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:	No.1 Seaholly
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	25 June 2024
Centre ID:	OSV-0004574
Fieldwork ID:	MON-0035146

About the designated centre

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

This centre is located on a campus in close proximity to Cork city. A full-time residential service is provided to three adults with intellectual disability and autism diagnoses. The designated centre has been adapted to meet residents' assessed needs and is a single-storey, semi-detached premises. The designated centre has two separate living areas. One area supports two residents. There are two individual resident bedrooms, a bathroom, staff bedroom with ensuite, a kitchen, dining room, staff office, utility room, relaxation room & living room. The second area of the designated centre, comprising a bedroom, kitchen/dining, bathroom and relaxation room, is for the exclusive use of one resident. Residents are encouraged to live an active, meaningful, everyday lives by participating in household tasks, social and leisure activities. There is a secure garden area behind the designated centre which has been re-designed to provide two separate areas to support the residents living in the designated centre to access their own outdoor space. Residents are supported by a social model of care. The centre is staffed at all times of the day. At night there is one waking and one sleep over staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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
Tuesday 25 June 2024	09:30hrs to 17:45hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre. The designated centre had previously been inspected in June 2023. The provider had addressed the actions identified in that inspection. This included a review of restrictive practices within the designated centre which had documented evidence of ongoing review in line with the changing assessed needs of residents. Additional actions as outlined in the provider's compliance plan response had also been completed which included oversight by the person in charge of staff training and timely review by the staff team of residents personal plans. However, the compatibility of residents in this designated centre remained unresolved at the time of this inspection. The inspector acknowledges that the provider was actively progressing with changes to the living environment of one resident to provide a separate apartment style dwelling to better support their assessed needs. This will be further discussed in the quality and safety section of this report.

The person in charge had advised the inspector in advance of the preferred time to commence the inspection to reduce the risk of adversely impacting on the usual routines of the residents. On arrival at the designated centre one resident had already left to attend their day service. The inspector was introduced to a resident in the hallway as they prepared to attend their day service. The resident was observed to respond to staff with gestures and appeared to understand what was being communicated to them by the staff members. They acknowledged the inspector briefly as their day service staff had arrived. The staff ensured the resident was aware they were going to visit the dentist for a routine check-up during the morning and the day staff was supporting them to attend this appointment.

The inspector was introduced to another resident later in the morning as they passed the room the inspector was located in. The resident acknowledged the inspector but indicated they were still completing their morning routine. A short while later the resident returned and consented to showing the inspector their home when asked by the person in charge. The inspector was guided by the person in charge during this time, such as how to respond when the resident pointed to certain personal items. The resident later watched a programme in the sitting room prior to going out for a planned activity. The staff team outlined how they had informed the resident in advance of the ongoing works to the building and the presence of the inspector. However, the resident was noted by staff to be a little unsettled during the morning. The resident requested to go out into the community for a preferred hot drink. This was facilitated by the staff once a transport vehicle was available and the resident reportedly enjoyed the social outing.

The inspector was introduced to the third resident later in the afternoon when they returned from their day service. The inspector had been informed of the resident's usual and preferred routine and staff were observed to support this on the day of

the inspection. The resident was observed to look at their visual schedule for the day which included the HIQA "Nice to meet you" document with the inspector's picture. The resident confirmed with staff their next planned activity and was supported to go out on the transport vehicle to purchase a preferred drink. The staff team outlined the importance of a quiet environment for this resident and their evening routine with staff support. To assist with this and reduce the risk of causing anxiety for the resident, the inspector left the designated centre to continue a review of documentation elsewhere on the campus before the resident returned from this activity.

The inspector completed a walk around of the designated centre at the start of the inspection. All areas were found to be well ventilated, bright and evidenced regular maintenance such as painting. Residents had been supported to choose the decor for their bedrooms. Each bedroom was reflective of the personal choices and preferences; such as family photographs and music. One bedroom had minimal personal items as per the preference of the resident. The privacy and dignity of the residents was also maintained in their bedrooms with privacy screen or blinds in place where required. There was art work on display in the communal areas which had been completed by one resident. There were many visual cues and easy-to-read signs for the residents which assisted with effective communication. For example, one resident had a visual guide relating to their daily consumption of their preferred hot drink. Staff explained this guide was assisting the resident to mange their daily intake in a positive way. All areas where construction work was not taking place were found to be subject to frequent cleaning. The inspector was informed a deep clean of the building would be completed once the scheduled works were completed in the weeks after this inspection. While some furniture had to be moved out of the sitting room while the planned works were under way, there was ample space in the communal hallway for the furniture without obstructing any exits or narrowing the space for residents to walk through.

It was evident from discussions with staff during the inspection and reviewing documentation such as personal plans that consistent staff and routines were essential for the three residents. Staff outlined positive outcomes for the residents which included reduced anxiety of one resident who could independently access a keypad to a part of the designated centre where their personal possessions were not at risk of being moved by others as had previously occurred. The inspector observed the resident access this area of the designated centre many times independently using the keypad during the inspection. In addition, on the day of the inspection the weather was warm and the inspector observed staff from the designated centre and the day service ensuring residents had adequate amounts of fluids to drink. They also ensured appropriate clothing was available during the day to support the residents needs and regularly checked with the residents if there was anything they required staff to support them with while respecting the choices being made by the residents.

