



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

Issued by the Chief Inspector

Name of designated centre:	Bealach Beag
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Short Notice Announced
Date of inspection:	12 May 2021
Centre ID:	OSV-0007889
Fieldwork ID:	MON-0031811

About the designated centre

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

Bealach Beag provides full time residential care for up to four adults with an intellectual disability. It is a two-storey house with five bedrooms situated in a suburb of Co. Dublin. It is close to a number of local amenities such as shops, hairdressers, coffee shops and restaurants. Residents have access to a bus to and the house is close to good public transport links including a railway station and bus routes. Residents are supported by social care workers and care staff 24 hours a day, seven days a week.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Wednesday 12 May 2021	10:00hrs to 15:00hrs	Marie Byrne	Lead
Wednesday 12 May 2021	10:00hrs to 15:00hrs	Sarah Cronin	Support

What residents told us and what inspectors observed

From what residents and staff told the inspectors and from what they observed residents were in receipt of a good quality and safe service. They appeared happy and content and were being supported to settle in to their new home. They were starting to explore and become familiar with their local community. They had been supported to transition to their new home over a number of months and it was evident that the staff team were making every effort to involve them in decisions relating to their care and support and the day-to-day running of their home.

Overall, the provider was self-identifying areas for improvement and implementing the required actions to bring about these improvements. However, further improvement were required in areas such as staff training and development, oversight of the centre, infection prevention and control, documentation relating to positive behaviour support, infection prevention and control and fire precautions.

As the inspection was completed during the COVID-19 pandemic, the time spent with residents and staff was limited and done in line with public health advice. The inspectors adhered to national best practice and guidance with respect to infection prevention and control, throughout the inspection.

There were three residents living in the centre at the time of the inspection and they had moved to this community house from a large congregated setting in late 2020. They had lived in a large 21 bedded residential centre for 22 years, and prior to this they had lived in another congregated setting on a large campus for many years. As the three residents had lived together for a number of years, they appeared very comfortable with each other and the inspectors observed them spending time with each other and engaging in activities together.

Since moving to the centre, staff reported that residents were now more involved in cooking, baking and the upkeep of their home. Prior to moving, their meals were prepared mostly by a chef in a large kitchen, and they ate in a number of different dining rooms. When they moved to their new home, the layout of the kitchen was changed to put in a free standing island at the right level for residents to prepare meals and snacks and bake should they so wish. On the morning of the inspection, the smell of home cooking was evident throughout the house as brown bread had been made for lunch.

Throughout the inspection, residents were observed spending time in their preferred spaces either relaxing, engaging with each other, or engaging with staff. On a number of occasions music, singing and laughing could be heard from different parts of the house. After lunch one of the inspectors observed one resident waltzing around the living room to the music and to then ask a staff member to join them.

One resident showed an inspector around parts of their home. They showed them a bunch of flowers on the dining room table and talked about going to a local park for

a picnic later that afternoon. They asked the inspector if they had any news and then continued on having a chat with staff, after which they asked staff to put on some music.

The centre was found to be comfortable and homely. Each resident had their own bedroom and they were in the process of being supported to decorate their rooms and to pick colours and items for the rest of their home also. The provider had engaged the support of an occupational therapist to ensure that the design and layout of the premises was meeting the residents' current needs and that if their care and support needs changed in the future, that the house would still be suitable. There was a front and back garden in the premises and a building in the back garden with a separate laundry room, bathroom with shower facilities and a space which could be used for residents to relax or to spend time with friends and family.

Throughout the inspection residents appeared comfortable in their home and in the presence of staff. The inspectors observed kind, caring and respectful interactions between residents and staff throughout the inspection. Staff were found to be familiar with residents care and support needs and were observed listening to residents and to pick up on their communication cues. Residents were being supported to maintain their privacy and dignity and they had detailed personal and intimate care plans to guide staff to support them. It was clear that the PPIM had a long standing relationship with the residents and knew their care and support needs very well. Person first language was evident in documentation and was particularly notable in risk assessments relating to their care.

