Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	The Ivies
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	26 May 2021 and 31 May 2021
Centre ID:	OSV-0007868
Fieldwork ID:	MON-0033052

About the designated centre

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

The Ivies is a residential centre located on the outskirts of a rural town in Co. Waterford. This centre provides 24-hour care for up to five adult residents, both male and female from 18 years of age onwards whom present with complex support needs such as intellectual disability and acquired brain injury. The statement of purpose states the Person in Charge and the Management Team are committed to ensuring residents receive the highest quality of care and support at The Ivies. Staffing in the centre is dependent on the assessed needs of the residents. The staffing complement consists of social care workers and assistant social care workers, with nursing support provided if required from a regional perspective. The Ivies living area is distributed over two floors consisting of two self-contained living areas, two ensuite bedroom areas and communal kitchen area. One of the ensuite bedroom is currently being used as a staff sleep over room. A self-contained cottage is also located on the grounds of the centre. The property is surrounded by gardens

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Monday 31 May 2021	11:00hrs to 18:00hrs	Lucia Power	Lead
Wednesday 26 May 2021	10:00hrs to 18:00hrs	Lucia Power	Lead
Monday 31 May 2021	11:00hrs to 18:00hrs	Laura O'Sullivan	Support

What residents told us and what inspectors observed

From what the residents told us and what the inspectors observed, it was clear that the residents did not experience a meaningful day and supports were not in place to promote their skills and independence.

The first day of the inspection was completed by one inspector. The inspector had the opportunity to meet with a number of residents and staff on this day. A decision was made at the end of the first day to complete a second day of inspection and for an additional inspector to be present. The person in charge was given notice of this second day and an email request was submitted for documentation to be ready and available for review on the day of inspection. Despite this request not all required documentation was present and numerous requests had to be made for documentation to be available for review. This included such documents as rosters. Upon completion of the inspection some requested documentation had not been provided. This included recent menu planners and an update pertaining to an investigation due to be carried out by the provider. Inspectors were provided with a room based in the main house to complete their inspection.

During the course of the two days of inspection, both inspectors had the opportunity to meet and converse with all four residents currently residing in the centre. Three of the four residents spoke of not being happy in the centre. Evidence was also observed in personal plans, risk assessments and activity planners to correlate this information. This risk inspection of The Ivies was completed during the COVID-19 pandemic. Interactions with all individuals were limited to 15 minutes with social distancing maintained. One area reviewed as part of this inspection was the area of infection control. All staff were observed adhering to national and organisational guidelines. Protocols in place with respect to isolation and restricted movement were not present. On the day of the first inspection the inspector was informed that a resident was in isolation due to an incident that had happened a few days previously, however this resident had met a family member outside of the centre. It was noted that staff only had starting wearing full PPE the day before the inspection. There was no specific plan evident on inspection to support the rationale in relation to this isolation despite numerous requests.

Residents spoke freely with inspectors about their day. One resident remained in bed on the second day of inspection until 3.30pm and got up when inspectors called to their room to say hello. Staff called to this resident's room twice only when inspectors were present and it was to administer medications. The resident spoke of feeling bored and that there was nothing to do so they stay in bed or play their video game. The resident told the inspectors they don't do anything and staff treat them like a child. They would like their own apartment but they only have a bedroom and share the communal spaces in the house. When asked about skills training and what other things they do the resident explained that they are capable to wash their own clothes or cook their own meals, but it is just easier to let staff do it. The resident flagged that staff do not encourage them to complete these tasks..

The resident was asked about meals in the centre, they told the inspectors they sometimes make their own breakfast, but tend to eat late at night as they are in bed most of the day. It is mainly pasta the staff cook, and this can get annoying after a while.

Another resident also commented on the lack of choice with respect to mealtimes. Their favourite meal was a roast chicken dinner,but they don't have that in this centre. They do not help staff with the cooking as staff cook in the communal area rather than in their apartment and they don't like the communal area. This resident told the inspector that a lot of staff were leaving the centre, they showed the inspectors the staff notice board where five staff present were no longer in the service including the previous person in charge. This was shown to the inspector on the first day of inspection and was still the same when the inspectors returned five days later. They told the inspectors they don't really know the staff. When asked what activities they did the resident responded that they don't do much but go for a walk to the local village or a drive. They enjoyed listening to their favourite band or playing the PlayStation. Their day can be boring sometimes and they preferred living in their old home they knew the staff there and did more activities.