Staff also spoke of the consistency of communicating with residents when they were seeking staff support or assistance to complete an activity. Staff outlined how they responded if a resident held their arm to gain their attention. Staff would explain to the resident they would support them immediately. One resident was using a

communication board which had been recommended by the speech and language therapist. Another communication application was being trialled on a electronic tablet device to enable a resident communicate their choice regarding food. It was planned that once the resident became familiar with the application it could be expanded to include other categories such as outings, activities and clothing choices. Effective communication was essential for all of the residents in this designated centre as two residents communicated without the use of words and the third resident did use limited sign language to communicate their needs, will and preference. For example, this resident clearly demonstrated during the inspection that they did not wish to complete an activity when asked by a staff member. This choice was respected by the staff member and the resident was re-assured by the immediate response given to them by the staff.

Interactions during the inspection between the staff team and the residents were observed to be respectful and professional. Staff spoke enthusiastically about the positive achievements residents had made in the previous 12 months. For example, providing a visually supportive environment for one resident and additional water based activities for another resident after the completion of a sensory profile in April 2024. Staff outlined how they had developed a social story to assist one resident to independently pay for items in a shop in the community. This was described as working well for the resident. All residents were consistently attending day services on week days, either through an integrated service in the designated centre or attending other locations in-line with each resident's assessed needs.

Staff spoke knowledgeably of the different preferences of all three residents. For example, one resident liked to spend time with staff and would enjoy sitting with or assisting staff with activities such as food preparation. This resident was described as being very social. Another resident preferred a quieter environment, less busy and enjoyed time on their own. This resident enjoyed spending time in a "chill out" room where they could listen to their music and relax without having to engage with others. The third resident liked to keep their personal possessions in a particular order. To ensure this was consistently maintained staff completed cleaning activities with this resident to ensure all items were returned in the correct place to reduce the risk of causing anxiety for the resident. Staff also spoke of staggered meal times, alternative locations to eat meals in the designated centre and the pre - planning of activities and routines helped to support each resident to better cope with their daily lives and challenges that they faced.

Staff also outlined actions taken to ensure the ongoing safety and well being of all of the residents while supporting them in this designated centre. One resident had a long term goal to live in the community. While this had not yet progressed due to circumstances outside of the provider's control, the staff team and provider had commenced works in the building which would facilitate the resident to have their own separate apartment with a kitchen area as an interim measure. The inspector viewed this area during the inspection and the works were seen to be at an advanced stage. The inspector was informed that the re-design of the layout of the building would result in less restrictions for the resident, such as no longer needing to access food items currently stored in locked presses in the main kitchen area. When the planned works, due to be completed in the weeks after this inspection are

finished, the resident would also have their own entrance and secure garden space to the rear of the building. They would be able to enter and leave their apartment style dwelling without the risk of adverse interactions with others. Staff continued to advocate that a suitable property in the community would better suit the assessed needs of this resident. In the meantime, the team were working towards supporting the resident to continue to attain skills to increase their independence such as cooking and baking, money management and self administration of their own medicines.

The inspector was informed of challenges posed and identified incompatibilities of the residents living in this designated centre. This had also been highlighted in the previous HIQA inspection report in June 2023. Staff spoken to during the inspection outlined the measures in place to support the two residents currently living together and sharing the same communal spaces. There was evidence of on-going review of restrictions and supports provided to each resident. For example, to ensure the ongoing safety and well being of both residents staff had re-positioned seating in the communal area where one resident liked to sit. To better support the privacy and dignity of one of the resident's, a key pad lock was put on their bedroom door. Staff outlined how the protocol in place for the use of this restriction did not adversely affect the resident entering or leaving their own bedroom. There was a thumb lock to exit the room which the resident could independently access themselves. Staff also had sensor alarms on both bedroom doors to alert staff if a resident was leaving their bedroom. Staff outlined that these restrictions were required due to risks associated with both of the residents sharing the same home. Staff were also observed to adhere to a protocol regarding the use of the bathroom by one of the resident's during the inspection.The inspector was informed how staff were advocating on behalf of one of the resident's who would benefit from a quieter living environment. A referral for an independent advocate to be appointed for both residents had been submitted by the provider on their behalf in August 2023, but to date no external advocate had been appointed to either resident. Staff had escalated the risk of both of the residents remaining living together to senior management. This was being reviewed by senior management and the multi-disciplinary team at the time of this inspection. This will be further discussed in the quality and safety section of this report.

The inspector reviewed the personal plans for all three residents during this inspection. The inspector was informed the format of the personal plans had been changed to a new template in January 2024. All of the plans were subject to six monthly reviews. Progress with attaining goals as well as updates to changes in assessed needs or attending health care appointments were documented. This included the health assessments for the residents. As part of the ongoing review of each residents health status, residents were supported to have an annual health check. The health checks for two of the residents were not reviewed/signed by the residents current general practitioner (GP) during 2023. To address this the staff team had shared the completed health checks of the residents with a clinical nurse on the campus in February 2024 to have some oversight. This issue had been identified by the provider's internal auditors in October 2023 and May 2024. In addition, on review of the health care documentation for one of these residents staff had encountered difficulties in July 2023 when the resident required review by their

GP. This will be further discussed in the quality and safety section of this report.

In addition, not all residents had adequate arrangements in place to manage and access their finances. The inspector reviewed financial documentation for all three of the residents during the inspection. One resident had bank accounts in their own name, were supported to have and mange their own bank card. Measures and controls were in place to ensure the safeguarding of this resident's finances. However, two residents did not have their own bank accounts, did not have access to their own finances or adequate arrangements in place to ensure they could access their finances when required to participate in their preferred activities. The staff team consistently detailed, documented and held receipts of expenditure of each of the three residents. These were checked by the person in charge and the provider's internal financial audits. This will be further discussed in the quality and safety section of this report.

