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 Fairways
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	15 January 2024
Centre ID:	OSV-0003389
Fieldwork ID:	MON-0042282

About the designated centre

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

The Fairways is a designated centre operated by Nua Healthcare Services Limited. The centre can provide residential care for the needs of up to eight male and female residents, who are over the age of 18 years and who have an intellectual disability. This centre can also cater for the needs with residents who have mental health needs and specific behavioural support needs. The centre is located a short distance from a town in Co. Offaly, where each resident has their own en-suite bedroom and access to communal facilities to include kitchen and dining areas, sitting rooms, shared bathrooms, a sensory room, utility and staff offices. There is also an apartment within this centre, which can be occupied by one resident. A large enclosed garden surrounds this centre and is accessible to residents. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 15 January 2024	08:45hrs to 16:30hrs	Anne Marie Byrne	Lead
Monday 15 January 2024	08:45hrs to 16:30hrs	Ivan Cormican	Support

What residents told us and what inspectors observed

This was an unannounced inspection, carried out to monitor for the provider's overall compliance with the regulations. Previous inspections of this centre had found that the provider was not in compliance with many regulations that were key in ensuring residents were provided with a safe and good quality of service. However, the last inspection of this centre in February 2023, found that the provider had made significant changes to bring this centre back into compliance. Although this inspection found that many of these changes had been sustained, there was a decline in some aspects of oversight and management arrangements, to the maintenance to some areas of the premises, and also with regards to fire safety. These will be discussed in further detail later on in the report.

Inspectors were greeted by staff upon their arrival to the centre, with the inspection later facilitated by the person in charge, deputy team leader, team leader and director of operations. There were six residents present on the day of the inspection; however, due to their planned schedules, inspectors only had the opportunity to meet and speak with one of these residents.

The centre comprised of one large two-storey building, which had a self-contained apartment, located a few kilometres from a town in Co. Offaly. In the main house, residents had their own bedroom, bathrooms, and shared use of kitchen and living areas, sitting rooms, laundry rooms and staff office. To the front and rear of this building, was a large garden and grounds. The self-contained apartment comprised of a hallway, en-suite bedroom, kitchen and living area, and opened out onto a large enclosed garden area. Both within the apartment and main building, a high number of fob locked doors were required to be used, which were in response to the assessed behavioural support needs of these residents.

Seven male residents lived in this centre, one of whom was in hospital at the time of inspection. There was one bed vacancy, which inspectors were informed that at this time, the provider had no immediate plans to fill. Six residents lived in the main building, with one resident, who requiring high staff support, residing in the self-contained apartment. These residents were young adults, many whom had complex behavioural support needs. Due to this, they required high staff support and supervision to ensure they were, at all times, supported with their assessed needs, and also safeguarded from any harm. One resident was assessed as requiring a three-to-one staff ratio, another required a two-to-one staff ratio, while the others required one-to-one staff support. This resulted in a minimum of ten staff requiring to be on duty each day, with a minimum of six staff required at night.

Upon the inspectors' arrival, daily staff handover was in progress, with most residents still in bed, and soon after, they begun getting up to start their day and head out with their support staff. While handover was underway, a member of staff brought both inspectors on a fire safety walk around the centre. As previously mentioned, inspectors did get to meet with one resident, who spoke proudly of the

various training courses they were in the process of completing. They held employment in a nearby charity shop, and spoke of how they were getting on well with their peers and staff. They enjoyed doing artwork, and later returned to the centre after collecting some of their recently completed work. Overall, these residents led active lifestyles, sometimes engaging in activities with one another, and other times just heading out on their own with their support staff. They often went to cinema and some liked to go bowling, they went on walks, some had home visits with family, and many of them enjoyed going shopping. Due to the assessed needs of these residents, access to their assessed level of staff support was paramount in ensuring they could safely maintain their desired lifestyles. For one resident, who had significant complex behavioural support needs, much work had been completed by the provider in relation to maintaining them safe, while out and about. For instance, increased staff support for this resident, along with regular multi-disciplinary input, and development of a community safety plan, made it possible for staff to bring this resident out on drives, and more recently, explore introducing low level activities in uncrowded areas. Staff told the inspectors that to date, this was working well for this resident; however, given the complexity of risk associated with this particular resident's social care, this arrangement was being maintained under weekly multi-disciplinary review.

