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:	Ocean House
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	08 June 2023
Centre ID:	OSV-0007912
Fieldwork ID:	MON-0031235

About the designated centre

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

Ocean House is a designated centre operated by Sunbeam House Services CLG. The designated centre provides full-time residential services for adults with a mild or moderate level of intellectual disability. The maximum number of residents who can reside in the centre is two. The centre is made up of one semi-detached two story house located in a large town in Co. Wicklow. It comprises a communal sitting room leading to an adjoined kitchen/dining room with a large sunroom/conservatory at the rear with access to the back garden. There is a toilet/shower room downs stairs and a garage to the side of the house. Upstairs there are four rooms, three bedrooms and a storage room and staff office. There is also a communal toilet/bathroom on this floor also. The centre is managed by a full-time person in charge who is responsible for this and two other locations. The residents are supported by a nurse, social care workers with a sleep over staff arrangement in place at night.

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 8 June 2023	10:00hrs to 18:00hrs	Jacqueline Joynt	Lead
Thursday 8 June 2023	10:00hrs to 18:00hrs	Kieran McCullagh	Support

What residents told us and what inspectors observed

This inspection was a registration renewal inspection and it was announced. Throughout the inspection, the inspectors spoke with the person in charge, the deputy manager, staff members and the two residents living in the centre. In addition, a review of documentation as well as observations, throughout the course of the inspection, were used to inform a judgment on residents' experience of living in the centre.

On the day, residents were provided with a one-to-one on-site type of day service. One resident attended a dance class in the community in the morning and spent time at an equestrian centre in the afternoon. The other resident went out for coffee with their staff in the morning and in the afternoon attended a planned appointment with their behavioural support specialist.

During the morning the inspectors got the opportunity to meet and speak with both residents individually. One of the residents showed the inspectors around the conservatory area. The resident told the inspectors that this was the area where they enjoyed watching television and working on art and craft and other projects that were important to them. The resident also informed the inspectors that they use different sections of the downstairs as their own space and always asked for permission from the other resident if they were entering their area, such as the sitting room.

The resident was currently making a family tree and spoke to the inspectors enthusiastically about it. The resident also showed the inspectors their bedroom and talked to them about how they had recently been supported to change the room around so that a new piece of furniture (shelving) could be added to the room. The resident said that the shelving in their wardrobe needed repair which the person in charge noted and advised that they would pass it on to the maintenance department.

The other resident was also happy to show the inspectors where they were currently sleeping. The resident had temporarily moved into a another bedroom as there was a mould issues in their own bedroom. The resident had been supported by staff to submit a complaint regarding the risk the mould presented to their health. They also complained about the timeliness of getting the issues resolved. Some of the residents belongings, including posters, music and memorabilia had been moved into the resident's temporary bedroom however, the their wardrobe and other memorabilia remained in the room with the mould issue. This meant that, on a daily basis, the resident had to access their clothes from the other room. When the inspectors asked the resident if they would prefer to be in their own bedroom, the resident said yes.

In advance of the inspection the two residents completed a Health Information and Quality Authority (HIQA) questionnaire. One resident completed the form

themselves and one resident was supported by staff to complete it. Overall, the residents noted that they were happy with the support provided to them and the quality of service delivery.

Residents noted on the questionnaires that they were happy with the comfort of their home and the access to their back garden however, not all residents were happy with the warmth of the centre or access to shared areas. Some residents were happy with their bedroom and laundry facilities. Where residents were asked if there was anything about their bedroom that they would like changed, one resident noted that the railing on their wardrobe needed repair. The other resident noted that they would like to return to their own bedroom.

Residents also noted that they were happy with the taste, choice and amount of food they were provided included mealtimes and access to drinks and snacks outside of mealtimes. One resident noted that sometimes they preferred to have their meals in the sitting room. When replying about their rights, residents noted that they were happy with the amount of choice they had regarding their daily routine and care and support they received. However, not all residents were happy about how their respect and dignity was protected or how safe they felt.

Residents were asked if they were happy with their relationships with other residents. One resident noted that they were unhappy and one resident noted they were happy.

