the centre, address areas requiring improvement, and effectively monitor the service. The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and

management affects the quality and safety of the service being delivered.

Capacity and capability

The inspector found that the provider's governance and management systems and arrangements were not effective to ensure that the service provided to residents in the centre was safe, consistent or appropriate to their needs. This inspection found high levels of non compliance which were also attributable to the ineffective resourcing arrangements of the provider, for example, the resources available to address premise issues were not sufficient.

The inspector found that while the provider had implemented some actions for improvement following the previous inspection, there remained significant deficits that had not been addressed. There had been no provider-led audits of the service since the previous inspection, and the inspector also found additional examples of non compliance since the previous inspection in regard to a number of regulations. This did not demonstrate that the provider had been responsive following the previous inspection in it's own monitoring and management of the service.

The person in charge and senior manager spoke about, and where relevant showed the inspector, improvements since the previous inspection, for example, induction arrangements had improved and the rota was better maintained. However, other risks had not been mitigated, for example there was an absence of adequate guidance for staff in the event of a resident sustaining a head injury and there was still no time frame for the required renovation works to commence.

While staffing resources had somewhat improved, there were still deficits that impacted on the quality and safety of service provided to the residents. There had been a high usage of agency workers in the centre during the recent COVID-19 outbreak which impacted on residents consistency of care, and put additional pressures on permanent staff. Residents' representatives had also made complaints regarding the staffing deficits impacting on residents.

The inspector also found that while the provider had noted in a provider assurance report to HIQA that the staff contingency arrangements outlined in their COVID-19 plans were not effective, the provider had not taken responsive action to revise the plans to include alternative arrangements. Therefore, the provider had not demonstrated that they were effectively responding to known risks in their governance and management of the service.

Since the previous inspection, the deputy manager post was vacant, and the person in charge post was due to be vacant by the end of February 2023. The provider had not yet confirmed replacements for either of these posts which presented further risks to the management of the centre.

The person in charge had developed an induction checklist to ensure that agency

staff were familiar with residents' care and support needs. The checklist came into force 27 December 2022, twenty days after the previous inspection, and included location details, on-call arrangements, duties to be undertaken, routines to be followed, and information on residents' medications, mobility, behaviours, and dietary needs.

The person in charge had enhanced the maintenance of the planned and actual staff rotas, however further improvements were required to ensure that the rotas recorded the full names of staff.

The arrangements for ensuring that staff had access to and were completing appropriate training as part of their continuous professional development were poor. Throughout the inspection, the inspector sought training records for staff in the centre to demonstrate that staff had appropriate training to support them in the delivery of care to residents. However, complete training records could not be furnished to the inspector by the person in charge. The poor organisation and accessibility of training records further showed that the provider's management systems were not effective. The training records that were provided to the inspector showed several deficits that posed a risk to the quality and safety of care and support provided to residents by staff.

There were arrangements for staff to raise concerns about the quality and safety of care and support provided to residents. Staff told the inspector that they were comfortable raising concerns with the person in charge and management team. Outside of normal working hours, staff could utilise an on-call system. Staff also attended monthly meetings.

Regulation 15: Staffing

The staff skill-mix consisted of nurses, care staff, and social care workers, and one resident also had dedicated personal assistant support. There were three whole-time equivalent time vacancies which the provider was recruiting for. While the staffing arrangements had improved since the last inspection, the registered provider had still not ensured that they were appropriate to the number and assessed needs of the residents.

The inspector found that during the outbreak of COVID-19 in December 2022 there was a reliance of agency staff as the contingency plans to redeploy staff from day services into the centre were not successful. This showed that the provider had not adequately planned to support consistency of care for residents. Complaints had also been received from residents' representatives regarding the staffing arrangements and the associated impact on residents. However, the person and charge and provider had tried to reduce any adverse impact on residents by using agency for night shifts where possible instead of day shifts.