Three resident questionnaires had been completed which the inspector reviewed. One resident had been supported to complete their questionnaire with a staff member and had drawn a smiling face in the additional comments section. The responses were for the most part positive in nature regarding the service they were receiving. Another resident with staff support had indicated that they would like to live alone in a quieter environment and that some aspects of their life could be better. Family representatives had completed a questionnaire on behalf of two of the residents. There were positive comments regarding the environment and the supports provided by the staff team. However, the respondents had identified a number of areas where improvements could be made which included communicating new changes in the residents home or lives. There were also a number of additional comments made by the respondents. The inspector acknowledges the responses made by the respondents but not all of the responses made were found to be reflective of the service provision to the residents as observed and reviewed by the inspector in other documentation during this inspection. This will be further discussed in the quality and safety section of this report.

The staff team had received a compliment from family representatives in April 2024 regarding the care and support being provided to their relatives. This was logged in the complaints, concerns and compliments log in-line with the provider's policy. There had also been two complaints documented since the previous HIQA inspection. The inspector reviewed the supporting documentation of both of these complaints during the inspection. This will be further discussed in the judgement for Regulation 34: Complaints procedure.

In summary, the residents living in this designated centre were being supported by a core, consistent staff team. Each resident was being supported to engage in meaningful, person centred activities in -line with their assessed needs and expressed wishes. Residents were actively progressing and achieving a number of their goals with staff support. However, improvements were required regarding the arrangements in place for the medical assessment and management of the personal finances of two residents. In addition, the ongoing challenges to ensure the centre was suitable to meet the assessed needs of each resident had not been fully

resolved at the time of this inspection.

The next two sections of this report will 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 provided.

Capacity and capability

Overall, this inspection found that residents were in receipt of person centred care and support, despite ongoing challenges relating to the environment and the compatibility of the residents living together. This resulted in good outcomes for residents in relation to their personal goals and the wishes they were expressing regarding how they wanted to live or spend their time in the centre. There was evidence that the staff team and the provider were seeking to address the challenges while ensuring the ongoing safety of the residents. There was evidence of oversight and monitoring in the management systems of this designated centre to ensure the residents received a good quality service.

The provider had ensured an annual report and six monthly internal audits had been completed as required by the regulations. The annual report for 2023 outlined the highlights for the residents which included core consistent staff team and ongoing progress with skills teaching. There had been increased contact with family representatives for one resident who had enjoyed a visit from relatives to the designated centre for the first time in over four years. The re-design of the layout of the designated centre to better support the assessed needs of the residents which included changes to the sitting room and providing a keypad access for one resident in November 2023 to their own apartment style area in the building were described as having a positive impact. This assisted with reducing the intensity and frequency of challenges experienced by the residents in the designated centre. Dynamic risk assessments had also been completed to support one resident to re-engage in community activities on a gradual basis. Input regarding the service provision in this designated centre was sought by the provider from the residents, family representatives and staff team when compiling the annual report. Their feedback and comments were included in the overall report and reviewed by the inspector during the inspection. Actions identified were documented as completed or ongoing to ensure effective and safe service provision to all of the residents in this designated centre.

The provider had ensured six monthly internal audits had been completed in-line with the regulatory requirements. These had been completed on 6 October 2023 and 31 May 2024. The audit completed in October 2023 identified the requirement for a quieter living environment for the residents and access for two residents to their finances. While significant safeguarding actions were required by the staff team to ensure the safety of the residents, the auditor acknowledged the positive

impact for the residents when the building would be re-designed and create two separate living areas for the residents. This had been completed in November 2023. As previously mentioned in this report, the provider was making further changes to one apartment to add a kitchenette to support one resident to live independently with staff support within the designated centre, while plans were still in progress to attain a more suitable dwelling for the resident in the community.

The audit completed in May 2024 identified some issues that had not been resolved. This included the difficulties encountered by the staff team when engaging with the general practitioner of two residents relating to these residents annual health checks. However, actions had been taken to address this issue. A review by a clinical nurse of these residents health care assessments had taken place in February 2024 to provide some clinical oversight. The staff team continued to seek input from the residents general practitioner while also availing of the input from members of the multi-disciplinary team to ensure the health care needs of the residents were being met. This included psychology input when required. The provider continued to address the access to personal finances for two of the residents. Through internal processes the issue had been escalated through the provider's complex case forum. An independent external advocate referral had been submitted on behalf of these residents but none had been appointed by the time of this inspection taking place. The auditor also acknowledged the progress of the building works and the benefit of regular team meetings to ensure clear communications to effectively support the complex assessed needs of the residents in the designated centre.

To ensure the staff team were effectively supporting the assessed needs of the residents while seeking resolutions to address the challenges encountered with the compatibility of the residents living together, team meetings were occurring frequently. Usually every two -three weeks , with the most recent meeting taking place on 14 June 2024. The person in charge attended these meetings. Relevant and up-to-date information pertaining to each of the residents was provided at these meetings in addition to discussing topics such as safeguarding and managing finances.

Due to time constraints on the day of the inspection, the inspector was unable to fully review Regulation 31: Notification of incidents. However, there were 39 incidents notified to the chief inspector since the previous HIQA inspection. These three day notifications included incidents relating to safeguarding concerns. The provider had outlined protocols and actions being taken to reduce the risk of similar incidents occurring such as staff supporting the privacy and dignity of residents when using the bathroom or when residents were together in communal spaces. These protocols were observed to be effectively used during the inspection. In addition, the re-design of the building to support a fully self-contained apartment for one resident would further reduce the risk of peer behaviours impacting on one resident. The person in charge also ensured a full review of all restrictive practices following the previous HIQA inspection as outlined in the provider's compliance plan response to the chief inspector at that time. Nine quarterly notifications had also been submitted in the same time period which demonstrated ongoing review by the person in charge to ensure written notifications of all restrictions in place in this

designated centre were reported as required to the chief inspector.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured an application to renew the registration had been submitted as per regulatory requirements.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full-time and that they held the necessary skills and qualifications to carry out their role. The person in charge remit was over two designated centres located adjacent to each other on the campus at the time of this inspection. The person in charge was available to the staff team by phone when not present in the designated centre.