Residents noted that they enjoyed recreational and social activities in their centre. For example, residents enjoyed playing records, listening to music, watching movies, having visitors coming for dinner, board games and getting involved in arts and craft projects such as bird box making. Residents also enjoyed a variety of recreational, social and other activities outside their centre. For example, dog walking, social farming, volunteering their local church, visiting friends, attending local activity clubs, dancing, looking after horses in a local equestrian centre, going to the gym, singing in a choir, knitting class and part-taking in a book club. One resident noted that they would like more support in accessing paid employment.

Both residents included in their questionnaires that they were happy with the care and support provided by their staff. One residents noted that staff were easy to talk to and that staff listened to them and were familiar with their likes and dislikes. Both residents were aware of who they could speak to if they were unhappy with something in their centre. One resident had made a complaint and noted that they were not happy with the time it was taking to resolve the issue they had complained about.

During the walk-around of the centre, inspectors observed that for the most part, the house was clean and tidy. Some areas in the house required upkeep and repair and de-cluttering. For example, the inspectors observed chipped and peeling plaster and lose wiring in a store room at the bottom of the stairs, the garage, while it had a recent clear out, was still very cluttered and smelt of damp. There were small specks of mould observed around some of the windows in the house. On the day of the inspection, while the mould in a resident's bedroom had been wiped clean,

maintenance records noted that the mould would continue to return if not treated. Overall, some of the upkeep and repairs meant that they could not be cleaned effectively and as such potentially impacted on the effectiveness of the infection, prevention and control measures in place in the centre.

The ground floor of the house provided a number of spacious areas. Inspectors were informed that residents were allocated certain areas of the house to relax and part-take in activities, separate from each other. On review of residents' care plans, the inspectors saw that safeguarding plans guided staff to support residents to stay in their own "personal living spaces" when using the ground floor of the centre. This was in an effort to reduce compatibility issues in the house and mitigate the risk of safeguarding incidents occurring.

Residents were encouraged and supported around active decision making and social inclusion. Residents participated in house meetings where matters such as, treating each other with respect, residents' rights, advocacy information, the complaints process, infection, prevention and control matters and holiday and menu plans were discussed and decisions were made. On review of the minutes, the inspectors saw that the most recent meeting had taken place in early June 2023 however, there had been a gap of almost five months since the last meeting.

In summary, through speaking with the person in charge and staff and through observations and a review of documentation, it was evident that they were striving to ensure that residents lived in a supportive and caring environment. However, due to current compatibility issues in the centre and the arrangements in place to keep residents safe, not all residents were living as independently as they were capable of in their own home. In addition, due to an untimely response to an infection control risk, not all residents wishes and preferences were adhered to. Overall, both these issues meant that residents rights were not promoted at all times.

This is discussed in the next two sections of the report which presents 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

For the most part, the provider had satisfactory governance and management systems in place within the designated centre to monitor the safe delivery of care and support to residents. There was a clearly defined management structure in place and the service was led by a capable person in charge supported by a part-time deputy manager. Staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The provider was endeavouring to ensure that the centre was adequately resourced to meet the needs of residents living in the centre. However, improvements were needed to some of the of the governance and management arrangements in place that ensured the quality and safety of the

service being delivered to residents living in the centre. This was to ensure the safety of residents living in the centre and that residents' rights were promoted at all times.

Due to the recent change of needs for a resident living in the centre, there had been an increase in solicited safeguarding notifications submitted to the Health Information and Quality Authority (HIQA). The provider had put interim safeguarding measures in place in the designated centre in an effort to reduce the risk of peer-to-peer safeguarding incidents occurring. One of the measures included increased staff levels to provide one-to-one support for residents during the day-time. However, due to current staff vacancies, there were times, where one-to-one staffing levels were not in place and as a result, safeguarding plans were not adhered to. This meant that there was a potential risk to the safety of residents living in the centre. In addition, some of the strategies in place, to support the reduction of compatibility issues in the centre, had resulted in an environment that was restrictive in nature. Overall, this impacted the promotion of residents' rights in their own home and in particular, on their right of choice and to a degree, their freedom of movement within their own home.