One resident spoke with the inspectors about the staffing arrangements in the centre. They spoke of there being a lot of changes with staff recently with a lot of staff leaving. They said a lot of staff even though they are lovely do not know their support needs and instead of finding out what they need to do they ask the resident themselves. This means that not all staff are sticking to their plan. They spoke of a recent incident where staff did not adhere to their plan which resulted in a serious incident for the resident. They stated they would feel more secure if all staff knew what they had to do and stuck to it. Some staff are more relaxed in their adherence to plans being followed. This was also evident in some of the reports reviewed by the inspectors.

This resident spoke of wanting to complete a course of their choice and wanting to do something other than a drive or a walk. They found it boring sometimes. They reported that they were not supported at the moment to complete the course through the online format due to issues with the broadband and were reliant on staff to print off course content and upload completed work. This resident also discussed their diet a number of times and how they require support with this issue. The inspectors viewed that some of the food present in the fridge and cupboard was out of date, and the freezer compartment was not usable due to packed frost. Food was observed to be out of date in a number of fridges. Throughout both days in the centre there was no smell of cooking evident to promote an enjoyable mealtime experience. All residents said staff do the shopping rather than the resident and it is easier to let them do it.

One resident lived in a self-contained apartment on the grounds of the centre. When the inspector called they were in their living room watching soccer on the TV and having sausages for their tea. The resident said they were happy in the centre,but did report they didn't do much. A small pool table was located in the living room which the resident told the inspectors they liked to play. Staff spoke of the complex supports needs of the resident. As part of the review of the training matrix it was

noted that staff had not been provided with training specific to the individual needs of this residents to implement measure to promote and encourage participation in skills training and independence.

Residents did not mix with each other in the centre. One resident said they knew of the other residents but they didn't have the opportunity to mix. They met with one other resident when they went for a cigarette. Residents were not supported to meet as a group to discuss the day-to-day operation of the centre or to build relationships through group activities. One resident could not understand why they could not have the code of the front door, whilst another who had the code to the front door did not have the code to their apartment door.

Whilst the registered provider had appointed a clear governance structure to the centre, oversight was not in place to ensure the centre was operating a safe and effective service, ensuring the assessed needs of the residents were been met. Following changes in residents in circumstances a complete review of documentation was not completed to ensure clear guidance for staff was in place. Following a serious incident a governance review was not effectively completed to ensure all details present were correct and information was correlated in such area as incident reports, notifications and behaviour support plans. As staff were not consistently provided with clear up to date guidance to support residents in the area of behaviours that challenge the registered provider placed the residents at risk of harm.

Capacity and capability

This was the second inspection of the centre since becoming operational in October 2020. The previous inspection completed in January 2021 evidenced to be fully compliant in the regulations inspected on that day. However the most recent inspection was carried out as a risk based inspection, the findings on this inspection demonstrated that the governance and management of this centre did not provide effective oversight to ensure that residents were safe and in receipt of a good quality of service.

The inspection was over a two day period and the next section of the report will demonstrate the providers not compliance in a number of regulations found on the days of inspection.

The inspectors reviewed the capacity and capability of the service provided to the residents currently residing in The Ivies. Prior to the second day of inspection an email had been submitted to the person in charge to ensure the required documentation was available for review. From review of information provided to inspectors it was evidenced that a number of areas within the centre required review to ensure compliance with the regulations and to ensure the service provided was safe for the residents.

The registered provider had in place a governance structure in the centre. The person in charge had recently been appointed to the centre following the completion of an induction period. The completion of a formal fitness assessment will be carried out by the inspector following receipt of all prescribed information. The person in charge was supported in their role by a number of deputy team leaders. The person in charge reported to the director of operations appointed to the centre.

The registered provider was yet to complete an annual review of service provision as the centre only became operational in October 2020. A six monthly un-announced visit to the centre had been completed by the provider in April 2021 in line with regulation 23 which cites that the registered provider or a person nominated by the registered provider, shall carry out an unannounced visit to the centre at least every 6 months. . While an action plan had been developed following this visit, evidence of adherence to same was not present on the days of inspection. For example, the need for review of personal plans and ensuring adherence to guidance from a dietican with respect to mealtimes. As part of the feedback process at the completion of the inspection it was noted to the members of the governance team present a cautionary meeting may be held due to the level of non-compliance's observed and recorded during the inspection. It was also noted that actions were assigned to the current person in charge who at the time of the review dates was not in post as the named person in charge.

