



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

Issued by the Chief Inspector

Name of designated centre:	Hall Lodge
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	17 June 2021
Centre ID:	OSV-0001709
Fieldwork ID:	MON-0032279

About the designated centre

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

The designated centre is located in a campus setting in outside a town in County Wicklow. The centre can provide support for up to four male and female adult residents with intellectual disabilities, high dependency needs and associated medical needs. The centre can provide respite care and long term residential care. [since March 2020 and upto the day of inspection (June 2021) the respite service was not available due to the organisation's COVID-19 measures in place]. The centre is managed by a person in charge with the support of a deputy manager and senior services manager. They are responsible for a staff team made up of nurses, social care workers and care assistants. The centre comprises of a main house and a single occupancy apartment attached to the right wing of the building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 17 June 2021	11:00hrs to 18:15hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents living in this centre were supported to enjoy a good quality life. The residents' health and well-being was maintained by a good standard of evidence-based care and support. The provider and staff endeavoured to promote an inclusive environment where each of the resident's likes, wishes and intrinsic value were taken into account.

Since March 2020 the respite service had stopped operating due to COVID-19 restrictions in place. On the day of the inspection the service remained closed however, the inspector was advised that the respite service was re-opening and this service was included on the centre's application to renew registration.

On the day of inspection the inspector met with two residents who were living in the centre on a full-time basis. Conversations between the inspector and the residents took place from a two metre distance with the inspector wearing the appropriate personal protective equipment, and was time limited in adherence with national guidance. For the most part, residents engaged in non-verbal communication and were supported by staff when speaking with the inspector.

On the morning of the inspection, the inspector met one of the residents as they were heading out with two staff for their day's activity which included a drive and a picnic.

Later in the afternoon, the inspector met another resident who was returning from a day trip. The resident appeared excited and happy and told the inspector about their day. During this time, staff supported the conversation between the inspector and the resident by communicating some of the non-verbal cues presented by the resident. The resident expressed their excitement about the different roller coaster rides and activities they participated in. Overall, throughout the engagement, the inspector observed that the resident seemed relaxed and happy in the company of staff and familiar and comfortable in their surroundings.

Prior to the inspection, two residents were supported by their staff members to complete Health Information and Quality Authority (HIQA) questionnaires. Overall, residents' feedback was positive. The questionnaires noted that residents were happy with their bedroom, meals provided, the choice of activities and the care and support provided by staff including, the amount of choice and control they have in their daily life. Residents advised on their questionnaires that they enjoyed sitting in the garden, having picnics in the garden and helping out with the garden tasks. It was also noted that the garden space was currently been used for families to visit. Residents also enjoyed going for drives in the local countryside and feeding horses, ducks and farm animals, baking in the centre's kitchen, helping with meal preparation and listening to music.

The inspector also reviewed two feedback forms submitted by residents' family

members. Overall the feedback on the quality of care and support provided to their family member was positive. However, not all families were happy with the location of where their family member was living. The provider had addressed this in the annual review and noted that there was a long term plan in place to move the resident back near their family home.

Families played an important part in the residents' lives and the management and staff acknowledged these relationships and where appropriate, actively supported and encouraged the residents to connect with their family on a regular basis. During the current health pandemic, to support residents' sense of health and well-being, the person in charge had put arrangements in place for a resident's family to visit them in the garden of the designated centre. The inspector found that there were appropriate safety checks in place in advance of, and post visits. Furthermore, risk assessments had been completed to ensure the safety of the resident (and other residents and staff) during these occasions. The inspector was advised that with the planned reduction of restrictions, a milestone birthday garden party for one resident was being organised with invites for their family and friends.

Overall, on entering the centre the inspector observed the physical environment of the house to be tidy. Residents were supported to express themselves through their personalised living spaces. Through observations and conversations with staff, the inspector found that residents were consulted in the décor of their rooms which included family photographs, paintings and memorabilia that were of interest to them. However, the inspector found many areas of the centre to be unclean and in need of repair. As a result the risk to residents' health and safety was unnecessarily increased. Furthermore, the inspector found that the garden space required improvements so that it was inviting and promoted a space for residents to enjoy their preferred gardening activities including a space to relax in and enjoy spending time with visitors.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard. The inspector found that overall, there were systems in place to ensure residents were in receipt of good quality care and support. However, the inspector found that improvements were warranted to the cleanliness, décor and structural repair of the centre to ensure it provided a comfortable and safe environment at all times. Through speaking with the person in charge and staff, through observations and a review of documentation, it was evident that staff and the local management team were striving to ensure that residents lived in a supportive and caring environment.