As earlier mentioned, a large number of staff were required to be on duty both day and night, in order to safely operate this service, in line with the assessed needs of these residents. The provider had maintained this level of staffing resources for this centre through on-going recruitment, with some newly appointed staff recently completing induction, while others were in the process of commencing their induction. While some members of staff had worked in this service for quite some time, others had recently joined the team and were receiving on-going support in their role, so as to become familiar with each resident and their assessed needs. A panel of relief staff were also available to support the staffing of this centre, but to date, the person in charge informed that this was rarely required to be utilised, as they were able to fill the roster from the existing staff team. On-call managerial support arrangements were also available to staff, should it be required by them.

Due to the high level of behavioural support required by these residents, regular input from various multi-disciplinary teams was maintained, so as to review the overall effectiveness of residents' behavioural support interventions. For some residents, this input was occurring on a weekly basis, and more frequent, if required. The person in charge ensured these various professionals were kept up-to-date about the progress made by residents with regards to this aspect of their care, and also kept them informed of any behavioural related incidents which had occurred. The provider's risk management system had been effective in responding to high-risk behavioural related incidents, with prompt action taken by the provider when these happened. This had resulted in safer living arrangements for residents, and also safer working environments for staff.

Although there were areas of good practices observed over the course of this inspection, there was a decline in compliance found to three particular regulations that the provider was inspected against. These primarily related to failings in the provider's oversight and monitoring of specific areas of improvement that were

required within this service.

The overall findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

Since the last inspection of this centre in February 2023, the provider accepted new resident admissions, some of whom, required significant behavioural support, safeguarding, staff support and risk management, as part of their assessed needs. As the provider had sustained improvements to these areas of service since the last inspection, this had positive outcomes in ensuring these residents received the care and support that they required in these areas. However, similar improvements that were previously made to oversight and monitoring arrangements of this centre, were found upon this inspection to have somewhat declined, with an immediate action being required to be given to the provider in relation to fire containment and egress from the centre, in the event of fire. Furthermore, this inspection also found that the provider had failed through their own oversight of the service, to ensure timely response to improvements required to the premises, and also effectively oversee some aspects of staff practices, particularly in relation to the adherence to policy and procedure, regarding the security of residents' monies.

The person in charge held the overall responsibility for this centre, with this being the only designated centre operated by this provider in which they were responsible for. They were based full-time at this centre, which gave them the opportunity to regularly engage with residents and meet with their staff team. They held regular meetings with staff, which allowed for resident specific care to be discussed, and also maintained frequent contact with their line manager to review operational matters.

Previous inspections of this centre had identified that residents were not consistently being supported by the level of staff that they were assessed as requiring. The last inspection of this centre in February 2023, found that this had been addressed, with the outcome of this inspection giving assurances that an adequate level of staffing for this centre had been sustained. Residents' assessment of need clearly identified the specific level of staff support that each resident required, and a review of the staff roster completed by inspectors, demonstrated that this was consistently being provided.

The oversight and monitoring of this centre was supported by the regular on-site presence of members of management, and the person in charge also updated senior management on a weekly basis, with a governance report outlining any incidents or issues, specifically relating to this centre. An annual review of the service had been completed, and six monthly provider-led visits were also occurring on a six-monthly basis. The provider had sustained better and more prompt response to risk and incidents occurring in this centre; however, since the last inspection, there was a

decline found in relation to the oversight and monitoring of other operational areas.

The provider was ensuring regular fire safety checks of the premises were being completed; however, this monitoring system had failed to identify numerous issues relating to the centre's fire containment, which were identified by inspectors during their walk-around of the centre. This resulted in an immediate action to be issued to the provider to address, to include, maintenance of some fire doors and emergency lighting, failure to ensure an upstairs fire exit was maintained clear, and to also attend to a fire door that was observed by inspectors to be wedged open. In addition to this, other findings from this inspection indicated that the provider's own monitoring and oversight systems were also ineffective in responding to poor standards of cleaning, up-keep within the self-contained apartment. This apartment also had access issues, which had been on-going for several months and had not been addressed. Furthermore, although the provider had monitoring systems to oversee residents' finances, during a routine check by inspectors, it was found that a substantial amount of a resident's monies, that was received the evening before this inspection, had not been securely locked away by staff, as per policy. This was also brought to the immediate attention of those facilitating the inspection.