Residents were being supported to explore their local community and to sample different activities during the pandemic. They were partaking in activities in their home such as chair yoga, flower arranging, bingo, using their tablet computers, watching mass online, and arts and crafts. There were pictures of the different activities they were taking part in during the pandemic. These included pictures of them taking part in daily chores in their home such as doing the laundry, making drinks and snacks, baking, going for walks locally, going across the road to the local coffee shop for take away, and there were also pictures of them enjoying their first Christmas in their new home. Plans were in place to do some planting in the garden, now that the weather was getting better. At the time of the inspection, residents were not availing of day services but they arrangements could be made for them to access day services in the organisation, should they so wish.

In line with public health advice and the levels of restrictions at the time of the inspection, their access to some community based activities were limited. In addition, restrictions remained in place in relation to visiting but plans were in place once restrictions eased to meet their family and friends again. During the pandemic they were supported to stay in touch with the important people in their lives by phone or through video calls.

Residents were meeting with their key workers at least monthly to review their goals and to plan for any supports that may be required to reach these goals. One resident had their person centred plan on their tablet computer. Prior to moving to the centre a community map had been created on their tablet computer to assist

them to explore their local community. Weekly residents meetings were occurring and these meetings provided residents with a forum to discuss items such as, the maintenance and upkeep of their home, local news and activities, upcoming events of interest and menu planning. The charter of rights, advocacy, safeguarding, restrictive practices, visiting, complaints and COVID-19 were being regularly discussed with residents in the centre.

As the centre was suitable and registered for four residents, plans were in place for a number of residents who wished to move to a community house from other campus based centres in the organisation to visit and potentially move to this centre in the coming months. Residents who wished to move had completed individual needs and preference assessments and plans were in place to complete compatibility assessments.

All three residents completed, or were supported to complete a questionnaire in relation to care and support in the centre prior to the inspection. Each resident indicated that they were happy with the comfort, warmth, access to shared spaces and to a garden area. In line with their plans to personalise their garden, a number of residents identified what they would like in their garden in their questionnaires. For example, an area for plants, some plants to do some gardening, a BBQ area, and some additional garden furniture. Residents also indicated they were happy with their bedroom and food and mealtimes. Two residents indicated they would like to further decorate their bedrooms, to make them more personalised. Each resident referred to the variety of choices they had for meals and snacks. Each resident also stated that they were happy with the amount of choice and control they have in their daily life, and commented that they were always consulted and given choices in relation to their care and support and the running of their home. They also included some of the activities they were looking forward to once the restrictions were lifted such as going to mass, going to musical shows, going to the cinema, out for meals, and to the local shopping centre.

Residents were complimentary towards the staff team in their questionnaires. They described them as "supportive" as "helping to achieve my goals", and "great looking after my care needs". Residents also included comments relating to their experience of the centre such as "I am getting all the support I need", "I am supported in decision making", "I am happy", "I am happy with the level of care I receive from all the staff".

Overall, residents appeared happy, content and comfortable in their new home. They were in the process of settling into their new home and exploring their local community. There was evidence that the staff team were working with residents to sample new activities and to develop and achieve their goals. Residents were involved in key decisions about the designated centre and being supported to make choices in relation to their care and support. They were making choices in relation to how and where they wished to spend their time.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how

they impacted on the quality and safety of service being delivered.

Capacity and capability

Overall, the inspectors found that the provider was ensuring that residents were in receipt of a good quality and safe service. Residents appeared happy and content living in their new home, and the staff team were motivated to ensure they were being supported to regularly engage in activities they enjoyed, and to be safe in their home. Care and support was found to be person-centred and there was a clear focus on ensuring continuous improvement across all aspects of the service provided for residents.

For the most part, the provider was self-identifying areas for improvement and were in the process of implementing the actions required to bring about these improvements. However, as previously outlined further improvements were required in relation to governance and management, staff training and development, positive behaviour support, fire precautions and infection prevention and control.