Since then, the use of agency staff had reduced as permanent staff had returned from leave. The person in charge was also endeavouring to use regular agency staff

to support the consistency of care for residents. The person in charge had also developed an induction checklist, effective from 27 December 2022, to ensure that agency staff were familiar with residents' care and support needs. The inspector found that eight shifts had been covered by agency from 1 January to the date of inspection.

The person in charge maintained planned and actual rotas. The inspector viewed the staff rotas from December 2022 to January 2023 and found that they were better maintained since the previous inspection, however some further improvements were required to ensure that the full names of all staff were recorded.

Judgment: Not compliant

Regulation 16: Training and staff development

The staff training records were poorly maintained and disorganised, and the person in charge could not furnish complete records to provide assurances that all staff had required training as part of their professional development.

However, the training records provided to the inspector noted staff were required to complete training in a wide range of areas including fire safety, managing behaviours of concern, first aid, safeguarding of residents, positive behaviour support, and COVID-19. Although, the records were incomplete, they did note that some staff required training, including some refresher training, in the aforementioned areas. The records also conflicted with information submitted in the provider's compliance plan, for example, the compliance plan stated that staff were trained in first aid, however the training records indicated that a member of staff on duty during the inspection had not completed it.

The deficits in the training posed a risk to the quality and safety of care and support provided to residents in the centre.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider had not ensured that the centre was resourced, managed, or monitored to ensure the effective delivery of care and support to residents. Several regulations were found to be not compliant in part due to the provider's failure to provide sufficient resources and implement effective monitoring systems.

While there had been improvements to the comprehensiveness of provider-led audits previously viewed by the inspector, the provider had not enhanced their

monitoring of the centre since the previous inspection which demonstrated poor responsiveness to risk. The inspector found also additional areas of non compliance since the previous inspection that should have been self-identified and addressed by the provider.

The compliance plan submitted to the Chief Inspector was not implemented in full, and while some of the time frames had not yet passed for most of the actions, it was not demonstrated that sufficient progress was being made to address the areas of non compliance, examples of this are reflected throughout the report. The quality of service provided to residents was also being impacted by the provider's failure to respond to known deficits, for example, there was no television available to a resident for approximately eight weeks, and there since then there continued to be no Wi-Fi in the apartment which was impacting on staff accessing information to inform their practices.

Judgment: Not compliant

Quality and safety

The inspector found that the quality and safety of the service provided in the centre to residents was significantly compromised due to deficits and serious risks in relation to fire management systems, infection prevention and control (IPC) measures, premises, and risk management. Further consideration was also required to ensure that the provider had arrangements in place to meet residents' assessed needs.

The inspector found that the provider's systems for assessing, reviewing and managing risk required improvement. Some of the control measures to address risks were not fully in place to be effective, for example, staff training and finalised behaviour support plans to guide staff practice. The inspector also found that some hazards had not been risk assessed to identify control measures to mitigate the associated risks. The provision of documented guidance for staff to respond to a specific potential emergency was also outstanding.

The main property was located on the provider's campus. It accommodated one resident in a self contained apartment, and one resident in the main building that was intended for providing respite services. The premises required upkeep and renovation throughout. The person in charge had reported these issues to the provider for their attention. Parts of the centre had been nicely decorated, however, aspects remained institutional in aesthetic due to the size and layout of the building. Some residents had also reported in the annual review, July 2022, that they were unhappy with the location of their bedroom and this matter had not yet been fully addressed.

The inspector viewed a sample of the servicing records for equipment used by

residents, such as hoists, and found them to be up to date.

The provider's plan for the resident to temporarily reside in alternative accommodation while renovation works commenced had not come into fruition due their failure to source the required resources to fund the works and staffing requirements. The provider informed the inspector that they were engaging with their funder to progress these plans, however there was no time frame for commencement or completion of the works. Due to resourcing constraints these properties remained vacant and were not being used for their intended purpose which was to accommodate residents while the main property and apartment were upgraded.