The monitoring systems in place within the centre did not provide effective oversight of the service to ensure the service provided within The Ivies was safe and met the assessed needs of the residents. Following a change in the circumstances of a resident there was not oversight to ensure all required documentation was updated to reflect the current support needs of residents and to provide guidance for staff to support residents in a consistent manner. Following a serious or adverse event evidence was not provided of a clear governance review to ensure appropriate measures were in place to ensure information provided was accurate and measures in place to reduce the risk of re-occurrence.

The statement of purpose which was reviewed and dated May 2021 evidenced the capacity of the designated centre as five residents. However on the day of inspection four residents were availing of a service. It was evident through the staff roster provided that the skill mix of staff was not in line with the assessed needs of residents. Due to staff turnover in the centre since the centre became operational in October 2020 the continuity of care and supports provided to the Residents was not in place.

The actual and planned roster reviewed on the days of inspection did not consistently ensure staffing levels in place were appropriate for the assessed needs of the residents. On a number of occasions where four waking night staff and one sleeping staff were required to maintain the safety and wellbeing of residents this was not present. The inspectors completed a random review of staff files. Staff information of those employed on a relief basis were not available for review on the second day of inspection. It was noted that not all regulatory required documentation was present on file for the other staff files, for example documentary

evidence of qualifications or a current form of identification.

The registered provider had identified a number of training needs which they had deemed to be mandatory to complete prior to working within the centre. Upon review of the training matrix these included safeguarding vulnerable adults from abuse, fire safety and risk assessment. Within the centre residents presented with a range of complex support needs including substance abuse, mental health issues and acquired brain injury. From records presented on both days of inspection it was not evidenced that all staff had been supported to access appropriate training to meet the assessed individual needs of residents.

The registered provider had ensured that on admission each resident and their representative had agreed in writing the terms in which the resident was to reside in the centre. Upon review these agreements it was evidenced that they were all generic in nature. They did not address the individualised complex supports needs of each resident as set out in their needs assessment in accordance with regulation 5(1) and the statement of purpose.

The person in charge had not ensured the notification of all incidents to the chief inspector as required by the regulation. This included the notification of a potential outbreak of a notifiable disease and the requirement for of the isolation of a resident. When a notification was submitted this did not always contain the relevant information including for example how an injury came to happen, or information relevant to the outcome of the review of the notification and incident. This did not evidence an appropriate review of the notifiable events from the governance team.

Regulation 15: Staffing

Due to staff turnover in the centre since becoming operational the continuity of supports provided to the residents was not in place.

The actual and planned roster in place did not consistently ensure staffing levels in place were appropriate the assessed needs of the residents.

Judgment: Not compliant

Regulation 16: Training and staff development

The registered provider had identified a plethora of training needs which they had deemed to be mandatory to complete prior to working within the centre. However, it was not evidenced that all staff had been supported to access appropriate training to meet these individual needs of residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had not ensured effective oversight of this centre. Information pertaining to serious incidents were reported on different templates and not all information correlated in relation the then incidents. It was also noted that the centre had a high turn over of staff which impacted on the continuity of care for residents. The inspectors noted that staff did not adhere to the plans for residents which placed the residents at risk, there was no evidence of learning from these events. Information sent to the chief inspector in relation to notifible events were noted not to contain factual information which was relevant to the incident. Given the finding of this inspection there was a lack of oversight in relation to the effective delivery of care and support and quality and safety of residents.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that on admission each resident and their representative had agreed in writing the terms in which the resident was to reside in the centre. Upon review these agreements were evidenced to be generic in nature. They did not address the individualised supports needs of each resident as set out in each individualised plan for example staffing support.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had not ensured the notification of all notifiable events were notified in accordance with their regulatory responsibilities.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The registered provider had ensured the development and review of policies and procedures as required under Schedule 5. One policy was out of date by one month

and required review.