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

Overall, the inspector found that the provider and local management were striving to ensure that residents living in the designated centre were in receipt of a good quality and safe service. The service was led by a capable person in charge, supported a deputy and senior manager, who were knowledgeable about the support needs of the residents. The inspector found that many of the improvements from the last inspection had been completed and had resulted in positive outcomes for the residents. For example, one resident had been supported to move to an on-site apartment that better met their needs and in the main house, the shower and bathing facilities in one bathroom had a significant upgrade.

However, on the day of the inspection, the inspector found that improvements were required to ensure all residents experienced a positive lived experience in the centre at all times. The inspector also found that some of the governance and management systems in place required reviewing to ensure they were effective. In relation to fire precautions and premises, the inspector found that improvements were warranted to ensure that residents could enjoy living in an environment that was safe, clean and homely. The latter findings are discussed in the quality and safety section of the report.

This risk-based inspection was completed as there had been no inspection carried out in this centre since March 2019 and an update was required in advance of the designated centre's registration renewal.

A new person in charge had commenced their role in the designated centre in June 2021 and previous to commencing their role they were provided with a comprehensive two week induction to assist them become familiar and knowledgeable in the needs of the residents and the supports required to meet those needs. The person in charge divided their time between this centre and the day service adjacent to the centre. The inspector found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. During their short period in the role, the person in charge had implemented a number of recent improvements in the centre which had resulted in better outcomes for residents. For example, the introduction and development of additional communication methods and aids to better support residents' communication needs.

Overall, the governance and management systems in place were found to operate to a good standard in this centre. The provider had completed an annual report in May 2021 of the quality and safety of care and support in the designated centre which residents and families had been consulted about. However, to ensure the effectiveness of the annual report, the actions' section on the report required a review. The inspector found that where the report had identified a number of outstanding maintenance tasks on the health and safety audit, the action plan did

not provide a clear plan of action or time frame to complete the tasks.

There was a local auditing system in place by the person in charge, supported by the deputy manager, to evaluate and improve the provision of service and to achieve better outcomes for residents. The audit system included monthly household audits, document audits (relating to residents' personal plans) and fire safety audits but to mention a few.

Resident finances, including their bank accounts, were audited on a monthly basis by the person in charge with additional spot checks in place by senior management on a regular basis. However, while there was no irregularity raised regarding the residents' finances, the inspector found that the systems to safeguard residents' finances warranted review to ensure it mitigated any risks of being ineffective.

In line with the organisation's Client Money and Property policy dated September 2020, residents, where appropriate, were supported to complete a money management assessment to ascertain if they required support to manage their financial affairs. However, the inspector found that the policy had not included sufficient detail to ensure appropriate processes and time frames for transfer of signatories on resident's bank accounts should it be required. Furthermore, the policy had not included sufficient information relating to communication, between relevant stakeholders involved in the support and care of residents, to ensure optimum decision making takes place when safeguarding residents' financial arrangements.

On review of a sample of staff rosters the inspector found that staffing arrangements included enough staff to meet the needs of the two residents currently living in the house. The staff roster was maintained appropriately and clearly identified the times worked by each person. Overall, the provider and person in charge endeavoured to ensure continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted. To better support the needs of residents positive staffing initiatives had taken place since the last inspection. One resident was in receipt of an extra 20 personal assistant hours per week. In addition, a new transitional team, which was made up of a core group of staff, was put in place since May 2021. This was to support a resident's positive behaviour support plan and in line with the resident's assessed needs and wishes.

However, to ensure staffing arrangements included enough staff to meet the needs of the residents at all times, any increase on the current number of residents residing at the centre (in particular, with the return of respite residents), would require the employment of additional staff. The inspector was advised that senior management were actively recruiting for two vacancies which would accommodate the return of the respite residents when the service re-opened.