There was fire detection, fighting and containment equipment through the centre, and servicing records indicated that the fire extinguishers, alarms, blankets and emergency lights were up to date. Staff also completed fire safety checks, however the inspector noted that the checks were not consistently recorded. While some of the poor fire safety arrangements reported in the previous inspection report had been improved upon, for example repairs to some fire doors, the inspector found similar poor findings during this inspection.

The person in charge had prepared individual plans for residents outlining the supports they required to evacuate the centre, however the overall fire evacuation plan for the centre was not fit for purpose. A night-time scenario fire drill was also required to test the effectiveness of the evacuation plans.

Due to these findings and the associated risks to residents, the inspector took the usual step of issuing the provider with an urgent action which required the provider to respond to within a short time-frame.

There was dedicated cleaning staff in the centre, and nursing and care staff also completed cleaning in addition to their primary roles. Generally, the centre was clean, and the provider had implemented some good IPC measures, however improvements were required to meet compliance with the associated standards.

The provider had prepared written policies and procedures, however they were not easily accessible to staff in all parts of the centre. The centre experienced a COVID-19 outbreak over the Christmas period and the provider was requested to submit a provider assurance report by 28 December 2022. The inspector verified most of the information outlined in the report. However, some of the arrangements in the report were no longer in place, such as the monitoring of cleaning checklists and staff training. The COVID-19 management plan required updating and expansion to consider other potential infections.

While the inspector observed some good IPC practices, such as use of colour coded cleaning equipment as measure against cross contamination of infection, access to hand sanitisier and availability of PPE, overall the measures were inadequate. Some of these deficits were addressed by the person in charge during the inspection, for example, new waste receptacles and cleaning equipment was sourced.

Staff spoke about some of the IPC measures in the centre, such as management of

soiled laundry, use of PPE, training, and adherence to associated policies and procedures.

The inspector observed a good selection and variety of foods and drinks in the centre for residents to chose from. Care plans on residents' nutrition, and eating and drinking needs had also been prepared as required. Staff spoken with were familiar with the content of the plans. The recording of residents dietary intake in daily records was inconsistent, and required improvements.

While residents' care and support needs had been assessed, the inspector found deficits in the completion of the assessments, for example, some had gaps and were detailed. Staff spoken with told the inspector that they had concerns on the effectiveness of the arrangements in place to meet residents' assessed needs. These concerns had also been noted in recent staff team meeting minutes. These concerns required further exploration from the provider.

The inspector also found that interventions recommended in a resident's sensory report had not been implemented in full, for example, use of a weighted garment. The recording of residents' activities was poor and therefore did not demonstrate that residents' social care needs were being met. The planning of residents' social activities also required improvement. While a new activity planner template had been developed, it was not yet implemented, and was found to be very limited in scope as it only covered a time frame of 09.30 to 14.30. Overall, the inspector was not assured that the adequate arrangements were in place to fully meet the residents' needs.

Regulation 17: Premises

The provider had not ensured that the centre met the full needs of residents, and that it was kept in a good state of repair.

The provider had planned to renovate and reconfigure the premises, in the third quarter of 2022, in order for it to meet the needs of the residents. However, the plans were delayed indefinitely due to issues in sourcing the required staff arrangements and funding to facilitate the works.

As per the previous inspection findings, some residents reported as part of the annual review that they were unhappy with the location of their bedrooms and this matter remained unresolved. The person in charge had spoken to the resident concerned about this, however no further progress had been made.

The inspector also observed poor storage arrangements, for example, an iron board was stored in an en-suite which posed an IPC risk.

Judgment: Not compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to buy, prepare and cook their own meals. Resident planned their main meals on a weekly basis, however they could change their minds and choose alternatives on a daily basis.