Judgment: Compliant

Quality and safety

This inspection of The Ivies took place over two days. During this time inspectors reviewed the quality and safety of the service provided to residents currently residing in the centre. Evidence reviewed and observed during the course of inspection did not evidence that the rights of the residents were supported and promoted. Service user meetings were individually based and residents did not meet as a group to discuss the day-to-day operations of the centre. As discussed previously a number of residents expressed their dissatisfaction of the service provided, stating that they were not involved in the daily choices of their lives such as meals, activities and meaningful day. One resident expressed that they felt they were treated like a child in the centre and would not chose to live in the centre.

The person in charge had ensured that each resident had an individualised personal plan in place. These plans incorporated a number of support needs which residents required. As stated in the statement of purpose monthly keyworker meetings were to occur with each resident to review their personal plan and reflect relevant changes required. Evidence provided on the day of inspection demonstrated that these meetings were not been held on a monthly basis. the residents informed inspectors that these do not always happen. In addition to the personal plan, healthcare plans had been developed to support residents with identified healthcare issues. Upon review of these plans gaps were noted in some daily recordings, such as fluid intake or dietary recordings. In one healthcare plan it directed staff to complete monitoring for a specific concern, however no observations were noted in the documentation reviewed. When discussing this with the person in charge it was noted that these observations was completed by the resident and not the staff as documented.

While residents had personal goals in place these were not actively being promoted and supported by staff. One resident who was currently completing an online course, highlighted that staff are downloading modules which is impacting the online function of the course. This was impacted due to broadband issues, which was verified by the person in charge. However, no evidence of resolving the broadband issue and supporting the online functions course work was evident. Residents reported being bored and a lack of meaningful activities was evident. Daily planners in place were generic in nature offering the same activities daily such as a drive, local walk, watching TV and spending time with staff. One resident spoke of enjoying sport in their previous residence playing GAA and soccer. This had stopped since moving to The Ivies. Now they spend a lot of their time in their room sleeping or playing their video games.

The registered provider had not ensured that each resident was protected from all forms of abuse. Due to the non-adherence of staff to specific risk assessments a resident was placed in an unsafe situation which resulted in the need for medical attention. Residents spoke of staff not being aware of their specific support needs which resulted in them not feeling secure in their environment. Where specific protocols were in place with respect to personal interactions, a resident told the inspectors that not all staff adhered to plans which resulted in the resident again being place in an unsafe environment with the potential to cause serious physical and emotional harm. Measures were not observed or evidenced to ensure residents were assisted to develop the skills needed for self-care and protection. Residents were not observed to be encouraged to participate in self-care activities including laundry, food preparation, activation and self care for protection.

This inspection was completed during the COVID-19 pandemic with both inspectors adhering to social distancing and the appropriate use of PPE. An organisational risk assessment had been completed with respect to infection control and COVID 19 guidance. However, on the first day of inspection the person in charge informed the inspector that one resident was in isolation following a period of time absent from the centre. A protocol was not in place to provide rationale for this. Also the resident informed the inspector that when they were in isolation they had met a family member twice and attended a personal appointment, this was also documented in the residents daily notes. The use of PPE was also not worn appropriately in this situation for isolation purposes. One staff bathroom required cleaning with no products present for hand washing, sanitising or drying.

As part of the inspection both inspectors visited with residents. A number of residents discussed mealtimes and food as part of the conversations. They explained that they did not participate in the food preparation or purchasing of their own food. A number of residents stated that when in their previous residence they were supported to participate in these tasks and to learn new skills. One resident said their favourite meal was a roast dinner but that they don't really have it in the centre. Throughout the day there was no smell of mealtimes or food preparation. Food present was not wholesome in nature with a number of items out of date. Diet records maintained evidenced that residents rarely ate breakfast and tended to eat late at night. Diets were unvaried with a large number of meals based on cereal or pasta. There was a lack of fresh fruit or vegetables in daily dietary notes and in the premises.

Residents had personal support plans to support them in the area of behaviours that challenge. Documents reviewed presented some conflicting information. One resident had support guidance in the area of supervision at specific times. In three areas two time frames were noted to complete verbal checks of the resident's safety. Also, where a contract had been agreed with a resident in the use of personal items again conflicting information was present in a number of areas including their personal plan, risk assessment and behaviour support plan. An activity for one resident had been deemed a high risk and at all times required supervision by staff. Whilst a specific risk assessment was in place, guidance was not evidenced to be present to guide staff on best practice to support the resident. The above examples did not evidence that staff were afforded with up to date

knowledge to support residents appropriately.