Overall, although the provider was monitoring aspects of this service on a weekly basis, the findings of this inspection indicated that these monitoring systems required further review, to ensure adequate scope was provided to focus in on specific areas of practice relating to this centre. In doing so, the provider would be required to adequately assure themselves, that the many oversight and monitoring systems available to them, would be effective going forward, in identify similar improvements identified by inspectors over the course of this inspection, that they not had not identified for themselves.

Regulation 14: Persons in charge

The person in charge was responsible for this service and was based full-time at the centre. They were supported in their role by their line manager, a team leader, deputy team leader and staff team. They knew the residents and their assessed needs very well, and were aware of the operational needs of the service delivered to them. This was the only designated centre operated by this provider in which they were responsible for, giving them the capacity to carry out all duties associated with their role.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangement for this centre was subject to on-going review, ensuring a

suitable number and skill-mix of staff were at all times on duty to support the assessed needs of residents. Clear records were maintained of the specific staff support that each resident required, and the provider ensured that this level of staff support was consistently provided. There was also a planned and actual roster for the service, which outlined the start and finish times worked by staff. This was maintained under regular review by the person in charge, with a panel of relief staff available to support, should additional staffing resources be required.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured all staff had received the training that they required, appropriate to their role. Where refresher training was required, it was scheduled accordingly by the person in charge. All staff were also subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured suitable persons were appointed to manage this service. They had also ensured that the centre was adequately resourced in terms of staffing, equipment and transport. Along with an annual review of the service being completed, six monthly provider-led audits were also occurring in line with the requirements of the regulations. Although the provider had previously improved the monitoring and oversight of this centre, some decline in these arrangements were found upon this inspection.

Although the provider was regularly ensuring fire safety checks were being completed, a number of issues relating to this centre's fire containment were found upon this inspection, which the provider had failed to identify through their own checks. This resulted in an immediate action being issued to the provider on the day of inspection to address.

Deficits were also found in the provider’s oversight of the cleaning, up-keep and maintenance of the apartment area, which had noticeably declined since last visited by the inspectors, in comparison to the main building. For example, in response to a significant behavioural incident which had occurred a few months prior to this inspection, increased external security measures were required to the enclosed garden area adjoining the apartment, to ensure a similar incident did not re-occur. Although this measure had been effective in responding to that incident, this measure had altered the route of access from the apartment to where transport was

parked. Meaning, that both staff and the resident were now required to cross a considerably mucky grass area, in order to leave the apartment to get to transport, with no suitable pathway made available to use. As this particular resident went for drives with staff on daily basis, when asked, inspectors were informed that this route of access was being used by both the staff and the resident since July 2023. There was also a poor standard of cleaning observed to some areas of this apartment, windows were not suitably dressed to adequately block out light and provide privacy, along with the apartment needing some general maintenance to maintain its aesthetic. Up until inspectors highlighted these issues to those facilitating the inspection, no action had been taken by the provider to address them through their own monitoring systems.

Furthermore, during a routine review by inspectors, it was identified that a substantial amount of money belonging to a resident, that was received the evening before this inspection, had not been secured in the safe, in line with the provider's own policy and procedure. Although this was immediately addressed by member of management when identified, significantly better oversight of staff practices in relation to maintaining residents' monies safe was required, to ensure residents' monies were safeguarded at all times, and that a similar incident relating to staff practice would not re-occur.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had a system in place for the recording, responding, reviewing and monitoring all incidents which occurred in this centre, ensuring all notifications were submitted to the Chief Inspector, as and when required by the regulations.

Judgment: Compliant

Quality and safety

The seven residents living in this centre had very specific assessed needs, primarily requiring staff to support them in terms of safeguarding, social care, behavioural support. The centre often experienced high volumes of behavioural related incidents, which more often than not, initiated a re-assessment of residents' needs to be completed. Although overall, good practices were observed in these particular areas of this service, this inspection did find that improvements were required to fire safety, and to aspects of the premises.

