



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

Issued by the Chief Inspector

Name of designated centre:	Parknasilla
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	25 May 2022
Centre ID:	OSV-0001691
Fieldwork ID:	MON-0035808

About the designated centre

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

Parknasilla is a designated centre operated by Sunbeam House Services Company Limited by Guarantee. Parknasilla offers residential services for up to ten adults with disabilities (both male and female). It is located in Co. Wicklow within walking distance of a large town which provides access to a range of community based amenities to include hotels, restaurants, pubs, parks, shops and shopping centres. The centre comprises of two large houses on the same street and one small bungalow (Lodge) approximately a kilometer away. Each resident has their own individual bedroom, decorated to their individual style and preference. Communal facilities are provided including kitchen/dining room, sitting rooms, visitors' room and a TV room. The centre is staffed with an experienced and qualified person in charge. The person in charge is supported in their role by a team of qualified social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

9

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 25 May 2022	09:30hrs to 17:30hrs	Jacqueline Joynt	Lead
Thursday 26 May 2022	09:30hrs to 15:30hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

Over the two days of the inspection, the inspector visited the three houses that made up the designated centre. Engagements between the inspector and the residents took place from a two metre distance as much as possible, wearing the appropriate personal protective equipment in adherence with national guidance. The inspector got the opportunity to meet and chat with six of the nine residents living in two of the houses.

The person in charge and staff were striving to ensure that residents lived in a supportive environment where they were empowered to live as independently as they were capable of. However, the designated centre did not meet the needs of all residents and as a result, the lived experience of residents was not always positive. Residents told the inspector that they were happy living in the centre however, not all residents were happy with who they were living with. In addition, the inspector found that the service provided in the unit that was recently added to the designated centre, was not in line with the designated centre's statement of purpose.

Residents were assisted to understand the organisations' complaints procedure and encouraged and supported to make complaints about matters they were unhappy about. On review of the complaints log, the inspector found that there had been a number complaints logged by residents regarding the impact behavioural incidents were having on their lives. Residents were informed about a plan that was likely to reduce the incidents however, were not given a completion date for the plan. As such, complaints regarding the same issue, continued to be logged by the residents.

Residents were encouraged and supported around active decision making and social inclusion. Residents participated in regular residents' house meetings where matters were discussed and decisions made. For example, on review of one of the houses' residents meetings for February and March 2021, the inspector saw that residents each discussed their planned activities and upcoming events in their lives. For example, one resident spoke about their excitement of moving to a new house. Other matters were also discussed at residents' meetings for example, the complaint's procedure, the current health pandemic and safety in their home and community.

The inspector observed that the residents seemed relaxed and happy in the company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions. During brief conversations with staff through-out the inspection, the inspector found that staff were knowledgeable of the needs of residents and the supports required to meet those needs.

Residents were aware and knowledgeable about the current health pandemic and how to keep themselves safe when out in their community. One resident showed the inspector the bag they carried with them when they were out in the community.

Included in the bag was a small bottle of hand gel and masks. The resident told the inspector, that these items kept them safe when out in the community. Some residents spoke to the inspector about their frustrations during times when there was restrictions in place, however, they were now happy to be back enjoying activities in the community. One resident told the inspector that they had returned to their local social club and were looking forward to heading out that evening to their drama class. Another resident told the inspector that they were happy to have returned to their place of employment.

During a walk-around of the three premises, overall the inspector observed, for the most part, the houses to have a homely feel. There were lots of photographs of residents with friends and family throughout two of the houses, including pictures and soft furnishings. Overall, the houses were found to be clean however, there were a number of upkeep and repairs needed in the three houses, which meant that not all areas of the designated centre were conducive to a safe and hygienic environment. In addition, the inspector found, that the recently added third house, was not providing a service in line with the designated centre's statement of purpose.