The person in charge demonstrated their knowledge of the regulations and accessed all documentation that was requested during the inspection by the inspector in a timely manner.

The inspector was informed and saw documented evidence of duties being delegated and shared including audits, fire safety, supervision of staff and a review of personal plans between senior staff, key workers and the person in charge.

The person in charge demonstrated their ability to effectively manage the designated centre. They consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had ensured there was an actual and planned rota in place. Front line staffing resources were in line with the statement of purpose. Changes required to be made to the rota in the event of unplanned absences were found to be accurately reflected in the actual rota. In addition, staff demonstrated their

flexibility in changes to their planned shifts, sometimes at short notice, to support the assessed needs of the residents. The inspector reviewed actual rotas for this designated centre from 5 May 2024 until 29 June 2024 (eight weeks).

Details on the actual rotas included who was the shift leader, when the person in charge had dedicated administration time and when staff were attending training courses.

There was also evidence of shared learning from other HIQA inspections that had recently taken place in other designated centres on the campus. The provider had ensured in recent weeks that the documentation of hours worked by waking staff at night time were reflective of the actual hours rather than referring to a staff member completing a sleep over shift.

There was one staff vacancy at the time of this inspection due to planned leave of a staff member. The person in charge ensured a core group of staff, familiar to the residents was always on duty to support the complex assessed needs of the residents.

There was no lone working situations in this designated centre during the day time. Additional staff resources were in place at times of known increased anxiety or vocalisations to ensure all of the residents could be effectively supported. For example, when two residents returned from their regular home visits each week, the third resident was supported by two staff to leave the designated centre to participate in a preferred activity. This reduced the risk of adverse impact to the third resident if there were loud vocalisations or increased anxiety displayed by the other residents upon their return to the designated centre.

Staff resources at night time included one waking staff and one sleep over staff to support the assessed needs of the residents.

The person in charge ensured staff on duty had the necessary skills and up-to-date training to adequately support those residents in their care such as the administration of medications. If a situation arose that the staff on duty did not have the required training such as the safe administration of medicines, a staff member from the adjacent designated centre would assist.

It was also evident in documentation reviewed that learning for staff was shared and actions taken to reduce the risk of adverse situations occurring with duties identified for the shift lead to complete daily. This included ensuring a staff member was identified to administer medications as prescribed to the residents.

The inspector met with eight members of the staff team over the course of the day. This included management, and front line staff including day service staff. All were observed and demonstrated during the inspection that they were familiar with the residents they were supporting and aware of their likes, dislikes and preferences.

Judgment: Compliant

Regulation 16: Training and staff development

The core staff team comprised of a total 14 staff members which included the person in charge, social care workers and care assistants, at the time of this inspection. There were also three regular relief staff who were familiar to the residents.

The person in charge had a training matrix in place which was subject to regular review. Documentation provided for review during the inspection outlined all core staff and most of the relief staff had completed the required training to support residents living in this designated centre, both mandatory and centre specific. This included 100% of the current team had up-to-date training in fire safety, safeguarding, manual handling, infection prevention and control.

The person in charge ensured staff were supported to attend training in areas such as medication management and Lamh. At the time of this inspection 10 staff had completed training in medication management. In addition, one staff member completed the course on the day of the inspection and another staff member was scheduled to attend for this training in the weeks after this inspection.

To effectively support the assessed needs of the residents living in this designated centre all staff required training in feeding, eating, drinking and swallowing (FEDs) and managing behaviours that challenge. At the time of this inspection 12 staff had up-to-date training in FEDs. The person in charge had ensured the remaining staff had completed relevant on-line training while awaiting classroom based training to take place. Only one relief staff member who had recently commenced working in the designated centre required training in managing behaviours that challenge. As an interim measure the person in charge had ensured the staff had watched a training video on managing behaviours that challenge while awaiting classroom based training. The rest of the staff team had completed a range of training courses in this area including tier one behaviour support training or crisis intervention.

All core staff members had completed training in human rights, assisted decision making and HIQA's -Putting standards into practice. The person in charge was aware that one relief staff had commenced online training in human rights and was scheduled to complete all of modules in the days after this inspection.

The person in charge had completed additional training courses as part of their own professional development which included-: Transition practitioner's programme and grief and loss.

The person in charge had ensured planned scheduled training for the year ahead for the staff team was booked in advance.

Staff supervision was occurring in-line with the provider's policy and scheduled in advance. This was evidenced in the provider's internal audit of May 2024 with an update documented by the person in charge on 21 June 2024 that all supervision

and probation reviews were up to date at that time.

Judgment: Compliant

Regulation 21: Records

The provider had a national records management policy in place which was scheduled for review in October 2026.

The provider had ensured all records as outlined in Schedule 4 of the regulations were maintained and updated in the designated centre.

The provider had ensured all records as outlined in Schedule 3 of the regulations were maintained and updated in the designated centre. This included relevant information pertaining to the medical assessment of residents by their medical practitioner. However, not all residents had been able to attend their current medical practitioner or have medical assessments as requested by the staff team. This issue had been identified by the staff team and actions taken to support the assessment of the residents who had been impacted. This will be actioned under Regulation 9: Residents rights

The inspector reviewed the personnel files of two staff members during the inspection. These were found to contain all the required information as outlined in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and the insurance was valid for the current year.

Judgment: Compliant

Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre. There was a management structure in place, with staff members reporting to the person in charge who had the support of senior staff working in the designated centre. The person in charge was also supported in their role by a senior

managers.