Significant work had gone into the multi-disciplinary review of behaviour support

related assessments and staff guidance, which were informed by any incidents that had occurred in this centre. Where behavioural related incidents had occurred, there was a prompt response from the provider in relation to these, which had a positive impact on reducing the likelihood of re-occurrence. For instance, inspectors reviewed a number of such incidents and found that in response to these, the provider had revised staffing arrangements, environments were made safer, and an additional daily staff handover was implemented for the purpose of staff, who were looking after any residents requiring a high staff support ratio. Given the complexity of behavioural support required in this centre, there were a large number of restrictive practices required to be used in order to keep these residents safe, which were subject to on-going multi-disciplinary input and review. Safeguarding related incidents were also closely monitored, with the support of a designated officer available to the centre, as and when required.

Fire drills were occurring on a regular basis and records reviewed by inspectors demonstrated that staff could support these residents to evacuate the centre in a timely manner. However, an immediate action was required to be issued to the provider on the day of inspection, following several issues identified by inspectors, in relation to fire containment and egress. Some of the fire doors were found not to close properly, an emergency light was not working, an upstairs fire exit was obstructed, along with a fire door entering a utility area found wedged open. The provider did rectify these issues prior to the close of inspection; however, regular fire safety checks that were being carried out by staff in this centre, had failed to identify these issues. In addition to this, a review of staff knowledge of the centre's fire procedure was required, as it was found on inspection that there was some staff confusion in relation to the arrangements for releasing of fire exit doors, in the event of fire. Some staff were under the impression all fire exit doors automatically released when the fire alarm was activated, while others told inspectors that it was the responsibility of staff to release all fire exit doors using a specific key. Furthermore, given the large layout of this centre, for fire purposes, the premises was segregated into a number of fire zones, to allow the location of a fire to be quickly identified. However, the staff guidance in relation to these zones also required review to ensure it clearly identified where each fire zone was located within the centre.

Of the assessment and personal planning records reviewed by inspectors, these were found to evidence regular multi-disciplinary review, provided clear guidelines in terms of residents' assessed needs, the specific staff support required by them, as well as, the daily interventions and care they required from staff. However, inspectors did observe a gap in the recording of the specific support that one resident currently required, particularly in relation to significant personal issues that staff were supporting them with. Both staff and members of management spoke at length with the inspectors in relation to this; however, clear documentation was not being maintained to guide on the specific care and support that staff were currently affording to this resident during this time.

As earlier mentioned, a self-contained apartment was home to one resident. This apartment was visited by inspectors upon previous inspections; however, and upon this inspection, there was an overall decline noted in the general cleaning,

maintenance and upkeep of this living space. For example, windows were not suitably dressed to allow natural light to be blocked out, or maintain adequate privacy. Specific window safety features were not maintained clean, and the apartment was also observed to need some general maintenance. In addition to this, a suitable pathway was not provided for access between the resident's enclosed garden to where transport was parked, whereby, the resident and staff were required on a daily basis, to cross considerable mucky surfaces, in order to get to transport. Although in response to this resident's behavioural support needs, which included an assessed ligature risk, the provider had minimised furnishings in order to make this living space safer for this resident, attention was required to ensure it was cleaned and maintained to a better standard, and to also ensure a better walk way was made available for both the staff and resident to use, when exiting the apartment.

These residents were supported to retain control over their finances and personal possessions, and were supported by staff when they wished to make purchases, as and when required. Although the provider had robust systems in place surrounding the safeguarding and security of residents' finances, inspectors found that this was not always adhered to by staff. During a routine review of the documents maintained to oversee residents' finances, it was identified that a significant sum of money belonging to a resident, that was received by staff the evening before this inspection to lock away, had not been put into the safe in the staff office, as per policy. This money was promptly located by those facilitating the inspection and subsequently locked away; however, better oversight by the provider of this particular staff practice was required, to ensure residents' monies were at all times safeguarded, and that similar practices did not re-occur.