In summary, the inspector found that overall, through speaking with the residents and staff, through observations and a review of documentation, it was evident that staff and the local management team were endeavouring to ensure that residents lived in an environment where they were empowered to live as independently as they were capable of. However, due to current staffing levels, the centre not meeting the needs of all residents and continuing behavioural incidents, residents' lived experience in the designated centre, were not always positive.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

The initial focus of this unannounced inspection, was to assess the arrangements, which the registered provider had put in place in relation to infection prevention and control and to monitor compliance with the associated regulation. However, during the first morning of the inspection, concerns were raised regarding the governance and management arrangements in place in the centre, resulting in the inspection being changed to a risk based inspection.

The provider had not complied with a number of regulations relating to protection, staffing, governance and management, infection control and fire precautions and considerable action was required to bring them into compliance. In addition, the provider was in breach of Condition 1 of the registration of the designated centre as the service being provided in the designated centre was not in line with the centre's

statement of purpose. Furthermore, since the last inspection, the inspector found continued non-compliance for Regulation 8, protection and Regulation 23, governance and management.

The provider had failed to ensure that that the centre was adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. For example, currently there were four staff vacancies in the centre with a potential fifth vacancy arising in July 2022. In addition, resources required to support the transition of a resident to a new premises, were not available. A business plan and funding request was being processed by senior management however, had not yet been officially submitted to the appropriate funding body. While the provider had submitted an application to vary one of the designated centres registered conditions, to include an additional premises in effort to reduce safeguarding concerns, the premise was currently not available.

The provider had failed to ensure that the management systems in place in the designated centre ensured that the service provided was safe, appropriate to all residents' needs, consistent and effectively monitored, at all times.

There were a number of safety concerns raised on the day of inspection. For example, concerns relating to fire precautions, safeguarding and the infection, prevention and control measures in place in the centre. Some of the fire precautions and infection prevention and control issues had been identified in the centre's health and safety audit in April 2022, a number of which had been previously identified in the 2020 health and safety audit, however, remained outstanding. Overall, the safety concerns had not been dealt with in a timely manner. The impact of these concerns, and the untimeliness of addressing them, meant that there was an increased risk to the health and safety of residents living in the centre.

Not all residents' assessed needs were being met. For example, due to ongoing behavioural incidents occurring in the centre, the lived experience of residents was not always positive. This finding was raised during the last inspection in June 2021, however, the action to support a resident move to a location that better met their needs, remained outstanding. In addition, on the day of the inspection, there was no date of when this action would be completed. As a result, residents were living in an environment where there was continued risk of behavioural incidents occurring, which impacted negatively on their lived experience in their home.

The management systems had not always ensured consistency in the centre. For example, in the last six months there had been a change in the centre of the person in charge, the deputy manager and the person participating in management. Further changes were due to occur; the person in charge and deputy manager were due to leave the centre in the next month.

The governance and management systems in place were not effectively monitored at all times. On the day of the inspection, there was no annual review of the quality and safety of the care made available to the inspector or available to residents and their families of the care and support provided in the designated centre in 2021. This was not in line with the regulatory requirement; The previous annual review

had been completed 17 months ago in December 2020. Notwithstanding this, the inspector found that there were a number of good local monitoring practices in place in the centre such as regular quality improvements meetings between the person in charge and their deputy manager, monthly meetings between the person participating in management and the person in charge (to review the care and support provided in the centre) and monthly household audits, which the person in charge had oversight of.

The registered provider had failed to ensure that the number, qualification and skill-mix of staff was appropriate to the number assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. This was partly due to the current and potential staff vacancies in the centre and also due to staff members having to provide support to four other persons, (three after 16 May 2022), who were not residents of the designated centre. For example, some of the support the staff team were required to provide included key working support, assistance with money management, assistance with living arrangements and attend hospital appointments, but to mention a few. This service was not included in the centre's statement of purpose however, between the months of December 2021 and February 2022, the service required a total of 95 hours of support from the staff team.

On the day of the inspection, the inspector observed on four occasions, where staff were pulled from caring and supporting the residents living in the designated centre, so that they could attend to matters relating to the care and support of the persons who were not part of the designated centre. The person in charge was also responsible for providing support however, there was no calculation of the hours of support they provided. Some of the supports the person in charge provided (to the persons who were not part of the residential centre) included, oversight of a COVID-19 outbreak, management of resources, transition plans for persons moving accommodation and managing staff resources required to support the four persons.