The provider's untimely response to an infection, prevention and control risk identified in a resident's bedroom, almost twelve months previous to the day of the inspection, had resulted in negative outcomes for a resident. The risk had been identified at local management level in June 2022 and was raised again during a HIQA infection, prevention and control inspection in December 2022. While the provider had engaged with their facilities department as well as an external engineer to find a resolution, overall, the timeliness in mitigating the risk in the resident's bedroom was not satisfactory. This had resulted in the resident having to move out of their bedroom. As such, the resident's right of choice, as well as their wishes and preferences, to sleep in their own bedroom, was not adhered to.

The inspectors found that for the most part, there were satisfactory governance and management systems in place at local level. The person in charge, supported by the part-time deputy, carried out monthly household audits to evaluate and improve the provision of service and to achieve better outcomes for residents.

The person in charge ensured that team meetings were taking place regularly. On review of the minutes, the inspectors saw 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. In particular, where behavioural and safeguarding incidents had occurred, the person in charge and staff engaged in reflective practice and shared learning.

The person in charge was familiar with the residents' needs and was endeavouring to make sure that they were met in practice. There was evidence to demonstrate that the person charge was competent, with appropriate qualification and skills and sufficient practice and management experience to oversee the residential service and meet its stated purpose, aims and objectives. Currently, the person in charge shared their role between this designated centre and two other locations.

The provider was endeavouring to ensure that the number, qualifications and skill-mix of staff was appropriate to ensure the effective delivery of care and support to residents. However, on review of the statement of purpose, the inspectors found that the number of staff employed in the centre, (whole-time equivalent numbers), was not in line with the centre's statement of purpose. Subsequent to the inspection, the provider submitted an updated statement of purpose with the correct whole-time equivalent numbers of staff.

The provider had secured funding for additional staff posts to support the changing needs of a resident living in the centre. This meant that one-to-one support was provided on a daily basis to both residents. The provider had made temporary arrangements for agency staff to cover these positions until the posts were filled. The person in charge was endeavouring to ensure that there was continuity of care and support provided to residents, through employing the same agency staff members as much as possible.

However, on review of the centre's roster, the inspectors saw that there was a number of gaps in the roster where the residents were not provided with one-to-one support. On these occasions, staffing levels were not in line with current safeguarding plans and potentially increased the risk of behavioural and safeguarding incidents occurring in the house.

The provider had put a system in place to support agency staff access the organisation's shared information system that would better support their knowledge and awareness of the needs of the residents and the supports in place to meet those needs. It also ensured that daily updates regarding the care and support provided to residents was recorded on their on-line personal plan. However, on the day of the inspection, the inspectors were informed that not all daily updates were being recorded on the system. This meant that the systems in place that ensured agency staff appropriately recorded and reviewed up-to-date information, was not effective at all times.

The inspectors reviewed the centre’s training matrix. The matrix demonstrated that staff had received mandatory training alongside other training related to the assessed needs of residents. Staff who spoke with the inspectors demonstrated good understanding of the residents’ needs and were knowledgeable of the procedures which related to the general welfare and protection of residents. Supervision and performance appraisal meetings were provided for staff to support them perform their duties to the best of their ability.

There were relevant policies and procedures in place in the centre which were an important part of the governance and management systems to ensure safe and effective care was provided to residents including, guiding staff in delivering safe and appropriate care. However, on review of the centre's Schedule 5 policies, the inspectors found that a substantial number of policies and procedures had not been reviewed in line with the regulatory requirement. As such the register provider could not ensure that all policies and procedures were consistent with relevant legislation, professional guidance and best practice relating to delivering a safe and quality

service.

Registration Regulation 5: Application for registration or renewal of registration

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

Updates to the statement of purpose and floor plans to ensure they were representative of the function of the service being delivered in the designated centre were required. Subsequent to the inspection, an updated statement of purpose and floors plans was submitted.

Judgment: Compliant

Regulation 14: Persons in charge

Overall, on the day of the inspection, the person in charge demonstrated that they had the capacity to carry out the local governance and management requirement of this centre along with their other current responsibilities.