Regulation 12: Personal possessions

The person in charge had ensured that each resident had access to, and retained control of their personal property, and that support was given to them in managing their finances. Residents were also supported to do their own laundry and to maintain control over their own clothing, personal property and possessions.

However, adherence to the security of residents' finances was required to ensure residents' monies were at all times lodged in the centre's safe, as per policy and procedure. For example, during a routine review of residents' finances by inspectors, it was identified that the evening before this inspection, a substantial amount of money belonging to a resident, had not been lodged by staff who received this money, into the centre's safe. This money was promptly located and locked away by members of management when identified on inspection; however, better oversight of staff adherence to policy and procedure was required to ensure a similar incident did not re-occur.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The provider had ensured that each resident was provided with regular opportunities to get out and about to enjoy the activities that they liked to do. Some residents were supported to have employment, others liked to complete various courses, and the provider ensured that these residents were supported to do to. Staff were aware of the interests and capacity of each resident, and scheduled activities accordingly. The adequacy of this centre's staffing and transport arrangements, meant that residents at all times had the means and support to regularly access their local community.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of one large building, which could provide accommodation for up to seven residents, with a self-contained apartment providing accommodation for one resident. Although for the most part, the main building was well-maintained, improvement was required to ensuring the same standard and upkeep was provided to the apartment area.

For example, within the self-contained apartment, a path had not been provided from the enclosed garden to the centre's car park, resulting in the resident and staff having to daily walk cross mucky grass areas, in order to get from the apartment to transport. The resident had been using this route for several months, which had drawn visible dirt into their living and kitchen area. In response to the behavioural support needs of this resident, safety features to windows had been installed by the provider in order to make the area safer for the resident. However, these were not cleaned to a good standard, with dead insects clearly visible between the windows and safety features. Several windows within the apartment were also without full curtains, which didn't allow for natural light to be blocked out, or ensure that the resident could maintain privacy.

Judgment: Not compliant

Regulation 26: Risk management procedures

When risk was identified, it was quickly responded to by the provider and measures put in place to reduce the likelihood of re-occurrence. Good areas of risk management practices were particularly observed in relation to the provider's response to high-risk behavioural incidents, and also with mitigating against the risk

of staff injury. New risks relating to this centre were reviewed as part of weekly governance reviews and the effectiveness of any control measures put in place in response to risk, were regularly reviewed by the person in charge.

Judgment: Compliant

Regulation 28: Fire precautions

Regular fire drills were occurring in this centre, and records of these demonstrated that staff could support residents to evacuate in a timely manner. However, significant improvement was required to ensure that the regular fire checks that were routinely carried out by staff, were effective in identifying any issues relating to the centre's fire containment and egress. For example, on a walk-around of the centre, the inspectors observed that the upstairs fire exit was obstructed, a utility fire door had been wedged open, that an emergency light in the apartment area was not working, and also that some fire doors were not effectively closing. An immediate action was issued to the provider to address these, and although these were rectified before close of the inspection, the provider's own fire safety checks had not been effective in identifying these issues.

Furthermore, although all staff had received site specific fire safety training, upon speaking with a number of staff, inspectors found there was some confusion among staff in relation to how fire exit doors would be released, should the fire alarm be activated. In addition, a review of the centre's fire zones required review to ensure these were clearly identified for staff to refer to, in the event of a fire.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured that residents' needs were re-assessed for on an on-going basis, providing clarity on the exact care and support that each resident required. Personal goal setting was an integral part of these residents' social care, with key-workers identified to support residents to identify, and work towards their chosen goals.

While a good standard of personal planning was maintained, inspectors identified some gaps in the recording of the supports required by a resident, who at the time of inspection, was undergoing significant personal issues. Although on-going support was being provided to this resident, improvement was required to ensure the level of support they required during this time, was recorded a part of their personal planning.

There was no resident identified to transition to, or from, the centre at the time of this inspection.