The provider had ensured the designated centre was subject to ongoing review to ensure it was resourced to provide effective delivery of care and support in accordance with the changing assessed needs of the residents and the statement of purpose.

The provider had ensured that an annual review and internal six monthly audits had been completed within the designated centre as required by the regulations. The provider had also ensured the annual review reflected the views of the residents, family representatives and staff members. The positive outcomes and achievements during the period of review from January to December 2023 were also included in the report.

The provider also ensured ongoing oversight with additional audits being completed including medication management. Actions from audits were subject to regular review and the progress updated by the person in charge frequently.

The provider had also ensured actions from the previous HIQA inspection had been addressed or were in progress as outlined in the compliance plan response submitted to the chief inspector. This included ensuring the provision of services to minimise the opportunity for residents behaviours to impact on each other and a review of all restrictive practices that were used in the designated centre.

The provider had demonstrated ongoing review of the services being provided to ensure the safety of each resident and the appropriateness for each resident. Actions had been taken locally by the provider to address issues pertaining to the service being provided to one resident while a more appropriate location was identified for them in the community.

In addition, the provider consistently demonstrated their on-going review of the suitability of the services being provided to all of the residents in this designated centre.There was a review in progress through the provider's complex case forum to address escalated risks pertaining to the rights of residents in this designated centre. However, issues pertaining to the finances of two residents and the safeguarding controls required to be implemented to ensure the safety of residents due to their current living accommodation will be actioned under Regulation 9: Residents rights and Regulation 12: Personal possessions.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the Regulations. A minor

change was made at the time of the inspection and re-submitted by the provider.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints at the time of this inspection. Staff were aware of the provider complaint's policy. The current policy " Complaints, concerns and compliments procedure for people supported, their families and advocates" was scheduled to be reviewed again in January 2026 as part of the provider's policy review programme.

Residents were provided with an easy-to-read format of the complaints procedure and details on who the complaints officer was. Information was available for residents to access in line with their assessed needs and known preference in communicating with staff. For example, one resident had the information available to them in their bedroom, another resident was provided with information on complaints during their resident meetings.

The provider had adequately addressed the actions identified relating to this regulation in the previous HIQA inspection of June 2023. This included documenting the progress of the review of complaints that had been made, discussing learning from the complaints made with the staff team and resolving a complaint regarding access to day services for one resident to the satisfaction of the complainant and the resident.

The inspector reviewed complaints that had been made in the designated centre since the previous HIQA inspection in June 2023. Two complaints had been received during this period. The provider had progressed a number of issues of concerns raised by a complainant in December 2023 through the formal complaint process, with a 30 day formal response sent to the complainant in line with the provider's own policy. The inspector reviewed the provider's complaints officer co-ordinated response to multiple issues raised and contacts made by the complainant between October 2023 and December 2023. The response outlined recommendations of resolving the concerns made and stepped approach to ensure effective communications with the complainant.

Judgment: Compliant

Quality and safety

Overall, the residents were being supported by a dedicated core staff team. There was evidence of review and monitoring of the services being provided with

improvements evident in recent months. This included creating a separate apartment for one resident. Additional works were under way at the time of this inspection to create a complete self -contained apartment for this resident with their own kitchenette and laundry facilities. The inspector was informed this would then result in less restrictions being in place for this resident and a reduced risk of safeguarding concerns regarding interactions with other peers. However, further improvements were required to ensure all residents had arrangements in place to access their personal finances, live in an environment and had access as required to the services of health care professionals that best suited their assessed needs.

As previously mentioned in this report, staff were supporting residents to maintain their best health with ongoing monitoring and attending regular appointments with allied health care professionals such as dentists, psychologists and psychiatrists when required. One resident had regular access to their GP to support their health care needs as required. The provider and staff team had identified issues regarding the accessibility of the GP, the location of their surgery and the support provided to meet the complex assessed needs of two of the residents. While these residents did have ongoing input from family representatives, the staff team had sought to offer an alternative GP support to better support the changing assessed needs of the residents. At the time of this inspection, staff outlined the challenges experienced by the residents to attend their current GP. There was also documented evidence of challenges being experienced to ensure residents health care needs were consistently being met. For example, on 28 July 2023, one resident was observed to be unwell, the staff contacted the out of hours doctor who provided medical advice and advised that a follow up appointment was to be made with the resident's general practitioner. Staff arranged this appointment and supported the resident to attend on 2 August 2023. Staff outlined their concerns to the GP during the appointment however a request for a non-invasive test on the resident during that appointment was not carried out by the GP. The staff team documented and ensured on-going monitoring and review by members of the multi-disciplinary team to meet the complex needs of this resident.

On review of financial documentation for 2023 for all three residents during the inspection, it was evident that two residents did not have access to their personal finances. The person in charge had prepared detailed financial records for all three residents, which detailed the financial accounts for each resident. One resident had their own bank accounts which they were effectively supported by the staff team to access their finances. Protocols were in place which included receipt checking, documentation of expenditure and income and regular review of bank statements to ensure the safeguarding of the resident's personal finances. The other two residents did not have a bank account known to the provider in their own name. There was no documented evidence of income as provided by the state to either resident. Both residents were provided with ''pocket money'' each week which was accounted for in the financial records. However, the amounts provided adversely impacted residents availing of activities which they enjoyed on a weekly basis. For example, one resident was supported to have a massage fortnightly as there was not enough money available to them to attend weekly. The staff team ensured residents were supported to engage in meaningful activities but this was consistently under review due to the lack of finances available. For example, a goal for one of these residents

was to have an over night stay/short break in a holiday type location. Due to the unknown status of the resident's finances this had not been progressed at the time of this inspection.