Residents were involved in shopping for groceries, and some like to be involved in the preparation of meals. The inspector observed a good variety of food and drinks in the main building and apartment, including fresh fruit and vegetables, dairy products, meats, cereals, dry foods, soft drinks, condiments, breads, and snacks such as chocolate, biscuits and crisps. The inspector also observed grocery receipts from recent weeks which reflected regular purchases of these foods and drinks. Residents also enjoyed occasional takeaways.

Some residents required specialised and modified diets, and care plans had been prepared to guide staff on these diets. The inspector found that the food in the centre aligned to what was recommended in the plans. However, the recording of residents' dietary intake required improvement to adequately demonstrate that these needs were being provided, and as noted under regulation 16, the training records were incomplete to demonstrate that staff have the required training to support residents with specialised diets.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The inspector found that some efforts had been made to improve the risk management procedures in the centre since the previous inspection, such as providing for agency staff to use the provider's online database to record incidents to support the monitoring and assessment of risk, and the development of risk assessments.

However, the progress in implementing other actions was not adequate, and the overall findings of this inspection found that the provider's systems for the management of risk were not sufficient. One resident's positive behaviour plan was in draft format, and some staff spoken with informed the inspector that they were concerned that the absence of a comprehensive plan was posing a risk to staff and resident safety and inconsistency in approach.

The previous inspection found that the emergency guidance in responding to specific behaviours of concern required consolidation and alignment to ensure that staff had appropriate guidance on responding to emergencies and on monitoring residents' for injuries following incidents of self-harm, particularly head injuries. The provider had outlined in their compliance plan that a guidance sheet would be implemented. The person in charge had made efforts to develop the sheet, however

it was not yet in place. The inspector also found that some of the controls measures for risks were not fully in place, for example, staff training. In addition, the inspector found that a resident's specific behaviour of concern which posed an infection risk in the centre had not been risk assessed to ensure that the required controls were in place.

Furthermore, it was demonstrated that the provider had utilising learning from incidents to strengthen their governance systems, for example, learning from a recent COVID-19 outbreak had not been applied to the associated contingency plans.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had not implemented effective infection prevention and control (IPC) measures or arrangements in order to meet compliance with the associated standards.

The provider had prepared an IPC policy, and there was public health guidance and signage in the centre. However, the policy was not available in soft or hard copy in the self-contained apartment for staff to access which presented a risk to the effective implementation of the policy. The COVID-19 response plans required expansion beyond COVID-19 to consider other potential infections, and to be more specific to the residents' individual needs.

The provider's oversight arrangements of IPC required enhancement as there had been no stand-alone IPC audit carried out in the centre. Furthermore, during the recent outbreak the provider found that the planned staff contingency arrangements were inadequate, however they had failed to since revise the arrangements in the plan to provide alternative arrangements. During the outbreak, the provider was requested to submit a provider assurance report to the Chief Inspector. The inspector verified most of the information in the report such as revision of rota and convening of management meetings, however it was also found that some of the information was no longer accurate, for example, it was not demonstrated that cleaning checklists were monitored.

While the centre was generally clean, the inspector found gaps in the cleaning records including during the COVID-19 outbreak and the inspector observed areas to require cleaning, for example, the drawer in a washing machine had thick build-up of detergent. The inspector also observed some of the cleaning equipment to be poorly maintained, for example, a sweeping brush and pan were dirty which impinged on the effectiveness of the cleaning measure. While there was guidance and chemicals for cleaning in the centre, the cleaning chemicals for bodily fluid spills were not available in the apartment which posed a risk to the effectiveness and promptness of said cleaning.

The premises were found to require upkeep to mitigate IPC hazards such as damaged flooring and sofas. The inspector also observed one of the vehicles to require cleaning and mitigation of a torn seat.

The hand washing and waste receptacle facilities required improvement. Some of the bathrooms did not have adequate hand drying facilities and some of the bins were not foot-pedal operated.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider had not ensured that effective fire safety systems were implemented in the centre which posed a serious risk to residents' safety.