Overall, staff training was up-to-date however, a number of staff refresher training courses were overdue and training relating to the specific needs of one resident was required for a number of the workforce. The person in charge advised the inspector that staff had commenced one to one supervision meetings, to assist them perform their duties to the best of their ability when supporting residents.

There was a complaints procedure that was in an accessible and appropriate format which included access to a complaint's officer when making a complaint or raising a concern. This procedure was monitored for effectiveness, including outcomes for residents and endeavoured to ensure that residents received a good quality, safe and effective service. The inspector found that where complaints had been made, not all people who made the complaint were satisfied with the outcome. This had been identified in the provider's annual review of the centre and actions were in progress to revisit the complaint in an effort to find a more satisfactory outcome. Overall, the inspector found that complaints were been dealt with in line with the centre's policy and procedures and where actions were required, the provider was endeavouring to follow up on them in a timely manner.

Registration Regulation 5: Application for registration or renewal of registration

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

Judgment: Compliant

Regulation 14: Persons in charge

A new person in charge had commenced their role in the designated centre in June 2021. The inspector found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

On review of a sample of staff rosters the inspector found that staffing arrangements included enough staff to meet the needs of the two residents currently living in the house. However, to ensure staffing arrangements included enough staff to meet the needs of the residents at all times, any increase on the current number of residents residing at the centre (in particular, on the return of respite residents), would require the employment of additional staff.

Judgment: Compliant

Regulation 16: Training and staff development

Overall, staff training was up-to-date however, a number of staff refresher training courses were overdue and training relating to the specific needs of one resident was required for a number of the workforce. For example, training relating to autism.

Staff were in receipt of one to one supervision meetings to support them perform their duties to the best of their ability.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

For the most part, the governance and management systems in place were found to operate to a good standard in this centre.

The provider had completed an annual report in March 2021 of the quality and safety of care and support in the designated centre. However, to ensure the effectiveness of the annual report, the actions' section on the report required reviewing so that it provided a clear plan of action and time frame to complete the tasks.

The inspector found that the systems to safeguard residents' finances warranted review to ensure it mitigated any risks of being ineffective. In particular, the Client Money and Property policy required review. For example, the policy had not included sufficient information relating to communication, between relevant stakeholders involved in the support and care of residents, to ensure optimum decision making takes place when safeguarding residents' financial arrangements.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The inspector found that each resident was provided with a written agreement (contract of care) which was in an accessible format appropriate to the residents' needs and that the agreements provided for, and were consistent with residents' assessed needs, their associated personal plan and the statement of purpose.

In relation to the planned approach for admissions of respite residents, the inspector found that improvements were warranted to the systems in place so that compatibility between residents was considered at all times. This was to ensure that the admission process considered the wishes, needs and safety of the respite residents and of the other residents currently living in the centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

Overall, the statement of purpose contained all required information, as per Schedule 1. Where a small adjustment had been required this had been completed and submitted to HIQA post inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. The person in charge ensured that incidents were notified in the required format and with the specified time frames .

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure that was in an accessible and appropriate format which included access to a complaints offer when making a complaint or raising a concern. Overall, the inspector found that complaints were been dealt with in line with the centre's policy and procedures and where actions were required, the provider was endeavouring to follow up on them in a timely manner.

Judgment: Compliant

Quality and safety

The provider and person in charge were endeavouring to ensure that residents' well-being and welfare was maintained to a good standard. The person in charge and staff were aware of residents' needs and knowledgeable in the care practices to meet those needs. A number of improvements had taken place in the centre since the last inspection which had resulted in positive outcomes for residents. However, to ensure continuous positive outcomes for residents, the inspector found that further improvements were required and in particular, to the centre's premises, infection control systems and fire containment measures.

Since the previous two inspections of this centre there had been much improvement to the layout and design of the centre which now provided a more homely environment for residents living in the house and for residents availing the respite services. A new shower and bathroom facility had been installed to meet the personal care needs of all residents living in the centre, including respite residents. Furthermore, to better meet the needs of one resident, the apartment attached to the house was made available to them and was decorated in line with their needs, wishes and preferences. Overall, there was adequate private and communal accommodation within the centre and best practice was used to achieve and promote accessibility.