The provider was actively recruiting to fill the staff vacancies in the centre however, was finding it difficult to fill the specific type of contracts required. In the interim, agency staff were being employed as well as relief staff to fill the gaps. The person in charge was endeavouring to employ the same agency and relief staff as much as possible however, on occasions, where there was short notice, such as sick leave, this was not always possible. Overall, improvements were needed to ensure that residents received continuity of care at, all times. This was of particular significance for a number of residents, whose safeguarding plans, noted that familiar staff reduced the likeliness of behavioural incidents occurring. On speaking with the person in charge and the person participating in management, regarding the staffing levels, the inspector acknowledged the challenges in managing services and supporting residents during the current health pandemic.

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained. A training matrix was maintained by the person in charge and the deputy manager, which demonstrated that staff were provided with both mandatory and refresher training. However, on the day of inspection, the inspector found that a number of staff refresher training courses

were overdue. In addition, training to meet the assessed needs of all residents had not been provided to all staff. For example, training relating to dementia care.

Regulation 15: Staffing

The registered provider had failed to ensure that the number, qualification and skill-mix of staff was appropriate to the number assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. This was partly due to the current and potential staff vacancies in the centre and also due to staff members having to provide support to four other persons, (three after 16 May 2022), who were not residents of the designated centre.

The provider had not ensured that residents were in receipt of continuity of care, at all times.

Due to the additional supports, provided by the person in charge and staff, to persons who are not part of the designated centre, the staff roster, was not maintained appropriately as it did not accurately demonstrate the hours worked by the person in charge and staff.

Judgment: Not compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained however, a number of staff refresher training courses were overdue. In addition, training to meet the assessed needs of all residents had not been provided to all staff. For example, training relating to dementia care.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had not complied with a number of regulations relating to protection, staffing, governance and management, infection control and fire precautions and considerable action was required to bring them into compliance.

The provider was in breach of Condition 1 of the registration of the designated centre as the service being provided in one unit of the designated centre was not in

line with the centre's statement of purpose.

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

The provider had failed to ensure that the management systems in place in the designated centre ensured that the service provided was safe, appropriate to all residents' needs, consistent and effectively monitored, at all times.

Judgment: Not compliant

Quality and safety

The person in charge and staff were endeavouring to provide good care and support to the residents living in the centre. However, the overall governance and management arrangements, to support the delivery of a quality and safe service in the centre, were not effective, at all times. As a result, residents' lived experience in the centre, was not always positive.

The last inspection in June 2021 found that there had been a significant increase of behavioural incidents in one of the premises of the designated centre. On the day of the inspection, the inspector found that there had been a continuance of similar behavioural incidents and in addition, in another premises within the centre, there had also been an increase of behavioural incidents occurring in recent months. These incidents were impacting negatively on the lives of residents living in the two premises. In some cases, residents' had logged complaints as they were unable to sleep at night. The person in charge and staff were endeavouring to implement, where appropriate, residents' behavioural support plans and safeguarding plans, in an effort to lessen the impact on residents and overall, support the reduction in behavioural incidents occurring. However, during times where the full complement of staffing was not in place, (either due to no available cover for vacancies or staff supporting persons in receipt of the organisation's independent living service), the strategies and measures within the plans were not always effective.

There were plans in place to support one resident move to another location that better met their assessed needs. A premise had been located and registered as part of the centre however, the resident had not yet moved into it. In November 2021, in consultation with the resident and their family a proposal for the move was completed. A transition plan to support the resident move to their new home in June 2022 was completed in March 2022 however, due to funding issues, the plan was put on hold. In addition, as there was a person living in the premises, it was not available to the resident. Overall, as this situation remained ongoing, the inspector found that not all residents in the designated centre were protected from all forms of abuse, at all times.