A new person in charge was due to commence in the centre on Monday 12th of June 2023 .The current person in charge advised the inspectors that there was a plan in place for them to provide a hand-over to the new person in charge for one month. The new person in charge will be responsible for this centre and two other locations and plans were in place for the deputy manager to increase their hours to full-time.

Judgment: Compliant

Regulation 15: Staffing

The provider had sourced additional funding so that each resident was provided with an individualised on-site day-service seven days of the week. However, the positions had not yet been fully filled. There were currently two vacancies in place; 100 hours and 120 hours and the provider was actively recruiting to fill the positions. In the meantime, the position were being filled by regular agency staff.

The roster demonstrated that there were a number of gaps where one to one staffing levels were not in place. For example, there were seven days in May where residents were not supported with one to one day support. This impacted on the effectiveness of the safeguarding plans in place and posed a risk of potential

behavioural or safeguarding incidents occurring.

The roster also demonstrated that some staff were also working in another residential service. This had not been taken into account on the centre's statement of purpose. For example, the statement of purpose showed that there was one nurse employed on a whole time basis and that one of the two social care workers were employed on a whole-times basis. However, as they were dividing their hours between two services, it meant that they were not working whole-time in the designated centre.

Furthermore, improvements were needed to ensure that the roster was maintained appropriately at all times. For example, the person in charge had worked in the centre two days each week in May 2023 however, the roster showed that the person in charge had worked in a day service five days a week, every week, during May 2023.

A review of the systems in place to support agency staff avail of the computerised system in the centre, which provided up-to-date details of the care and support needs of residents as well and policies and procedure, was needed to ensure their effectiveness. Inspectors were informed that there had been an access issue and that currently staff were completing daily notes in a notebooks rather than uploading them on to the computer.

In addition, agency staff did not have access to the organisation's policies and procedures which were also on a computerised system.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents. The inspectors reviewed a log of the staff training records provided by the person in charge. Staff completed training in areas such as, fire safety, safeguarding of residents, positive behaviour support, infection prevention and control and medication management. Some staff required refresher training in positive behaviour support, medication management and fire safety and the person in charge had booked them to attend the next available training dates. Staff also completed additional training in values and personal planning, GDPR and COVID-19.

There was a supervision schedule in place for 2023 which was regularly reviewed to ensure supervision meetings were up-to-date. The person in charge provided one to one supervision meetings to staff four times throughout the year (as per the provider's policy).

The provider had a comprehensive induction programme for new staff in the centre. The inspectors spoke with one staff member who had recently commenced in their

post, and found they were knowledgeable on the individual needs and support requirements of residents living in the centre.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had ensured that up-to-date records in relation to each resident as specified in Schedule 3 of the regulations were maintained and were made available for inspectors to view.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured information and documentation on matters set out in Schedule 2 were maintained and were made available for inspectors to view. Inspectors reviewed a sample of staff records and found that they contained all the required information in line with Schedule 2.

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 timeliness of the provider to address an infection, prevention and control risk was unsatisfactory. The resident, supported by their staff member, submitted a complaint regarding their dissatisfaction at the length of time it was taking to resolve the issue. Overall, the inspectors found that, on the day of the inspection, there was no clear action plan or time-line for the risk to be resolved.

While the provider was endeavouring to adequately resource the centre, and had

sourced funding for additional staff, the current vacancies in place meant that there was a potential risk of safeguarding incidents continuing. Safeguarding plans in place included one-to-one support for residents during the day-time. However, there were times, due to lack of availability of agency staff, that residents did not receive one-to-one daytime support.

The provider had not ensured that the statement of purpose included the correct details of the staffing levels provided in the centre. The whole-time equivalent (WTE) hours for the person in charge and a number of the staff team, had not taken into account the hours worked by the person in charge and staff in another location. Subsequent to the inspection, an updated statement of purpose was submitted with correct WTE hours of the person in charge and staff.

Notwithstanding the above, the provider had completed an annual report in May 2023 of the quality and safety of care and support provided to residents in the designated centre. There was evidence to demonstrate that residents and their families were consulted about the review. The provider had also completed an unannounced six monthly review of the service and there was an action plan in place to ensure improvements identified during the review were addressed. Both these reviews had included the infection, prevention and control risk, however, associated actions had not been completed.