However, on the day of inspection the inspector found that much of the physical environment of the centre was unclean and that centre required a number of decorative and structural repairs. In addition the garden areas out the back and front of the house did not promote a homely environment or provide an appropriate space to encourage residents' engage in their preferred interests. Some of the residents' questionnaire noted that they liked to participate in gardening activities and liked to relax in the garden listening to music and enjoy family visits there however, the external environment of the centre was lacking furnishing and materials to facilitate such activities.

Policies and procedures and guidelines in place in the centre in relation to infection prevention and control clearly guided staff in preventing and minimising the occurrence of healthcare-associated infections. Overall, the inspector observed that staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the residents. For example, wearing masks, practicing good hand-hygiene and wiping down surfaces regularly.

On the day of inspection the inspector observed that the overall cleanliness of the designated centre required improvement to ensure the health and safety of residents at all times. There were cleaning schedules in place and on review of a sample of schedules, cleaning tasks had been completed. However, the inspector

found that the cleaning schedules were not effective as many areas of the house and apartment were not adequately cleaned to minimise the risk of residents, staff and visitors acquiring a healthcare-associated infection. This issue had been identified by the person in charge and it had been addressed at staff meetings and during household audits. However, despite the issue being addressed, it had not yet been resolved nor resulted in providing an environment that was appropriately cleaned to ensure residents' safety. In addition there were many decorative repairs required which left unattended to, had the potential to spread infection.

The provider and person in charge were endeavouring to ensure that the centre's safeguarding policy was adhered to. On the day of the inspection, the inspector observed an incident, and on reporting this to the person in charge, the incident was followed up appropriately.

Staff had received appropriate safeguarding training and on speaking with a number of staff, the inspector found that they appeared familiar with the reporting systems in place, should a safeguarding concern arise. Safeguarding measures were put in place for each resident to ensure that staff providing personal intimate care to residents who required such assistance, did so in line with each resident's personal plan and in a manner that respected the resident's dignity and bodily integrity.

Overall, the provider and person in charge promoted a positive approach in responding to behaviours that challenge. The inspector found that staff had been provided with specific training relating to behaviours that challenge that enabled them to provide care that reflected evidence-based practice. There were systems in place to ensure that where behavioural support practices were being used that they were clearly documented and reviewed by the appropriate professionals on a regular basis.

There was an increase in non-serious injuries notified to HIQA during the first quarter of 2021 and a provider assurance report was issued to the provider. The provider submitted satisfactory assurances to demonstrate that that there were systems in place to protect residents living in this centre and to reduce the recurrence of such incidents. The inspector found that residents were provided with appropriate multi-disciplinary supports and referrals were facilitated for positive behavioural supports, occupational therapy and psychology input when required.

Appropriate healthcare was made available to residents having regard to their personal plan. Residents were supported to live a healthy life. A variety of healthy food options and a choice of activities that promoted positive health and wellbeing were offered to residents on a daily basis. Residents were supported to engage in physical activities such as going for walks, playing football and gardening but to mention a few.

Residents' personal plans included an assessment of the residents' healthcare needs and supports required to meet those needs. Residents' healthcare plans demonstrated that each resident had access to allied health professionals including access to their general practitioner (GP) which included an annual health check for each resident. The person in charge's monthly document audit had identified a

number of gaps in residents' plans. On the day of the inspection, these were in the process of being reviewed and updated by the appropriate staff member. Overall, the residents plans had appropriate oversight by the appropriate professionals however, in relation to PRN protocols (a medicine only taken as required) the inspector found that not all protocols in the residents' plans included the appropriate clinical oversight of the document.

The inspector found that for the most part, there were satisfactory systems in place for the prevention and detection of fire. All staff had received suitable training in fire prevention and emergency procedures firefighting equipment and fire alarm systems were appropriately serviced and checked. There were adequate means of escape, including emergency lighting. Fire safety checks took place regularly and were recorded appropriately. Fire drills were taking place at suitable intervals. On review of the evacuation procedure and a sample of personal evacuation plans, the inspector found that the mobility and cognitive understanding residents was adequately accounted for.