Overall, there was evidence that the provider had systems in place for the oversight and monitoring of care and support in the centre. A six monthly review had been completed by the provider and there were actions identified and time lines clearly laid out. Plans were in place to complete an annual review.

The person in charge had been on leave since December 2020 and the provider had submitted the required documentation to identify the person participating in the management of the centre (PPIM) as the person in charge, as an interim measure. The PPIM was very familiar with residents' care and support needs and visiting the centre to support residents and staff and they were also available on the phone. However, there was no schedule in place to ensure that there was an on-site presence of a manager in the centre, on a consistent basis. There were daily systems to support communication between staff and management. However, improvements were required in relation to demonstrating follows up for identified issues.

The provider had reduced staffing numbers in the centre during the pandemic to reduce the footfall, but now that restrictions relating to COVID-19 were lifting, they were increasing the number of staff on duty during the day to ensure residents had opportunities to take part in activities in line with their wishes and preferences, particularly in their local community. Staff who spoke with the inspector were familiar with residents' needs and motivated to ensure they were happy and safe in their home.

Arrangements for staff supervision were in place but had not taken place since the centre opened. Staff reported that they were looking forward to this beginning to further support lines of communication. While staff had completed some training, a number of them required refresher training in first aid, fire safety, managing

behaviour that is challenging and the safe administration of medications.

There had been no complaints recorded since the centre opened in 2020 but there were complaints policies and procedures in place and the complaints process was being regularly discussed with residents in the centre. The complaints procedures were available in a user-friendly format and there was a fair and objective appeals process in place.

Inspection findings were largely positive in relation to the management systems and structures in place in a number of areas. However, further improvements were still required in relation to staff training and development and governance and management.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required information with the application to register this designated centre.

Judgment: Compliant

Regulation 15: Staffing

There had been two staffing vacancies prior to the inspection and the provider had recruited and recently filled these. A social care worker and care staff had been recruited and would commence in the centre following the inspection. While waiting for these staff to start the provider was ensuring continuity of care and support for residents by utilising consistent agency staff who were familiar with residents' needs to fill the required shifts.

The provider had reduced staffing numbers in the centre during the pandemic to reduce the footfall, but now that restrictions relating to COVID-19 were lifting, they were increasing the number of staff on duty during the day to ensure residents had opportunities to take part in activities in line with their wishes and preferences, particularly in their local community.

There were planned and actual rosters in place and they were well maintained. Staff who spoke with the inspector were familiar with residents' needs and motivated to ensure they were happy and safe in their home.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had completed some training and refresher training in line with the organisation's policies and procedures. However, a number of staff required training or refreshers in line with residents' assessed needs. These included, first aid training, training in managing behaviour that is challenging, fire safety training, and the safe administration of medicines training.

The inspector viewed documentary evidence that staff were booked onto some of these trainings and that requests had been submitted for dates for other trainings. For example, a staff member was due to complete fire safety training the day after the inspection and following the six monthly review by the provider, a request had been made for managing behaviour that is challenging for all staff.

The person in charge was on unplanned leave at the time of the inspection and in the interim the person participating in the management of the designated centre (PPIM) was visiting the centre and supporting residents and the staff team. There had been no formal staff supervision since the centre opened and the PPIM informed the inspectors that plans were in place to ensure that each staff member was in receipt of regular formal supervision in 2021.

Judgment: Not compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place in the centre against the risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures in place. The provider was ensuring oversight through regular audits and reviews. There was an audit schedule in place and the provider had completed a six monthly . Regular audits were carried out by staff on medication, infection prevention and control, person centred plans and health and safety. The person in charge/PPIM carried out audits of health and safety, assessment of need and finances. An annual review was planned once the centre was open for 12 months.

Staff meetings were not occurring regularly and the staff team had not been in receipt of formal supervision since the centre opened. There were systems for the

staff team to communicate, but these needed to be further strengthened. For example, there was a daily safety pauses in place and a communication book in order to support communication between staff and management. However, documentation of the safety pauses did not indicate what follow up took place to any identified issues.