In another premises, where behavioural incidents were on-going, an application to vary was submitted to change the layout and function of a number of rooms so that the environment would better meet the needs' of all residents and in particular, where a resident's sleep was being regularly disrupted. While the application had just been completed in mid-May 2022, there was no documented plan or timeline in place to change the physical layout of the rooms. The person in charge had verbally consulted with the residents about the change and their preference and wishes regarding the décor of their room. In addition, in March 2022, to avoid any potential delays, the person in charge had requested the organisation's maintenance team to install a number of plug sockets in one of the rooms. However, on the day of inspection, the task had not been completed and there was no plan or timeline in place to complete the task. The impact of the lack of planning, timelines and delays, meant that there was a continued risk of behavioural incidents occurring in the house. As a result, the provider could not be assured that all residents were protected for all forms of abuse, at all times.

The provider had contingency measures in place to follow if an outbreak occurred in the centre; There were plans in place to control a COVID-19 outbreak and limit the spread of infection, while continuing to provide care and support for residents living in the designated centre. Residents were provided with individualised person-centred self-isolation plans should they require them. Staff had completed specific training in relation to the prevention and control of COVID-19 and staff were observed wearing personal protective equipment (PPE) in line with national guidance for residential care facilities throughout the inspection day.

A walk around of the three premises of the designated centre demonstrated that, while the premises was generally clean and tidy, not all areas were conducive to a safe and hygienic environment. This was primarily due to the required upkeep and repair to a number of areas of the centre, including fixtures and fittings within each premises.

There was a maintenance logging system in place, and on review of the log, the inspector saw that a number of the tasks were outstanding with no plan or timeline for completion. Many of these repairs had been identified by local management in early April 2022 or earlier. In addition, not all maintenance tasks identified on the last inspection were complete. Furthermore, in the newly added premises, there was a number of required decorative and upkeep repairs observed on the day. Overall, the majority of the required tasks impacted on the effectiveness of the centre's infection, prevention and control measures in place. For example, the poor state of repair of a number of the centre's door-frames, window-frames, walls, radiators and banisters, meant that they could not be cleaned effectively and potentially increased the risk of spread of healthcare-associated infections in the centre. In addition, the inspector observed heavy build-up of dust in a number of extractor fans, a shared toilet with no toilet seat, two bathrooms (shared) with no toilet roll holders and a small toilet room upstairs that had no wash-hand basin, hand sanitizer or hand towels in place. The latter item was outstanding since the last inspection and the compliance plan had stated that it would be completed by 31st August 2021.

Overall, the inspector found that the arrangements in place for hand-sanitising were

not always adequate. For example, the lid on the bottle of hand-sanitiser inside the front door of one of the houses, was observed to be unclean. In addition, the inspector observed that there was limited supplies of hand-sanitiser throughout the entire centre. For example, moving around the premise, of which two of them were large two and three story buildings, the inspector observed that bottles of hand-sanitisers were only in position at the front entrance door, office and kitchen. In the third house, there was no hand-sanitising station at the entrance or through-out most of the house.

Overall, the provider had failed to ensure that effective fire safety management systems were in place. Although, in April 2022, a health and safety audit had identified a number of the issues, as well as the person in charge logging a number of them on the maintenance system, there was no plan or timeline in place to complete them.

For example, in one house, a resident's bedroom door which was located on the main fire escape route, was unable to close. In another house, a second floor fire exit door was sticking and difficult to open. (Subsequent to the inspection, the provider submitted document and photographic evidence to demonstrate that these doors were now fit for purpose). In addition, during the walk around of two of the houses, the inspector observed three fire doors to be wedged open. Each house was provided with a fire alarm panel however, none of the panels included a legend to identify where the fire might be. Furthermore, the inspector observed a large flower pot partially obstructing one of the fire (stairs) escape routes. (The pot was removed on the day). Overall, the untimeliness of addressing the above tasks meant that there was an unnecessary continued risk to the safety of all residents living in the centre.

Regulation 27: Protection against infection

Not all areas were conducive to a safe and hygienic environment. This was primarily due to the required upkeep and repair to a number of areas of the centre, including fixtures and fittings within each premises.