The staff team consistently worked together to minimise the impact of behaviours on each resident. This resulted in additional restrictions for some residents in this designated centre. These included keypad locks and alarms on doors, residents being unable to be left unsupervised when peers were in the designated centre due to safeguarding concerns. The staff team outlined the ongoing plan to support one resident to live in the community. However, as this was not progressing due to issues outside of the provider's control interim measures to support the independence and well being of the resident were put in place to reduce the current safeguarding risks for the resident.

The issues relating to the compatibility of the other two residents to remain living together had been identified by the provider, staff team and multi disciplinary team. This had also been referred to in the previous HIQA report in June 2023. The inspector acknowledges ongoing review of the current situation regarding these two residents by relevant stakeholders, the provider and the complex case forum. A multi disciplinary meeting held in May 2024 acknowledged the responses required by the staff team to manage safeguarding concerns. Also, the environmental supports that were required to manage identified risks while supporting the autonomy, independence and quality of life for the residents in this designated centre. However, at the time of this inspection both residents remained living together with challenges experienced by both residents to live their lives with minimal restrictions and with the dignity and privacy they require to meet their assessed needs. In addition, one resident requires a quiet environment to best support their assessed needs, they currently do not have this at all times in their designated centre which can cause increased anxiety for them, resulting in extremely loud vocalisations and can have adverse impact for their peers.

It was evident during this inspection that the voice of the residents and their rights were central to the supports and care being provided in the designated centre. While improvements were acknowledged to be required by the provider, staff team and family representatives relating to the current environment, the actions required to be taken to ensure the rights of each individual were supported were not consistently agreed with. The inspector noted that issues pertaining to the current supports provided to two residents regarding their healthcare, personal finances and having the input of an external advocate was not reflective of the residents participating in decisions about their care and support.

Regulation 10: Communication

Residents in the centre presented with a variety of communication support needs. Communication access was facilitated for residents in this centre in a number of

ways in accordance with their needs and wishes. This included the use of social stories where required and easy-to-read information. The visual schedule for one resident was updated to reflect planned activities and staff supporting the resident. This was observed to be actively used during the inspection with the resident and the staff team.

At the time of this inspection over 70% of the staff team had attended training courses related to communication. This included courses in total communication and Lamh.

Another resident was observed using sign language while engaging with the staff team. Staff present responded with the spoken word and signed their response to ensure the resident understood. In addition, staff were observed to allow the resident time to make their responses to questions and complete activities in an un-rushed manner throughout the inspection.

Alternative communication aids were also being trialled with the residents which included communication applications on tablet devices. The speech and language therapist was actively involved in this trial. This was in progress at the time of this inspection and if deemed appropriate for the residents the application could be expanded to assist residents make greater choices in areas such as activities and clothing.

Judgment: Compliant

Regulation 11: Visits

Residents were facilitated to receive visitors in-line with their expressed wishes in their home or arrange to meet in community locations.

Two residents had weekly planned visits with family members in their family home for a pre-arranged length of time. The other resident had regular contact with family members and enjoyed a visit in the designated centre during 2023. This had been the first time in over four years and staff hoped to be able to encourage the resident to engage in more visits in their new apartment setting once all upgrade works were completed.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had ensured that one resident was supported to have access and retain control of their personal possessions by creating a self-contained apartment style dwelling in the designated centre. This was accessed independently

by the resident using a keypad lock. This re-design resulted in better outcomes for the resident with decreased anxiety relating to others accessing their many personal possessions.

However, while two residents were being supported by the person in charge and staff team to manage the "pocket money " provided to them each week. Neither resident had a bank account known to the provider in their own name and neither resident had access to their finances.

The inspector acknowledges that the provider is seeking to get this issue resolved but at the time of this inspection neither of the residents had adequate arrangements in place to support effective management of their finances.

Judgment: Not compliant

Regulation 17: Premises

The designated centre was observed to be clean, comfortable and well maintained. The privacy and dignity of residents was ensured with privacy screens or blinds in place on windows to support the specific assessed needs of the residents in their bedrooms. Maintenance issues raised relating to premises were responded to in a timely manner. This included improved ventilation in the utility room. Some furniture had required to be moved temporarily out of a sitting room into the hallway and other communal spaces while works were under way but this was not observed to adversely impact any of the residents during the inspection.

During the walk about with the person in charge it was evident regular cleaning was taking place. There was no dedicated cleaning staff working in this designated centre. The duties were shared among the core staff team at times that did not adversely impact on the routines of the residents. A small amount of damage was observed on the flooring in the relaxation room. This was reported immediately to the maintenance department by the person in charge, once brought to their attention.

Overall, the inspector observed evidence on ongoing review of maintenance and consultation with the residents of planned works/repairs in advance. For example, social stories had been provided to a resident to explain the changes being made to their home. This included the provision of their own separate kitchen area. These works were ongoing at the time of this inspection and scheduled to be completed within two weeks. The inspector was informed the resident would then be supported to decorate the area in-line with their own preferences. In addition, contractors who were completing the required works ensured they commenced at times that did not adversely impact the residents and completed their work in advance of one resident returning for the evening to the designated centre.

The provider had submitted floor plans for this designated centre which reflected the building layout when the kitchenette would be completed. In response to the assessed needs of the residents, the provider was changing the layout to provide two separate apartment style dwellings which would enhance the lived experience for one resident while they awaited a suitable permanent home to be identified for them in the community.

The layout of the building where the other two residents shared communal spaces and their bedrooms were located with be further discussed in Regulation 9 : Residents rights.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate format. The document was subject to regular review with the most recent review and update completed in April 2024. This guide was available to each resident either in their bedroom or located in a communal area in -line with each resident's preference.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's national risk management policy contained all information as required by the Regulation.