The PPIM was visiting the centre and supporting the staff team by phone. They had worked with the residents for a number of years and were very familiar with residents' care and support needs. However, there was no evidence to show the on-site presence of a manager on a regular and consistent basis.

For, the most part the provider was self-identifying areas for improvement and taking the necessary steps to bring about the required improvements. However, as previously outlined there remained a number of areas for improvement in relation to oversight of the centre, staff training and development, fire precautions, documentation relating to positive behaviour support and infection prevention and control.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained the required information and had been reviewed in line with the time frame identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspectors reviewed a sample of incident, accident and near miss records maintained in the centre and found that the Chief Inspector was notified of the required incidents in line with the requirement of the Regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There had been no complaints recorded since the centre opened in 2020 but there were complaints policies and procedures in place and the complaints process was being regularly discussed with residents in the centre. The complaints procedures were available in a user-friendly format and there was a fair and objective appeals

process in place.

There was a nominated complaints officer and procedures were in place to ensure the complaints were recorded, responded to and bringing about the required changes. There was a section for recording the satisfaction level of the satisfaction level of the complainant.

Judgment: Compliant

Quality and safety

Inspectors found that the quality and safety of care provided to residents in the service was of a good standard. A review of documentation and observations indicated that residents' rights and choices were promoted and respected.

Significant work had taken place to ensure that residents living in the centre transitioned in a coordinated manner with clear transition plans laid out for each resident including their assessed health and social care needs. The three residents were engaging in activities such as cooking and exploring activities in the community (albeit they have been restricted due to Covid-19). The move appeared to be a positive one for the residents who had lived together for many years in an institutionalised setting.

Residents appeared comfortable and content in their home and interactions were noted to be respectful and warm. Over the course of the inspection, staff and residents were heard singing, baking together and planning to go out on a picnic. Staff and the PPIM were found to be knowledgeable about the residents and their support needs. Residents had assessments and personal plans in place. they had their healthcare needs assessed and were being supported to access health and social care professionals in line with their assessed needs.

There were no restrictive practices in the centre at the time of the inspection. The inspectors reviewed a sample of one residents support plans and found that there was inconsistencies and a lack of guidance in place in relation to supporting them to manage their behaviour. In addition, staff had not completed training in managing behaviour that is challenging.

Residents were protected by the policies procedures and practices relating to safeguarding in the centre. staff had completed training and were found to be aware of their roles and responsibilities in relation to safeguarding.

The premises was found to be clean, warm and comfortable. It was designed and laid out to meet the number and needs of residents in the centre, and had been assessed to ensure it was suitable should residents' needs change in the future. Residents' rooms were thoughtfully decorated to reflect their interests and preferences. Residents could access the available spaces both within the centre and

their garden without restrictions. It was well maintained both internally and externally and plans were in place now that residents had settled into their new home to do some painting and decorating in the house, and to do some works in the garden.

Residents were protected by the risk management policies, procedures and practices in the centre. Individual risk assessments were notably person centred in their use of language and consideration of impact of potential risks. The provider had a clear system in place to ensure vehicles were roadworthy. The incident and accident log was well maintained with actions and appropriate follow up documented.

Overall, residents were protected by the policies, procedures, and practices relating to infection prevention and control in the centre. The provider had developed contingency plans in relation to COVID-19 and these were clearly guiding staff in relation to their roles and responsibilities. However, improvements were required in relation to the overall systems in place to ensure that residents were protected against infection at all times. For example, there was no system in place to ensure the systems in the building in the garden were flushed or tested on a regular basis, as the bathroom and shower in this building were not being used regularly.