The provider had also completed a number of other audits in the centre. For example, the provider had completed a health and safety audit, a medication audit and infection, prevention control audit of the centre.

At local level, the person in charge had completed a monthly housekeeping audit which provided good oversight and monitored other audits and checklists in the centre such as, document inspection audits of residents' personal plans, petty cash audits, cleaning schedules, first aid and internal medical audits, fire safety checks, but to mention a few.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

Overall, the statement of purpose included all required information however, not all was accurate regarding whole time equivalent staff numbers, person in charge role (and how it was divided) and function of rooms. Subsequent to the inspection an updated statement of purpose was submitted.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspectors found that improvements were needed so that there were effective information governance arrangements in place to ensure the designated centre complied with notification requirements at all times.

Not all quarterly notifications were being submitted to HIQA as per the regulatory requirement. For example, quarterly notifications relating to restrictive practices in the designated centre had not been submitted for all of 2022.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure that was in an accessible and appropriate format which included access to an advocate when making a complaint or raising a concern. This procedure was monitored for effectiveness, including outcomes for residents. The inspectors found that, for the most part, where complaints had been made, they had been dealt with in an appropriate and timely manner with actions follow up and overall, satisfaction levels noted.

There were two recent complaints made. One complaint was regarding safeguarding concerns and one the other regarding the delay in response to solving a mould issue in a resident's bedroom. The inspectors found, that although the two complaints remained open, (as issues remained on-going), the complaints themselves were dealt with in line with organisations' complaints process in place.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had ensured policies and procedures on matters set out in Schedule 5 had been implemented. Inspectors reviewed nineteen policies and found seven were overdue review. For example, policies and procedures regarding, communication with residents, recruitment, selection and Garda vetting of staff, provision of personal care and provision of behavioural support were found to be overdue a review.

The provider's safeguarding policy was not comprehensive in nature and contained insufficient information to ensure it guided staff in delivering safe and appropriate care.

In addition to the above, on review of the provider's safety statement, the inspectors found that it was overdue a review, as per provider policy.

Judgment: Substantially compliant

Quality and safety

The person in charge and staff were endeavouring to make sure that residents' wellbeing and welfare was maintained to a good standard. It was evident that the centre's management, person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. For the most part, care and support provided to residents was of good quality. However, the inspectors found that, some of the governance and management arrangements in place were not effective in ensuring that a good quality and safe service was being provided to residents at all time. This meant, at times, residents were living in an environment where their safety, preferences and rights were not fully promoted.

There were compatibility issues in the designated centre. There had been an increase in safeguarding incidents report to HIQA since February 2023. The person in charge had followed up on each safeguarding incident and had reported it to the required external services in line with national policy and procedures. Staff had been provided training and refresher training in safeguarding vulnerable adults. There were safeguarding plans in place which were regularly reviewed. However, the inspectors found that due to staff shortages, the safeguarding plans were not adhered to at all times. This meant that, during these times, there was an increased risk of safeguarding incidents occurring in the centre.

There were infection, prevention and control (IPC), measures and arrangements to protect residents from the risk of infection however, some improvements were required to meet optimum standards. For the most part, the inspectors found that the infection, prevention and control measures were effective and efficiently managed to ensure the safety of residents. However, there was one particular instance where this was not the case. A mould issue in a resident's bedroom had not been addressed in a timely manner. Subsequent to a complaint being made and to ensure the resident's health and well being, the resident was required to move into the staff sleep/over office.

Overall, the inspectors found that the on-going compatibility issues in the house were impacting on residents rights in particular, in relation to their right to a safe and effective service. In addition, the un-timeliness of resolving an infection, prevention and control issue was impacting on a residents right and will and preference regarding their accommodation. While there were systems in place for residents to voice their opinion, one of these had not been provided on a regular basis within the last five months. This meant that the designated centre was not promoting the rights of residents, at all times.