The registered provider had ensured the development of a risk management policy incorporating guidance of the regulatory required risks. A risk register was in place which assessed the identified risk within the centre. A number of control measures had been identified to reduce the likelihood and occurrence of the identified risk. Improvements were however required in the review of risk. For example, one resident was assigned staffing levels appropriate to their assessed needs. The person in charge reported that the staffing levels afforded to this individual had been reviewed and reduced at times. The risk assessments in place with respect to staffing had not been reviewed to address this change including amended controls in place.

Regulation 13: General welfare and development

The registered provider did not provide the following for residents: (a) access to facilities for occupation and recreation; (b) opportunities to participate in activities in accordance with their interests, capacities and developmental needs; (c) supports to develop and maintain personal relationships. Also, residents were not supported to access opportunities for education, training and employment. For example:

- One resident spoke of feeling bored and that there was nothing to do.
- Another resident stated that their day can be boring sometimes.
- The online facility of a course was not facilitated.

Judgment: Not compliant

Regulation 18: Food and nutrition

The person in charge had not ensured that residents were supported to buy, prepare and cook their own meals if

they so wish.

The person in charge had not ensured that each resident was provided with adequate quantities of food and drink which were properly and safely prepared, cooked and served;

(b) are wholesome and nutritious;

(c) offers choice at mealtimes; and

(d) are consistent with each resident's individual dietary needs and preferences.

Judgment: Not compliant

Regulation 26: Risk management procedures

The registered provider had ensured that there were systems in place in the designated centre for the identification and assessment of risk. However, improvements were required in the ongoing review of risk in the centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had not ensured practices adopted within the centre protected residents from all forms of infection. For example, a staff bathroom was unclean and did not have efficient hand-washing facilities. Guidance with respect to the isolation protocols was required to support each resident in the area of COVID-19.Guidance was not clear and consistently implemented.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured each resident had an individualised personal plan incorporating the annual comprehensive annual review of support needs. Due to non completion of monthly key worker meetings the plans were not routinely reviewed to take into account changing in residents support needs or circumstances.

Judgment: Substantially compliant

Regulation 6: Health care

Whilst the registered provider had ensured the provision of appropriate health care for each resident, documentation within the personal plan was not consistently completed in the correct manner.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The person in charge had not ensured 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. For example, conflicting information was present in a number of documents reviewed.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had not ensured that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Also, the registered provider had not ensured that all residents were protected from abuse.

Judgment: Not compliant

Regulation 9: Residents' rights

The registered provider had not ensured that each resident, in accordance with his or her wishes, age and the nature of his or her disability

participates in and consents, with supports where necessary, to decisions about his or her care and support; has the freedom to exercise choice and control in his or her daily life; is consulted and participates in the organisation of the designated centre.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for The Ivies OSV-0007868

Inspection ID: MON-0033052

Date of inspection: 26/05/2021 and 31/05/2021

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: 1. The PIC has reviewed 'actual' and 'planned' rosters in the centre, to ensure staffing levels are correct and in line with Service Users assessed needs. This action was completed on 01.06.2021. The PIC will continue to review staffing levels on a daily basis. 2. The PIC will continue to conduct interviews for additional staff in the centre who will cover sick leave and Covid-19 related absence. 3. In conjunction with the recruitment team, the PIC / DOO will review the centre's recruitment plan on and ongoing basis, whilst continuing to focus efforts on the recruitment drive. 4. The Statement of Purpose has been reviewed and updated to ensure staffing levels are aligned with the centre's existing Service User occupancy level. This action was completed on 08.06.2021.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1. The PIC has completed a full review of the training needs of all staff to ensure all that they have received the appropriate training, in line with the assessed needs of the Service Users. Any outstanding training will be scheduled for completion on or before 09.07.2021. The PIC will also ensure that all new staff have receive training in Acquired Brain Injury, Trauma-Informed Care, Challenging Behaviours and ASD. Refresher training	

will be conducted with existing staff during team meetings being held on 17.06.2021 and 01.07.2021.