Inspectors found that the centre had appropriate systems for the detection and containment of fire. There was suitable fire equipment provided and evidence of maintenance of this equipment. There was adequate means of escape with a clear evacuation plan. Residents had personal emergency evacuation plans in place. Fire drills had taken place in the day time. However, there was no documentary evidence to demonstrate that a fire drill had occurred at night since the centre opened, to demonstrate that residents could safely evacuate the centre in the event of an emergency with the support of the one staff member on a sleepover shift.

Residents had access to a pharmacist who was familiar with the ordering and prescribing practices used by the provider. There were appropriate and suitable practices in relation to ordering, receipt, prescribing, storing and administration of medicines. Inspectors observed a staff member giving a resident their medication. They were found to be knowledgeable about the medication they were administering and the process for same. The resident was approached in a respectful manner.

Regulation 17: Premises

The premises was found to be clean, warm and comfortable. It was designed and laid out to meet the number and needs of residents in the centre, and had been assessed to ensure it was suitable should residents' needs change in the future. Residents could access the available spaces both within the centre and their garden without restrictions.

It was well maintained both internally and externally and plans were in place now that residents had settled into their new home to do some painting and decorating

in the house, and to do some works in the garden.

Judgment: Compliant

Regulation 20: Information for residents

The residents guide contained the required information and was available for residents or their representatives in the designated centre.

It contained a summary of the services and facilities available, the terms and conditions of residency, arrangements for residents involvement in the running of the centre, how to access inspection reports, the procedure for complaints and the arrangements for visitors.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Residents' transitions to the centre were planned and residents were supported through every step of this process. Detailed transition plans were in place and there were pictures of steps residents took during their transition.

Supports were put in place for residents to ensure continuity in their lives and to ensure their care and support needs were met. Residents were consulted with in advance of they move and systems were in place to ensure they could access advocacy services, should they so wish.

Plans were in place for another resident to transition to the centre, and it was evident that this was being done in consultation with residents already living in the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Appropriate systems were in place to identify, assess, manage and review risk in the centre in addition to responding to emergencies. There was a risk register which was reviewed and updated regularly. It was found to be reflective of the actual risks in the centre at the time of this inspection. General and individual risk assessments were developed and reviewed as required. Individual risk assessments were notably person centred in their use of language and consideration of impact of potential

risks.

The organisation's policy contained the information required by the Regulations. Incidents and adverse events were being regularly reviewed were informing the review of the risk register and the development and review of risk assessments. There were systems in place to ensure the vehicle was roadworthy.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, residents were protected by the policies, procedures, and practices relating to infection prevention and control in the centre. The provider had developed contingency plans in relation to COVID-19 and these were clearly guiding staff in relation to their roles and responsibilities.

However, improvements were required in relation to the overall systems in place to ensure that residents were protected against infection at all times. For example, there was no system in place to ensure the systems in the building in the garden were flushed or tested on a regular basis, as the bathroom and shower in this building were not being used regularly.

The premises was found to be clean during the inspection and there were cleaning schedules in place to ensure that every area of the house was being cleaned regularly.

There were stocks of PPE available and a stock control system in place.

There was a separate building which contained a laundry room and there were suitable systems in place in relation to waste disposal, including clinical waste.

Staff had completed training in relation to infection prevention and control including hand hygiene and donning and doffing PPE.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Overall, there were effective fire management systems in place. There were adequate arrangements for detecting, containing and extinguishing fires. There were adequate means of escape and emergency lighting in the centre.

There were systems in place to ensure fire equipment was serviced, tested and maintained and the evacuation plan was on display. Residents had personal

emergency evacuation plans in place which detailed the support they may require to safely evacuate the centre.

Since the centre opened, fire drills had taken place in the day time. However, there was no evidence of fire drills occurring at night to demonstrate that residents could safely evacuate the centre in the event of a fire, when there was one staff on duty to support them.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to a pharmacist who was familiar with the ordering and prescribing practices used by the provider. There were appropriate and suitable practices in relation to ordering, receipt, prescribing, storing and administration of medicines.

Inspectors observed a staff member giving a resident their medicines. They were found to be knowledgeable about the medicines they were administering and the process for same. The resident was approached and supported to take their medicines in a respectful manner.