There were processes and procedures in place to identify, assess and ensure ongoing review that effective control measures were in place to mange centre specific risks.

The provider and person in charge had identified risks such as safety issues, put risk assessments and appropriate control measures in place. In addition, risk assessments were subject to regular review by the person in charge and the multi disciplinary team with the most recent reviews clearly documented and the updated information /control measures recorded, For example, the risk of a resident's personal items being disturbed had been reduced once they had been provided with their own separate living accommodation in November 2023.

Residents also had individual risk assessments in place to support their assessed needs. These assessments were also subject to regular review with evidence of a reduction in the need for some control measures in recent months or a reduction in

the risk rating due to the changing needs of the residents. For example, one resident could be supported with one staff to go on a social outing in the community with control measures in place. This resident would have previously required two staff supporting them at all times on community outings.

At the time of this inspection 52 risks were identified on the risk register for this designated centre. Eight had been documented as being closed at the time of the most recent review by the person in charge on 24 June 2024.

One risk had been escalated to senior management relating to safeguarding and effectively supporting the privacy and dignity of residents who could not move around their home without staff supervision due the compatibility issues that were present in the designated centre. Senior management and the multi disciplinary team were actively seeking to attain a resolution to this issue at the time of this inspection. This will be actioned under Regulation 9: Resident's rights.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured fire safety management systems were in place. All fire exits were observed to be unobstructed during the inspection. Fire safety equipment was subject to regular checks by an external company including quarterly inspections and annual certification of the fire alarm and emergency lighting systems.

The provider had protocols in place for fire safety checks to be completed which included daily, weekly and monthly checks. On review of these checklists from 1 January 2024, it was noted these were consistently completed. The person in charge had a staff assigned as a fire warden to ensure oversight that these checks were being completed. In addition, any issues identified were rectified in a timely manner. For example, a safety tab was missing from a fire extinguisher on 14 July 2023 and documented as resolved by 24 July 2023.

The provider had ensured an effective fire evacuation plan was in place which included identifying which resident should be supported to evacuate the building first if all three were present at the time. This plan had also been updated to reflect the mobile phone system to be used in the event of an emergency arising.

All residents had personal emergency evacuation plans (PEEPs) in place which were subject to regular and recent review. These plans detailed the supports required by each resident to evacuate the building, in particular if a resident required prompting and additional support. Objects of reference or preferred food items were also documented in the PEEPs to help reduce anxiety levels for some residents in the event of them requiring to evacuate in an emergency situation. A recent change to

gaining access to one resident's bedroom was also reflected in their PEEP.

All staff had attended training in fire safety. Staff spoken too during the inspection were aware of the fire evacuation plan and had participated in fire drills. Residents had also participated in regular fire drills, which included minimal staffing drills. The inspector reviewed fire drills that had taken place since the previous HIQA inspection. The documentation included senarios, exits used and other relevant information including timely evacuations beyond the point of the fire. The person in charge also had a schedule of fire drills planned for the remainder of 2024.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured safe, appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines was consistently adhered to in the designated centre.

Individual risk assessments had been completed with each resident regarding their capacity to self administer their own medications. One resident was being supported by the staff team to become more independent in the administration of their own medications. There was a stepped plan in place for the resident to attain this goal. Staff had purchased a watch which would prompt the resident that it was time to take their medications. The inspector was informed the resident was declining to wear this watch at the time of this inspection. However, the staff team would continue to encourage the resident in the weeks ahead. Staff also had plans to provide a social story regarding each medication that the resident was taking, informing them of the name and purpose of the medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The Inspector reviewed three personal plans over the course of the inspection. The inspector was informed all of the personal plans had been updated to a new format introduced by the provider in January 2024. Each resident had an assessment of need and personal plan in place. These plans were found to be well organised which clearly documented residents' needs and abilities. There was evidence the residents had been consulted in the development of their personal plans. For example, one resident was being supported with a money management plan that had been updated in June 2024 reflecting progression with their independence to purchase

items. Another resident had social stories in place and visual schedules to assist with their daily routines.

Assessments and plans were being regularly reviewed and updated taking into account changes in circumstances and new developments. The provider and person in charge had ensured that all residents' personal plans included their goals, in addition to their likes and dislikes. All residents plans were reviewed on an annual basis and areas that were important to them formed the central part of these reviews.

Residents had their favourite activities included in their weekly plan such as going into the local community and visiting cafes, beaches, and scenic locations. Residents were also supported to enjoy swimming, massage and walks frequently. Residents had copies of their weekly schedules available in a format that was accessible to them.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured residents were supported to attend allied healthcare professionals such as dentists, when required.

The provider had sought to ensure all residents received appropriate support with health assessments and at times of illness which met their physical, emotional, social needs while respecting their dignity, autonomy, rights and wishes. The provider had demonstrated actions taken to support/review the annual health care assessments of two of the residents in February 2024 in the absence of a review by the residents GP.

The inspector acknowledges that the person in charge and the provider had ensured ongoing monitoring of residents health and well being within the designated centre. However, the arrangements in place for two residents to access some healthcare supports resulted in these services not consistently available to them in the community. This will be actioned under Regulation 9: Residents rights

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to positively manage behaviours that challenge. The provider ensured that all residents

had access to appointments with psychiatry, psychology and behaviour support specialists as needed.

Positive behaviour support plans were in place where required for residents and they were seen to be current and detailed in guiding staff practice. Anxiety management plans were also in place for residents while behaviour support plans were being drafted. Staff were informed of how best to interact and support residents. This included a document specific to residents " Please do, Please don't " For example, one resident liked swimming, cups of a hot drink and a quiet environment to best support them when they might experience anxiety.