The poor state of repair of a number of the centre's door-frames, window-frames, walls, radiators and banisters, meant that they could not be cleaned effectively and potentially increased the risk of spread of healthcare-associated infections in the centre.

There was a heavy build-up of dust in a number of extractor fans, a shared toilet with no toilet seat, two bathrooms (shared) with no toilet roll holders, hand sanitizer or hand towels in place and a small toilet room upstairs that had no wash-hand basin.

The arrangements in place for hand-sanitising were not always adequate; The lid on the bottle of hand-sanitiser inside the front door of one of the houses, was observed to be unclean. There was limited supplies of hand-sanitiser throughout the entire

centre. For example, bottles of hand-sanitisers were only in position at the front entrance door, office and kitchen. In the third house, there was no hand-sanitising station at the entrance or through-out most of the house.

Judgment: Not compliant

Regulation 28: Fire precautions

Overall, the provider had failed to ensure that effective fire safety management systems were in place in the designated centre.

Three internal fire doors were wedged open. The inspector was informed that these doors were usually kept open for supervision purposes.

Each house was provided with a fire alarm panel however, none of the panels included a legend to identify where the fire might be.

A resident's bedroom door which was located on the main fire escape route, was unable to close. A second floor fire exit door was sticking and difficult to open. (Subsequent to the inspection, the provider submitted document and photographic evidence to demonstrate that these doors were now fit for purpose).

The inspector observed a large flower pot partially obstructing one of the fire (stairs) escape routes. This had been identified on the centre's April 2022 health and safety audit. (The pot was removed on the day).

Judgment: Not compliant

Regulation 8: Protection

The impact of the lack of planning and timelines and overall delays, meant that there was a continued risk of behavioural incidents occurring in the designated centre.

Since the last inspection in June 2021 there had been a continuance of similar behavioural incidents occurring in one house and in recent months, there had been an increase of behavioural incidents occurring in another premises.

There were plans in place to support one resident move to another location that better met their assessed needs, however, the resident had not yet moved into the premises. This was primarily due to funding issues and that the premises was not currently available.

For another premises, the provider had submitted an application to vary the function

of two rooms, so that it would better meet the needs of residents and reduced the high number of behavioural incidents occurring in the house. However, the inspector found that there was no documented plan or timeline in place, for the works to be completed. Where some electrical works had been requested in March 2022, they had not yet been completed.

During times where the full complement of staffing was not in place, (either due to no available cover for vacancies or staff supporting persons in receipt of the organisation's independent living service), safeguarding and behavioural support strategies and measures within residents' plans were not always effective.

Overall, as this situation remained ongoing, the inspector found that not all residents in the designated centre were protected from all forms of abuse, at all times.

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	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Parknasilla OSV-0001691

Inspection ID: MON-0035808

Date of inspection: 26/05/2022

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Since the date of the inspection, three vacancies have been filled. The confirmed start date for one of these staff members will be the 8th July 2022, and the expected start dates for the other two staff members to commence will be the 1st August 2022 which will enhance the continuity of client care. Active recruitment is currently ongoing for outstanding vacancies in the Designated Centre with the aim of having a full staff complement by the 31st October 2022.</p> <p>Staff support to clients not part of the Designated Centre will cease by the end of August 2022. The cessation of the supports given to clients who are not part of the Designated Centre will ensure that care and supports will be given exclusively to the clients of the Designated Centre only.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The training matrix continues to be updated and reviewed by the Person in Charge and the Deputy Manager. Staff refresher courses which are overdue will be scheduled and completed by the 31st August 2022. All staff will complete Dementia Awareness course on HSEland by the 20th August 2022 in line with residents assessed needs.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The statement of purpose has been amended to ensure that the service being provided in the Designated Centre is outlined clearly.</p>	

The provider is working on ensuring that the Designated Centre is adequately resourced to ensure effective delivery of care and support in line with the statement of purpose. Since the date of the inspection, three vacancies have been filled. Active recruitment is currently ongoing for outstanding vacancies in the Designated Centre with the aim of having a full staff complement by the 31st October 2022.