The provider and person in charge promoted a positive approach in responding to

behaviours that challenge. Staff had been provided with specific training relating to behaviours that challenge and de-escalating techniques, that enabled them to provide care that reflected evidence-based practice. One resident had been provided a behavioural support plan which was in the process of being reviewed and updated and there were plans in place to re-activate and update another resident' behavioural support plan. However, improvements were needed to ensure that reviews of plans included appropriate clinical oversight.

For the most part, the design and layout of the premises was suitable in meeting residents' needs. There were a number of repairs required to the premise, some of which had been identified by local management over a year ago but had not yet been completed. Some of the outstanding maintenance work, such as chipped paint and mould, resulted in an increased risk of healthcare-associated infection for residents and staff.

The inspectors found that the systems in place for the prevention and detection of fire were observed to be satisfactory. There was suitable fire safety equipment in place and systems in place to ensure it was serviced and maintained. There was emergency lighting and illuminated signage at fire exit doors. Local fire safety checks took place regularly and were recorded and fire drills were taking place at suitable intervals.

Regulation 17: Premises

The house was clean and for the most part, tidy and in good upkeep and repair.

The downstairs areas and rooms in the house were spacious which permitted for current safeguarding plans to be adhered (in terms of layout of house).

Where there were upkeep and repair improvements needed these have been addressed in regulation 27.

Judgment: Compliant

Regulation 27: Protection against infection

The inspectors identified a number of areas of good practice in relation to infection prevention and control, however some improvements were required to ensure that residents, staff and visitors were fully protected from the risks associated with infections. For example; the provider had not ensured a timely response to an infection control risk regarding recurrence of mould in a resident's bedroom. This had resulted in the resident having to relocate to the staff sleepover room. Inspectors were informed that maintenance were addressing this issue on a weekly

basis and there was no visible mould in resident's bedroom on the day of inspection.

Staff were responsible for cleaning duties in addition to their primary roles, and there was guidance and cleaning schedules to inform their practices. Good practices were in place for infection prevention and control including laundry management, waste management and a color-coded mop system. The centre was observed to be clean and well maintained, and all hand washing facilities were accessible, fully stocked and hygienically maintained. However, some minor upkeep was required such as repainting of some walls throughout the centre, replacing of worn window blinds and de-cluttering of garage space.

Staff working in the centre were required to complete infection prevention and control training to support them in the implementation and adherence to IPC measures. There was evidence of contingency planning in place for COVID-19 in relation to staffing and residents' self-isolation plans. However, residents' self isolating required more information to ensure the clearly demonstrated supports residents may require during self-isolation periods. For example, while the centre's contingency plan noted all residents would tolerate wearing masks during an outbreak, this was not in line with all residents' self-isolation plans.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider was found to have good measures in place to protect residents and staff in the event of a fire. There were adequate means of escape, including emergency lighting. Escape routes were clear from obstruction to enable evacuation, taking account of residents' needs. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required.

The person in charge had prepared evacuation plans to be followed in the event of the fire alarm activating, and each resident had their own individual evacuation plan which included pertinent information about residents in relation to their evacuation needs. Fire drills, including drills reflective of night-time scenarios, were carried out to test the effectiveness of the evacuation plans. Staff also completed daily, weekly, and monthly fire safety checks.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed residents' personal plans. Residents were provided with

personal plans that reflected their continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. The inspectors found that the residents' personal plans demonstrated that the residents were facilitated to exercise choice across a range of daily activities and for the most part to have their choices and decisions respected.

Residents' plans were reviewed on a regular basis; there was an auditing system in place to ensure that documented assessments, supports and personal information regarding the resident needs and support were kept up-to-date. Where resident's assessed needs had recently changed, their personal plan included the changes as well as the the allied health professional supports the had been put in place.

While some residents were provided with an accessible format of their plan, the provider had identified that further work was needed in this area for all residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

Previous to moving to this centre in 2020, the resident had been provided with a behavioural support plan. However, while the plan had been reviewed on a regular basis by staff members, it had not included a review by an appropriate allied health professional until May 2023.