2. The PIC and the DOO will continue to carry out monthly checks on staff training to ensure it is conducted in line with the assessed needs of all Service Users within the centre.

3. The PIC will ensure that all staff have completed training in report writing.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
1. The PIC will continue to ensure that all serious incidents are escalated in line with the Escalation Policy. All serious incidents will remain on the daily handover for seven days, to ensure learnings are shared with the team.

2. The PIC / DTL will continue to ensure that daily handovers include all identified risk(s) for each Service User, as relevant, to ensure that staff are knowledgeable of the controls in place for each Service User.

3. The PIC will continue to ensure that all serious incidents are reviewed by the Behavioural Specialist. The Behavioural Specialist will attend team meetings to discuss and provide guidance to staff in relation to incidents.

4. The PIC will continue to ensure that all Level 3 incidents or escalations of behaviours are brought to the attention of Senior Management during weekly Governance Meetings via conference call.

5. Refresher training in safeguarding will be completed with existing staff during team meetings being held on 17.06.2021 and on 01.07.2021, along with the completion of a second training session on professional boundaries with the team, as arranged prior to inspection.

6. The PIC has reviewed 'actual' and 'planned' rosters in the centre, to ensure staffing levels are correct and in line with Service Users assessed needs. This action was completed on 01.06.2021. The PIC will continue to review staffing levels on a daily basis.

7. Team meetings have been set to take place every two weeks to discuss all serious incidents, plans for the Service Users and any identified risks. This will be reviewed on 03.09.2021.

8. The MAPA instructor will attend the next two team meetings to discuss Service Users

plans. As noted above, the first meeting will take place on 17.06.2021 and the second on 01.07.2021.

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:
1. The PIC will conduct a review on the Contract for the Provision of Services with each Service User, to ensure it reflects the Service User's individual assessed needs.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
1. The PIC will continue to ensure that all notifiable incidents are notified to HIQA in accordance with regulatory requirements.

2. The PIC will continue to ensure that all 3-day notifiable incidents are submitted to HIQA in accordance with regulatory requirements.

Regulation 13: General welfare and development	Not Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
1. The PIC will continue to conduct regular reviews of each Service User's plans to ensure activities of the Service User's wishes are catered for, in line with individual risk(s) and current Covid-19 guidelines.

2. Key working sessions will be completed by key workers and overseen by the PIC, clearly setting out the wishes of each Service User in relation to engaging in meaningful activities. This will be detailed and outlined in each Service User's Personal Plan.

Regulation 18: Food and nutrition	Not Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
1. The PIC will continue to actively encourage Service User engagement in relation to meal planning and preparation in the centre and shopping, in line with their will and preferences.

2. The PIC will continue to ensure that Service Users daily activities include their skills development in relation to food preparation.

3. The PIC will continue to ensure that food shopping choices caters for the health and nutritional requirements of all Service Users.

4. The PIC has completed a full review of the meal planners, in line with Service Users choice to ensure a range of fresh fruit, vegetable and meats are readily available to each Service Users. This action was completed on 07.06.2021.

5. The PIC will continue to ensure that clear documentation is in place in relation to various food options being offered to Service Users on a daily basis.

6. The COO will review the food safety policy and implement a formal record of food rotation which will be completed on a weekly basis.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
1. The PIC will continue to discuss all individual risk management plans (IRMP) during team meetings.

2. The PIC will complete a 'test of knowledge' with all staff on risk management, as part of on-the-floor management through supervision.

3. The PIC has completed a full review of all IRMP's and all identified risks have been added to daily handovers. This action was completed on 01.06.2021.

4. The PIC has completed a review of the centre specific risk management plan. This

action was completed on 01.06.2021.

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
1. The PIC has and will continue to ensure that all staff are aware of the protocols around Covid-19.

2. The PIC has reviewed and ensure that all control measures are in place for protection against infection. This action was completed on 08.06.2021.

3. The PIC will continue to provide daily assurances to the Director of Operations, ensuring that all control measures are in place and in line with Covid-19 risk assessments.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
1. The PIC will continue to complete on-the-floor management to ensure that staff are knowledgeable of all Service Users plans.

2. The PIC will discuss Service Users plans during team meetings held every two weeks. This to be reviewed on 03.09.2021.