To ensure that all clients in the Designated Centre are in receipt of continuity of care, the supports to non-designated centre clients from both the Person in Charge and the staff members will cease by the end of August 2022. Clients in these locations will be supported to transition to the independent living services offered by the provider.

A documented plan and timeline is now in place for the works to be complete in one premises where the application to vary was submitted and approved. It is expected that the electrical works will be completed by 17th July 2022 and the clients will be supported to move into their identified bedrooms in line with their requests by 31st July 2022.

The third premises in the Designated Centre will be available from the 15th August 2022 and one resident will be supported to transition to this location in line with their assessed needs. A transition plan for the resident will be complete by the 29th July 2022 and the resident will commence the transition plan to the location on the 15th August 2022. It is expected that the resident will move into this location on a permanent basis by the 15th November 2022.

Regulation 27: Protection against infection	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:

The majority of outstanding maintenance requests have been completed since the date of the inspection.

The toilet in one location within the Designated Centre which has no wash hand basin was explored following the inspection in June 2021. Due to the structure of the house, it is not possible to install a wash hand basin and this cannot be achieved. The residents in this location will continue to utilize the sink in the bathroom located next door to the toilet. Where the bathroom is occupied, the residents will utilize the sink in the downstairs laundry room. The person in charge will ensure that hand sanitizer is always available in this toilet.

A date of the 22nd June 2023 has been given to ensure that all necessary painting in two of the locations in the Designated Centre will be complete to include the upkeep and repair of door frames, window frames, walls, radiators and stair banisters. The kitchen in one location within the Designated Centre will be renovated by the fourth quarter of 2023.

The upkeep and repair of one building in the Designated Centre will be completed by the 29th August 2022 to ensure that it is a safe, clean and hygienic environment before a client is supported to transition to live in this building.

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The residents bedroom door which was unable to close on the day of inspection and the fire door in another location which was sticking and difficult to open was fixed on the 30th May and photographic evidence was submitted to demonstrate that the doors are working effectively. Escape routes have been checked to ensure there is no particle restrictions to safe evacuation of the building.</p> <p>A legend was complete for the fire alarm panels for each location in the Designated Centre on the 24th June 2022. Fire plan drawings were also completed on this date.</p> <p>Magnetic door stops will be installed to the fire doors that will respond when the fire alarm is activated. This will be completed by the 10th August 2022.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: A documented plan and timeline is now in place for the works to be complete in the premises where the application to vary was submitted and approved. It is expected that the electrical works will be completed by 17th July 2022 and the clients will be supported to move into their identified bedrooms in line with their requests by 31st July 2022. This will impact positively on the lived experience of all clients in this location and will enhance their safety.</p> <p>Three vacancies in the Designated Centre have been filled since the date of the inspection with the expected start date being the 8th July 2022 for one staff member and the 1st August 2022 for the remaining two staff members. This will ensure consistency for clients and a familiar staffing team in line with the current safeguarding plans in place. All remaining vacancies continue to be advertised weekly and active recruitment remains ongoing. The supports and care currently being provided by both the Person in Charge and the staff members of the Designated Centre to clients in the non-designated centre will cease by the end of August 2022. By doing so, this will ensure the continuity of care for clients solely living in the Designated Centre.</p> <p>The third premises will become available from the 15th August 2022 and one resident will be supported to transition into this location from another location in the Designated Centre which better meets their assessed needs. During the transition period, the resident will be supported by staff members to be involved in the decoration of the location in line with their preferences.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	31/10/2022
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.	Substantially Compliant	Yellow	31/08/2022
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota,	Substantially Compliant	Yellow	15/06/2022

	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.	Substantially Compliant	Yellow	20/08/2022
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	31/10/2022
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.	Not Compliant	Orange	15/11/2022
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and	Substantially Compliant	Yellow	22/07/2022

	support in the designated centre and that such care and support is in accordance with standards.			
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	22/06/2023
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	10/08/2022
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	10/08/2022
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	26/05/2022

Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	10/08/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	15/11/2022