Residents were involved and consulted in their plan in a meaningful way and that was person-centred in nature.The behaviour support specialist was current consulting with the resident to collate information for a new plan and there were plans in place for the resident, alongside their staff, to co-author the plan.

There were a small number of restrictive practices in the designated centre. There was a rights restrictive practice committee in place within the organisation which authorised and regularly reviewed any restrictive practices in the centre. This was to ensure that restrictive practices were in line with best practice, associated polices and were the least restrictive for the shortest period of time.

There was a gap of twelve months where restrictive practices had not been notified (as required) to HIQA. This has been addressed under Regulation 31.

Judgment: Compliant

Regulation 8: Protection

To ensure the residents' safety and in an effort to reduce the risk of continued

safeguarding incidents occurring in the centre, safeguarding plans were put in place. The plans included one-to-one staff support for each resident during the day. Residents were supported to avail of separate areas in the downstairs of the house. This was to support each resident have their own area where they could relax, watch television and enjoy and participate in on-site activities they enjoyed. Staff were directed to supervise and stay in the vicinity when residents were together in communal areas of their home. Residents' meal-times were staggered. However, while the plans endeavoured to keep the residents safe, it also resulted in a living environment that was restrictive in nature.

In addition, due to current staff vacancies, there were times when two staff were not available to work on a one-to-one basis with each resident. As a result, safeguarding plan in place were not effective at all times in ensuring the safety of residents in their own home.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Overall, the inspectors found that there were a number issues that impacted negatively on the promotion of residents' rights.

On occasions, residents' right to independently move around their home, in downstairs communal areas, was not always available to them. For example, in line with current safeguarding plans, when residents were in the same communal area, staff supervision was required at all times.

Residents' right to feel safe in their own home was not in place, at all times. A compliant had been submitted by a resident's family member who raised concerns regarding safeguarding incidents occurring in the house. They noted on their complaint that they observed their family member, (a resident), to appear at unease when another other resident was in the same vicinity as them.

Not all residents were provided the right to sleep in a bedroom that was in line with their likes and preferences as well as their right to easy access to their personal belongings such as, clothes and memorabilia that was important to them. For example, due to the poor timeliness of resolving a mould issue in a resident's bedroom, they had to move out of their bedroom and into the staff office/sleepover room. In addition, they had to go into another room to access the clothes from their wardrobe. Furthermore, other items such as framed paintings, (which the resident had painted themselves), and music memorabilia, had remained in their old room.

The residents' right to voice their opinions and discuss matters relating to the designated centre, through house meetings, had been temporarily limited during a period where one resident had chosen not to engage in the meetings. Residents house meetings included information relating to the complaints process, keeping safe, infection prevention and control matters, choice of activities and meals, and

respecting each other, but to mention a few. No alternative or choice, to voice their opinions and discuss household matters, had been offered to either resident during this period.

Notwithstanding the above, the provider had ensured that there were effective complaint policy and procedures in place including information on an internal and external advocacy services and that they were made available to residents and their families. Staff had advocated on behalf and support residents to make a complaints when they were unhappy with the quality of care and support provided them. Residents and their family had been consulted with during the annual review of the quality of care and support provided in the centre.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not 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	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Ocean House OSV-0007912

Inspection ID: MON-0031235

Date of inspection: 08/06/2023

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: • The Provider has updated the SOP which now reflects the WTE and takes into account the hours worked by the PIC and the staff in another location. Completed 28/06/23 • The Provider has now given access to CID for agency staff. Completed 28/06/23 • The Provider has now given agency staff access to all policies on the E-Learning site. Completed 03/07/23 • The Provider has now increased the support staff hours to 12 hour shifts, 7 days per week. Recruitment has now commenced, and regular agency staff are currently being used until the Provider has recruited. Completed 04/07/23	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: o One to One Support – The Provider has now increased the support staff hours to 12 hour shifts, 7 days per week. Recruitment has now commenced and regular agency staff are currently being used until the Provider has recruited. Completed 04/07/23 • SOP – The Provider has updated the SOP which now reflects the WTE and takes into account the hours worked by the PIC and the staff in another location. Completed 28/06/23 • Air Ventilation system will be installed to prevent mould from forming, this will be installed by 01/09/23. The resident will be enabled to move back into their bedroom subsequent to this work on or before the 15/09/2023. • The scope of work and timeline around this have been explained to the resident using their preferred method of communication, namely verbal communication. This was	

completed (as per communication passport) in a key working session on the 22/07/23.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The Provider will continue to submit the Quarterly Notification to HIQA as per regulatory requirement. An email has been put in place to alert the PICs of the due dates. Completed 28/06/23