3. The PIC to complete a test of knowledge with all staff on personal plans

4. The PIC will ensure that key working sessions are completed on a monthly basis to include meaningful goal setting.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care: 1. The PIC will continue to complete a review of all Health Care plans, in line with the assessed needs of each Service User. 2. The PIC will continue to complete a weekly check on all Health monitoring. 3. The PIC will continue to discuss health monitoring as a standing agenda in team meetings.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: 1. The Behavioural Specialist will continue to review and update Multi-Element Behaviour Support Plans (MEBSP) and section 5 of Service Users personal plans. Updated plans will be communicated to the staff team. 2. The PIC will continue to ensure that all staff have completed online training in Challenging Behaviours. 3. The Behavioural Specialist will attend the next two team meetings - on 17.06.2021 and 01.07.2021, and as required outside of this, to discuss all strategies used in dealing with Challenging Behaviour.	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: 1. Refresher Safeguarding training will be completed on 17.06.2021 and 01.07.2021 during team meetings. 2. The PIC will continue to complete on-the-floor management to ensure that all staff are knowledgeable of Service Users plans. 3. The PIC will discuss Service Users plans during team meetings and will also complete a test of knowledge with all staff on personal plans.	

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
1. The PIC will continue to ensure that weekly Service User Forum Meetings are completed and that they include clear documentation on Service Users choices and wishes.

2. The PIC will continue to ensure that all Service Users are aware of the advocacy services available to them.

3. The PIC will continue to ensure that all Service Users are aware of their Rights through key working sessions.

4. The PIC will continue to ensure that all Service Users are aware of Nua's Policy on Compliments, Comments and Complaints.

5. The PIC will continue to review daily and weekly activity planners to ensure Service Users are completing activities of their choice, in line with individual risk(s) and current Covid-19 guidelines.

6. The PIC will continue to actively encourage Service Users engagement with meal planning, shopping, and preparation of meals in the centre, in line with their will and preference.

7. The PIC will continue to ensure that key working sessions are completed on a monthly basis to include meaningful goal setting in line with Service Users wishes.

8. The PIC will continue to ensure that all information in relation to Rights and Complaints are in an accessible format for all Service Users and also made available on the centre's notice board.

9. The PIC will continue to update the centre's notice board to ensure information is also available to all Service Users in relation to Advocacy, Rights and Complaints.

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 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Not Compliant	Orange	30/06/2021
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	30/06/2021
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with	Not Compliant	Orange	30/06/2021

	their wishes.			
Regulation 13(4)(a)	The person in charge shall ensure that residents are supported to access opportunities for education, training and employment.	Not Compliant	Orange	30/06/2021
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/08/2021
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	31/08/2021
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Not Compliant	Orange	28/07/2021
Regulation 15(5)	The person in charge shall	Substantially Compliant	Yellow	28/07/2021

	ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/08/2021
Regulation 18(1)(a)	The person in charge shall, so far as reasonable and practicable, ensure that residents are supported to buy, prepare and cook their own meals if they so wish.	Not Compliant	Orange	30/06/2021
Regulation 18(2)(a)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	30/06/2021
Regulation 18(2)(b)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which	Not Compliant	Orange	30/06/2021

	are wholesome and nutritious.			
Regulation 18(2)(c)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which offers choice at mealtimes.	Not Compliant	Orange	30/06/2021
Regulation 18(2)(d)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.	Not Compliant	Orange	30/06/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	03/09/2021
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the	Not Compliant	Orange	03/09/2021

	workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	29/07/2021
Regulation 24(4)(b)	The agreement referred to in paragraph (3) shall provide for, and be consistent with, the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose.	Substantially Compliant	Yellow	29/07/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	29/07/2021

Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	29/07/2021
Regulation 31(1)(b)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: an outbreak of any notifiable disease as identified and published by the Health Protection Surveillance Centre.	Not Compliant	Orange	01/06/2021
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall	Substantially Compliant	Yellow	30/07/2021

	take into account changes in circumstances and new developments.			
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	30/07/2021
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	30/06/2021
Regulation 08(1)	The registered provider shall ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.	Not Compliant	Orange	30/07/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/06/2021
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with	Not Compliant	Orange	30/06/2021

	his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	15/07/2021
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Not Compliant	Orange	15/07/2021