The arrangements for the operation and maintenance of fire doors was poor. While some of the fire doors had been repaired since the previous inspection, repairs to others were delayed due to the specialised design of the doors. The inspector also observed two fire doors to be wedged open. Under this regulation the provider was required to address this immediate risk that was identified on the day on the inspection. The manner in which the provider responded to the risk did provide assurance that the risk was adequately addressed. The person in charge closed the doors, attached signage to the doors reminding staff to keep them closed, and emailed a notice to staff informing them not wedge fire doors open.

The inspector also found that the fire evacuation plan was not fit for purpose, it was not specific to the centre and did not provide adequate directions on the procedures for responding to a fire and evacuating the centre. Under this regulation the provider was required to submit an urgent compliance plan to address this urgent risk. The provider's response did provide assurance that the risk was adequately addressed. A new fire evacuation plan with sufficient directions and guidance was prepared and shared with staff in the centre. A fire drill reflective of a night-time scenario was also required to further test the effectiveness of the fire systems and evacuation plans.

The inspector also found deficits in the implementation of other fire safety systems, for example, the daily and weekly fire safety checks were not consistently recorded to indicate that they had been completed.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector view both residents' assessments of need, and found that they

required enhancements. The first assessment of need was not dated or completed in full. Another assessment of need noted that the resident had an unmet need in relation to their accommodation, however provider no further information in relation to this.

Staff and members of the management team told the inspector that they had concerns that the centre could not adequately meet one resident's needs. Similar concerns had also been noted in recent staff team meeting minutes. These concerns required formal consideration from the provider in order to define the resident's needs and the associated arrangements to be provided.

The registered provider had not ensured that the required arrangements were in place to meet the residents' needs, for example, the premises were not appropriate and there were staffing deficits. The inspector also found that some of the recommendations outlined in a resident's sensory need report had not been implemented, for example, use of a hot tub and weighted vest.

The recording of residents' activities was poor, for example, daily notes were not consistently completed. Therefore, it could not be demonstrated that residents' social care needs were being met.

Judgment: Not 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	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant

Compliance Plan for Hall Lodge OSV-0001709

Inspection ID: MON-0039031

Date of inspection: 19/01/2023

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Since the previous inspection a further three roles have been filled. A PIC has been appointed and will commence on 27/02/2023.Interviews for DCSM will take place following PIC commencing in their role. A full time frontline positive behavior role has been appointed to the location and due to commence within the next month. The staff roster has been updated and now contains full names of all staff including agency staff. The use of agency staff has reduced, where extra resources are required familiar agency staff are used. There has been a need to increase staffing levels at night since mid Feb, to provide increased support to one resident. This increased requirement will be covered by regular agency staff who are familiar and have been inducted and are familiar with the residents needs.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Training Matrix has been completed all mandatory and refresher training has been scheduled. The provider has put on two extra first aid training course for staff, these are scheduled for March and April.	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
A provider led IPC audit was conducted in this center on 20/02/2023.
A maintenance audit will take place on 28/02/2023 and a monthly audit of this nature will take place going forward at the end of each month.
The provider has put on two extra first aid training course for staff, this are scheduled for March and April.
Staff have been booked on other mandatory training courses throughout the year which is reflective on the training Matrix.
A PIC has been appointed and will commence on 27/02/2023.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The provider continues to liaise with funders in relation to resources for the renovation of the building.

The PIC has met with the resident in relation to moving bedrooms, the resident has shown no expression or wish to move, the current bedroom is decorated to the residents taste, current needs of the resident would indicate that this is the most suitable bedroom due to its dimensions and layout and the possible need to using hoisting equipment , the resident and family will be consulted in the future should the residents needs or preferences change.

The ironing board has been removed and stored appropriately in the storage cupboard.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

Staff are now recording the details of residents meals daily on the provider internal system. There are care plans in place for one resident under the care of a dietitian, which all staff are aware of, there are FEDS plans in place for two residents which staff have been provided guidance on.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The revised positive behavior plan is in draft and the behavior specialist is working with the staff team in developing this. There is a current positive behavior plan in place while the draft plan is being finalized. There is a meeting scheduled on 09/03/2023 with the staff team and behavior specialist to review the draft positive behavior plan and provide guidance to staff.