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
• The Provider has reviewed the named policies and they are now completed and up to date. Completed 30/06/23
• The provider's internal social worker is updating the current Safeguarding Policy and this will be in place by 08/08/2023 In the Interim, the in date safeguarding procedure has been recirculated to all staff 24/07/2023. Policy updated and submitted to HIQA 31/07/2023
• The Provider has reviewed and updated the Safety Statement. Completed 03/07/23

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
• Air Ventilation system will be installed to prevent mould from forming, this will be installed by 01/09/23. The resident will be enabled to move back into their bedroom subsequent to this work on or before the 15/09/2023.
• The scope of work and timeline around this have been explained to the resident using their preferred method of communication, namely verbal communication. This was completed (as per communication passport) in a key working session on the 22/07/23.

Completion Date: 31/12/2023
• The Provider has ordered new blinds for the conservatory and two of the bedrooms which will be installed as soon as they are received.
Completion Date: 07/07/23
• The garage has been decluttered and cleaned.
Completion Date: 07/07/23
• The Provider is addressing the issue of chipped painting in a small area.
Completion Date: 31/07/23
• The Residents self-isolation plans have been reviewed and updated.
Completed 28/06/23

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• Regarding the safeguarding, restrictive living environment and 1:1 support, the Provider has now increased the support staff hours to 12-hour shifts, 7 days per week. Recruitment has now commenced, and regular agency staff are currently being used until the Provider has recruited. Completed 04/07/23

• The provider's internal social worker is updating the current Safeguarding Policy and this will be in place by 08/08/2023. In the Interim, the in date safeguarding procedure will be recirculated to guide staff on 24/07/2023.

The Provider acknowledges that the current level of supervision reduces one resident's right to independently move around. However, this is necessary to support the current safeguarding plans in place and is limited to the sitting room and conservatory areas only as the resident can independently use the remainder of the house.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• Air Ventilation system will be installed to prevent mould from forming, this will be installed by 01/9/23. The resident will be enabled to move back into their bedroom subsequent to this work on or before the 15/09/2023.
• The scope of work and timeline around this have been explained to the resident using their preferred method of communication, namely verbal communication. This was completed (as per communication passport) in a key working session on the 22/07/23.
• Following a risk assessment in relation to the room structure and layout, it has been identified that it is not possible to install sufficient clothing storage without posing a risk of injury or harm. However, in the interim, a tall chest of drawers has been installed on 24/07/2023 to hold everyday essential clothing items and to ensure the resident's dignity and rights are being respected. In addition, the remainder of the resident's memorabilia, including framed paintings, have now been now moved into the temporary bedroom.
• The PIC will continue to have regular house meetings. Should a resident wish to disengage, the PIC and staff will follow up with that resident separately. This is to ensure that the residents can voice their opinions and discuss household matters. Minutes of these minutes will also be recorded.
Completed 28/06/23

o The Provider has now increased the support staff hours to 12-hour shifts, 7 days per week. Recruitment has now commenced and regular agency staff are currently being used until the Provider has recruited.
Completed 04/07/23

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	10/07/2023
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	10/07/2023
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in	Substantially Compliant	Yellow	31/10/2023

	circumstances where staff are employed on a less than full-time basis.			
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	10/07/2023
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.	Substantially Compliant	Yellow	15/09/2023
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 monitored.	Substantially Compliant	Yellow	15/09/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are	Substantially Compliant	Yellow	15/09/2023

	protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	10/07/2023
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	10/07/2023

Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	08/08/2023
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	28/06/2023
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Substantially Compliant	Yellow	28/06/2023
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal	Not Compliant	Orange	15/09/2023

	information.			