However, the inspector found that improvements were required to fire containment measures in the centre to ensure the safety of all residents at all times. Fire containment equipment (fire doors) required repair and upgrading. A number of the doors in the apartment had been damaged and were no longer fit for purpose, and one of the doors was wedged open. The provider and person in charge had identified that the resident's preference was to have the doors open in their apartment and plans were underway to source new doors and the necessary equipment required for keeping the doors open in a safe manner. The provider had also identified in 2020 that the fire door in the kitchen in the main house required an upgrade however, the health and safety audit noted that the upgrade had not yet been completed. Overall, the response to the upgrade of the fire door was found to be untimely and meant that there was an increased risk to residents' safety.

Regulation 17: Premises

Overall, there were many areas of the main house found unclean. This has been addressed in Regulation 27.

In the main house, the kitchen units such as cupboards and drawers and underneath skirting required upkeep. There was a strong smell of damp in one of the bathroom and shower rooms.

In the apartment, the front door was badly damaged with sections of the door repaired with duct tape and slats of wood. A number of internal walls required painting and two of the doors were damaged. In the kitchen, the washing machine door was broken off and a cupboard and drawer was in disrepair.

There was insufficient suitable storage space in the main house with three large mobility aids belonging to a resident stored in the communal activity room. There were also old plinths and hoists stored in the hallway of the house and an unused

wheelchair stored in a resident's bedroom. However, the latter three were removed on the day.

The garden space contained a rusting garden chair and an old wooden bench . An allied health professional had recommended a fence at the end of the garden space outside the apartment however, this had not yet been completed and a temporary steel fence was in place in the interim. At the front of the house there was a gazebo type structure with imposing large steel gates on two sides of it (however, the gates were removed on the day).

Judgment: Not compliant

Regulation 26: Risk management procedures

There was a risk register in place in the centre and it was regularly reviewed. There were risk assessments specific to the current health pandemic including, the varying risks associated with the transmission of the virus and the control measures in place to mitigate them. Overall, appropriate individual and location risk assessments were in place to ensure that safe care and support was provided to the residents.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, the cleaning systems in place in the designated centre were not effective and despite being previously identified by household and health and safety audits the cleanliness of the centre had not improved sufficiently to ensure the health and safety of residents at all times.

For example, the following items were found on the day;

Missing tiles on bathroom walls;

Chipped paint on numerous walls throughout the centre;

Ingrained stains on the floor lino in kitchen, utility room and staff bathroom;

Skirting boards were chipped and unclean;

In the apartment, drink splashes were found on wall and door frame outside the kitchen;

There was mould on a damaged kitchen cupboard;

The counter top in utility room had large section chipped off;

There was rust on broken shower plughole (in en-suite), behind radiators and on floor beside washing machine;

A wheelchair in resident's bedroom unclean;

and sticky back tape residue was found on tiles in the utility room and one of the bathroom walls.

Judgment: Not compliant

Regulation 28: Fire precautions

Improvements were required to fire containment measures in the centre to ensure the safety of all residents all of the time. Fire containment equipment (fire doors) required repair and upgrades. A number of the doors in the apartment had been damaged and were no longer fit for purpose and one of the doors in the apartments was wedged open.

In addition, the fire door in the kitchen in the main house required an upgrade to ensure it was completed as per the Health and Safety audit action.

Judgment: Not compliant

Regulation 6: Health care

The person in charge's monthly document audit had identified a number of gaps in residents' plans and these were in the process of being reviewed and updated by the appropriate staff member. Overall, the residents' plans had appropriate oversight by the appropriate professionals however, in relation to PRN protocols (a medicine only taken as required) the inspector found that not all protocols in the residents' plans included the appropriate clinical oversight of the document.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The inspector found that residents were provided with appropriate multi-disciplinary support and referrals were facilitated for positive behavioural supports, occupational therapy and psychology input when required. However, improvements were

warranted to ensure that where therapeutic interventions were implemented, they were implemented with the informed consent of the resident, or their representative, and that it was reviewed as part of the residents' personal planning process.