A guidance document in relation to supporting a resident with head injury is displayed within the centre.
A guidance document in responding to support in an emergency situation is also displayed in the centre.

Staff training matrix has been reviewed and updated and staff have been booked into relevant training.

There is a risk assessment in place for one resident who has a specific behaviour of concern which posed and infection risk. There are control measures in place to guide staff in how to mange this risk.

The PBSP will provide guidance for staff in the management of this behaviour of concern. This document will be shared with staff on the 09/02/2023 and training and guidance will be given by the PBSS.
Learning from COVID-19 outbreak has been updated in contingency plans.

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
WIFI has been repaired. IPC policy available for staff in soft copy in both locations.

Should the WIFI fail, hard copies of IPC policy will be made available.
Isolation plans have been reviewed and updated to include management of other potential infections specific to the residents needs.
IPC audit conducted 20/02/2023.
Cleaning checklists are monitored by the PIC once a month. Cleanliness of washing machine and cleaning equipment have been added to checklist This was discussed at staff meeting 20/02/2023.
Cleaning chemicals to manage body fluid spillage are available and in place in both locations. Staff have been informed of their location by email.
Damaged flooring was assessed by external contractor. This will be completed by 2nd quarter 23.
Pedal bins in place. Additional hand drying facilities have been ordered and are due to be delivered 1st March 2023.
Location vehicle was valeted post inspection and will be cleaned weekly or more often if required.
Unused seats will be removed including damaged seat by 08/03/23.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Servicing and repairs to all fire doors have been completed. Door closers have been fitted where required.
The evacuation plan has been updated and is on display in the designated centre.
Night time evacuation walkthrough has been completed. Emergency evacuation drill night drill will be completed between the month of May to September to check effectiveness of fire systems.
Daily and weekly fire safety checks are conducted and will be checked by Health & Safety Representative monthly. Any gaps will be notified to the PIC who will follow up with staff.

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
Residents assessment of needs has been updated.
The provider has been in consultation with the resident's family and funder. Ongoing discussions with same.
PIC is currently in consultation with the provider Occupational Therapist to source a weighted vest.

PIC will explore the possibility of resident using hot tub in community facility.
Staff have been directed ,during staff meetings to provide more detail around resident activities daily.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/03/2023
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	31/03/2023
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota,	Substantially Compliant	Yellow	22/02/2023

	showing staff on duty during the day and night and that it is properly maintained.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	30/05/2023
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	22/02/2023
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	30/06/2023
Regulation 17(5)	The registered provider shall ensure that the premises of the designated centre are equipped, where required, with assistive technology, aids	Substantially Compliant	Yellow	20/02/2023

	and appliances to support and promote the full capabilities and independence of residents.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	22/02/2023
Regulation 18(2)(d)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.	Substantially Compliant	Yellow	22/03/2023
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	01/03/2023
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	Not Compliant	Orange	01/03/2023

	monitored.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	10/03/2023
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	28/02/2023
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: self-harm.	Substantially Compliant	Yellow	20/02/2023
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5,	Substantially Compliant	Yellow	22/02/2023

	includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	20/02/2023
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 published by the Authority.	Not Compliant	Orange	30/06/2023
Regulation 28(1)	The registered provider shall ensure that effective fire safety management	Not Compliant	Orange	22/02/2023

	systems are in place.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/06/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	22/02/2023
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/06/2023
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Not Compliant	Red	20/01/2023
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health	Substantially Compliant	Yellow	22/02/2023

	care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	30/06/2023
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	22/02/2023
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or	Substantially Compliant	Yellow	22/02/2023

	circumstances, which review shall assess the effectiveness of the plan.			