The person in charge and staff team were supported by the use of consistent communication responses to support residents' understanding of routines and to help in anticipating next steps in routines.

In addition, one resident was known to become upset when they heard really loud noises. Staff were aware of this and offered the resident preferred sensory items and hand massages to assist with effectively reducing anxiety being experienced by the resident.

There was evidence of regular review of support plans by the staff team and members of the MDT.

There were a number of restrictive practices in use in the centre and these had been assessed for and reviewed by the provider when implemented. The staff team were aware a number of restrictions relating to locked food presses, the kitchen and bedrooms were reflective of the assessed needs and challenges experienced by the residents while living together in this designated centre. There was also evidence of ongoing review and monitoring.

The completion of the planned structural works in the designated centre to create a self contained apartment would lead to the environmental restrictions in place for one resident to be reduced.

The provider was actively seeking to respond to the changing complex assessed needs of the residents living in this designated centre while ensuring their safety and well being.

Judgment: Compliant

Regulation 8: Protection

All staff had attended training in safeguarding of vulnerable adults. Safeguarding was also included regularly in staff meetings to enable ongoing discussions and develop consistent practices.

Personal and intimate care plans were clearly laid out and written in a way which

promoted residents' rights to privacy and bodily integrity during these care routines.

At the time of this inspection there were four open safeguarding plans in the designated centre.Two of these plans were in place due to the adverse impact of one resident's behaviours on their peers. The person in charge had ensured ongoing oversight and review of all safeguarding plans opened since January 2023. There was documented evidence including dates of referral to the safeguarding and protection team, subsequent review dates, details of closure relating to when some plans were closed and when the next review was scheduled to take place.

There were a total of 45 safeguarding plans listed in the document given to the inspector to review. This was indicative of the ongoing supports required by all of the residents with the current building design and compatibility issues that are present in the designated centre. Measures were in place to reduce the risk of safeguarding concerns which included a shift pattern to support one resident and a floating staff to support the resident on outings when required. Impact assessments had also been completed in August and November 2023 by a psychologist. The MDT complex case forum was also actively engaging with the staff team and management due to the risk of safeguarding concerns despite existing control measures being in place.

The provider was actively seeking to address safeguarding concerns within this designated centre, to ensure the safety and well being of all three residents. This will be further discussed in Regulation 9: Resident's rights

Judgment: Compliant

Regulation 9: Residents' rights

The provider was actively ensuring the required supports and resources were being provided to assist one resident to have increased freedom to exercise choice and control in their daily life. This was being achieved by providing the resident with a separate apartment style dwelling in the designated centre while they awaited a more suitable location in the community.

However, two residents had not been provided with the services of an external advocate at the time of this inspection. The inspector acknowledges that a referral had been sent on behalf of the residents in August 2023. A subsequent review of services being provided to meet the assessed needs and residential services required by the residents in October 2023 identified the input of such an external advocate was required to ensure each resident's rights were supported in decisions being made about their future.

Due to the assessed needs of the current residents, the provider was unable to consistently ensure each resident's right to privacy and dignity, personal living space and professional consultations was being effectively supported. The inspector acknowledges that additional control measures were in place while the provider

sought to address these issues. However, these issues remained unresolved at the time of this inspection. In addition, not all residents had participated in or consented with supports provided, regarding decisions relating to their healthcare.
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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for No.1 Seaholly OSV-0004574

Inspection ID: MON-0035146

Date of inspection: 25/06/2024

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 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: The Person in Charge will follow up on a referral made to an external advocate in August 2023 to support two residents to gain access to their finances. 30/08/2024 The Provider will - Engage with MDT to ascertain capacity on decision making in relation to their finances. 30/08/2024 - Following the capacity assessment the Provider, in conjunction with all relevant stakeholders, will explore the most effective way to ensure the residents right to access their funds and have appropriate decision making supports available to them to effectively manage their finances. 30/11/2024	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The r Provider has identified the following actions to ensure that each resident is supported to ensure that their rights to privacy and dignity, personal living space and professional consultations are being effectively supported. - Both Residents are being supported by the services complex case forum in relation to their vision for future quality of life priority issues for them as individuals .	

- The Person in charge will follow up on a referral made to an external advocate in August 2023 to support the resident's future residential choices. 30/08/2024

- A referral will be made to the services social work and speech and language departments to ascertain capacity on decision- making in relation to future living arrangements. This will inform what additional decision-making support arrangements may be required by the individuals. 30/08/2024

- A single occupancy apartment will be developed in another location, to support one resident. The other resident will remain in their current location which will then become a single-occupancy apartment. 29/11/2024

- An Application to Vary the conditions of registration to include this additional apartment area in the footprint of the Centre will be made to the Authority. 29/11/2024

- The Providers Admissions, Transfers and Discharges Committee will review and recommend on the proposed relocation. The process incudes identifying the residents wishes in relation to the proposed move [30/09/2024].

- A transition plan will then be developed for the resident moving. The resident will be supported to transition once the Authority makes decision on the Application to Vary. The transition will be supported by involved members of the services multidisciplinary team, the advocate/decision supporter (if engaged) and other identified member of the residents circle of support the residents choose to support them 20/12/2024

In relation to two residents healthcare, the Provider will ensure that the Person in Charge will follow up on a referral made to an external advocate in August 2023, regarding decisions relating to their health care. 30/08/2024

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	30/11/2024
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Not Compliant	Orange	30/09/2024
Regulation	The registered	Not Compliant	Orange	30/08/2024

09(2)(d)	provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights.			
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 information.	Not Compliant	Orange	20/12/2024