Judgment: Substantially compliant

Regulation 8: Protection

The provider and person in charge were endeavouring to ensure that the centre's safeguarding policy was adhered to. On the day of the inspection, the inspector observed an incident, and on reporting this to the person in charge, the incident was followed up appropriately.

As addressed in the capability and capacity section of the reports, a review of the governance and management systems in place to safeguard resident's finances was warranted to ensure they were effective at all times.

Judgment: Substantially 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 - 2015 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 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Hall Lodge OSV-0001709

Inspection ID: MON-0032279

Date of inspection: 17/06/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider will review the Annual report to ensure there is a clear plan of action and timeframe to complete tasks</p> <p>The provider will review the Client money management policy and ensure the client money and property policy will direct the PIC to make every reasonable effort to discuss the money support plan before finalization, with the nominated family support/contact person for each resident. 16/08/2021</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The PIC will liaise with the MDT team in order to assess the compatibility of residents availing of respite with each other and the full-time resident prior to the recommencement of respite. 31/12/2021</p>	
Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The Kitchen cupboards and drawers and skirting will be repaired 20/09/2021.

The cause of the smell of damp has been investigated, this was identified as a leaking pipe under the bath. This area is currently under review for an upgrade. 20/09/2021.
The front door is currently being costed for a replacement by our vendors 20/09/2021.
The internal walls will be painted and the doors, washing machine door and drawers will be repaired. 20/09/2021

A room has been designated to facilitate the storage of residents equipment. 31/08/2021.
The garden bench and old wooden bench have been removed. Completed 21/07/2021
The steel fence was an interim temporary measure to assess for effectiveness. Costing is underway for a permanent solution. 20/09/2021

Regulation 27: Protection against infection

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

The PIC has devised a new local cleaning checklist for use by staff in the designated centre, this will be monitored by the PIC and PPIM as part of governance and management system. Completed 21/07/2021

The bathroom walls will be repaired – 20/09/2021

Where paint has been chipped this will be repaired- 20/09/2021

The provider will review with contractor with a view to repair any damage to the floor in the kitchen, utility and staff bathroom as quickly as possible 20/09/2021

Skirting boards will be repaired and re painted.

Spashes on the floor and door frame have been cleaned, going forward this will be captured as part of new cleaning checklist.

The mould has been removed and the damaged Kitchen cupboard will be repaired. 20/09/2021.

The counter top will be repaired. 20/09/2021

The broken plughole will be replaced, rust behind radiators and on the floor beside the washing machine will be removed 20/09/2021

The unused wheelchair in the residents bedroom has been removed. Completed 21/07/2021

The sticky back tape residue on the tiles in the utility room and bathroom wall will be removed. 20/09/2021

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A bespoke door is required in the apartment , The Provider has received a quote for this , the lead in time for replacement is 10-12 weeks at a minimum. Remedial works will take place to other damaged doors 20-09-21 A closer will be sourced by the provider and will be installed 20.09.2021</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: All PRN protocols have now been signed by the nurse in the designated centre. Completed 21/07/2021</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The PIC will ensure there is a process in place to make every reasonable effort to discuss and obtain consent from residents for any therapeutic interventions before they are implemented or with a nominated family contact person for each resident were appropriate.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: An allegation was received on the day of inspection the PIC followed the correct polices and procedures in respect to the allegation made. Completed 21/07/2021 The provider will review the Client money management policy and ensure the client money and property policy will direct the PIC to make every reasonable effort to discuss the money support plan before finalization, with the nominated family support/contact person for each resident. 16/08/2021</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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	20/09/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	21/07/2021
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of	Substantially Compliant	Yellow	31/08/2021

	purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	16/08/2021
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	16/08/2021
Regulation 24(1)(b)	The registered provider shall ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.	Substantially Compliant	Yellow	31/12/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a	Not Compliant	Orange	20/09/2021

	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.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	19/11/2021
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	21/07/2021
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/10/2021
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures	Substantially Compliant	Yellow	31/10/2021

	including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	16/08/2021