There were clear processes in place for the reporting and oversight of medication errors. All medication was observed to be in date and stored appropriately, with residents' individual medicines labelled appropriately and stored separately.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspectors viewed a sample of residents personal plans and they were found to have an assessment of need and personal plan in place. These were being reviewed and updated regularly to ensure they were effective and reflective of residents' care and support needs.

Residents' also had person centred plans which were in an accessible format and their goals were being reviewed regularly in line with their wishes and preferences. Pictures of important events in their lives, and them reaching their goals were kept in their person centred plans.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported to enjoy best possible health. They had their healthcare needs assessed and care plans were developed and reviewed as required.

Each resident had access to health and social care professionals in line with their assessed needs. They were accessing national screening programmes in line with their age profile and assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

While residents had risk assessments in place and there were guidelines to support them should they engage in some behaviours, some inconsistencies were found across the documentation reviewed. For example one residents' risk assessment listed a number of behaviours for which there were no guidelines in place to support them. In addition, this risk assessment indicated that they had a positive behaviour support plan with reactive strategies and crisis management procedures, but the inspectors were not presented with these documents during the inspection. There was no documentary evidence available during the inspection to demonstrate that this residents' plans and guidelines had been reviewed by the relevant health and social care professional. The documents reviewed had been developed by staff while they lived in another designated centre in July 2020.

There were no restrictive practices in place in the centre, at the time of this inspection.

As previously mentioned, staff had not completed training in managing behaviour that is challenging. This had been identified as an action following the six monthly review by the provider and the inspectors viewed documentary evidence that the PPIM had requested this training for the staff team.

Judgment: Substantially compliant

Regulation 8: Protection

There were policies and procedures in place in relation to safeguarding and protection and staff had completed safeguarding training. Staff who spoke with the inspector were found to be knowledgeable in relation to their roles and responsibilities should they become aware of an allegation or have a suspicion of

abuse.

Residents were being supported to develop their self-awareness, understanding and skills for self-care and protection through regular discussions at residents' meeting and key worker sessions.

Judgment: Compliant

Regulation 9: Residents' rights

It was evident that residents were consulted with and participating in how the centre was planned and run. They could freely access information in relation to their rights and accessing advocacy services.

Residents were observed throughout the inspection to be treated with dignity and respect by staff, and personal care practices were respecting their privacy and dignity. For example, staff were observed to knock on doors and to support residents to make choices in relation to how and where they spent their time. Staff were found to be very familiar with residents' likes, dislikes and preferences.

Judgment: 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	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	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially 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	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bealach Beag OSV-0007889

Inspection ID: MON-0031811

Date of inspection: 12/05/2021

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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>CNM3 has linked with training officer to schedule First Aid Training for all staff. CNBM3 has lined with CNS in Behaviours on Concern to schedule training in Managing Behaviour that Challenge. Fire Safety Training is completed. The Safe Administration of Medication Training to be completed by end June 2021</p>	
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>CNM3 has scheduled supervision and team meetings for the remainder of the year. The team is now utilizing the Safety Pause at every handover. Community Nurse post has been advertised and PIC/CNM2 post has been advertised. CNM3 will have daily contact with the house and weekly visits.</p>	
Regulation 27: Protection against infection	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: Template devised and flushing system is in place since 13.05.2021</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A Fire Evacuation has taken place on night 27.05.2021 and fire evacuation will be completed with regulation going forward.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: CMN3 has linked with CNS in Behaviour Support to review and evaluate current care plan . Training in Managing Behaviours that are Challenging will also be scheduled through CNS in Behaviour Support.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	31/10/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/10/2021
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/12/2021
Regulation 23(1)(c)	The registered provider shall ensure that	Substantially Compliant	Yellow	31/12/2021

	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.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	13/05/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	27/05/2021
Regulation 07(1)	The person in charge shall	Substantially Compliant	Yellow	31/08/2021

	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.			
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