Judgment: Substantially compliant

Regulation 6: Health care

The residents living in this centre required minimal support with their health care needs. However, this aspect of their care was maintained under regular review as part of their on-going re-assessment of need. Residents had access to a wide variety of allied health care professionals, as and when required. Furthermore, sufficient staff were at all times on duty to bring residents to medical appointments, as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required behavioural support, the provider had ensured that suitable arrangements were in place to support them with this aspect of their care. All behaviour support plans and interventions were reviewed regularly by multi-disciplinary teams, with specific reactive and proactive strategies clearly documented to guide staff practice. Behaviour support plans provided clear guidance to staff on the specific behaviours that residents had, and with regards to the triggers that brought on these behaviours. Behavioural related incidents were recorded, trended and reviewed on an almost weekly basis, which further informed any changes required to this aspect of residents' care. There were a number of restrictive practices operated within this centre, so as to maintain residents safe from harm. These were also subject to on-going multi-disciplinary review, with clear guidelines in place for their use.

Judgment: Compliant

Regulation 8: Protection

The provider had procedures in place to guide staff on identifying, responding to, reporting and monitoring of any concerns relating to the safety and welfare of residents. This centre did experience a number of low-level safeguarding related incidents, which were maintained under regular review. In response to these, a number of safeguarding plans were in operation, to guide on how staff were to

ensure that residents' were at all times maintained safe. Of the staff who met with inspectors, they were aware of these plans and of their role in ensuring they were appropriately implemented. All staff had received up-to-date training in safeguarding, and the centre was supported by a designated officer, with regards to any safeguarding related matters.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Fairways OSV-0003389

Inspection ID: MON-0042282

Date of inspection: 15/01/2024

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Regulation 23: Governance and management
Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

1. The Person in Charge (PIC) shall ensure all Individuals possessions are secured and safely stored in line with the Centre's Policy and Procedure on the Control of Customer Property.

Note: On detection of the additional money received from a family member for the Individual, management placed possessions in a locked safe on the day of the inspection.
Complete 15 January 2024

2. The Director of Operations (DOO) shall complete a review with the maintenance department and confirm a schedule for completion of required works identified.

Due Date: 24 February 2024

3. The DOO shall conduct a review of the systems in place regarding the management / overview of maintaining Premises in the designated Centre to ensure that,

a) A review of the Centre and its layout and environment is checked daily by Centre Management, and any maintenance or repairs are scheduled and addressed.
b) Centre cleaning SOPs are checked daily by Centre Management to ensure all cleaning schedules are adhered to daily and completed to a good standard.
c) The Person in Charge or in their absence a member of the management team shall

send daily assurances to the DOO on hygiene, and health & safety checks within the Centre and any outstanding maintenance jobs.

Note: This was implemented on 19 January 2024 and is an ongoing task.

Complete 19 January 2024

4. The PIC and/ or a member of the Centre Management Team shall continue to conduct their daily health and safety checks as per the daily key task list. Any issues, non-conformities identified shall be informed to the maintenance department where required and escalated as necessary to the DOO.

Note: The Team Members identified holding open one (1) fire door and blocking of a fire exit were addressed on the day of the inspection.

Note: The two (2) fire doors not fully closing on their own weight and the emergency light not working was addressed and fixed during the inspection.

Complete 15 January 2024

5. An additional annual fire training will be scheduled for the Fairways staff team.

Due Date: 09 March 2024

6. A member of management will complete and additional on the job fire walk with all members of the Centre's Team Members.

Due Date 29 February 2024

7. The PIC in conjunction with members of the MDT team will complete a full review Individuals Personal Plan and supporting documents, where required.

Due Date 07 March 2024

8. The above point will be discussed with the Centre's Team Members by the Centre Management.

Due Date: 21 February 2024

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
Regulation 12: Personal possessions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

1. The Person in Charge (PIC) shall ensure all Individuals possessions are secured and safely stored in line with Nua's Policy and Procedure on the Control of Customer Property.

Note: On detection of the additional money received from a family member for the Individual, management placed possessions in a locked safe on the day of the inspection. Complete 15 January 2024

2. The PIC shall conduct a review of the systems in place regarding the management checks in place for managing all Individuals possessions in line with the Centre's Policy and Procedure on the Control of Customer Property.

Note: This action was completed on 19 January 2024 and the Centre management team send daily assurances to the Director of Operations (DOO) on finance checks within the Centre and any issues or concerns noted as and where required.

Complete 19 January 2024

3. The above point will be discussed with the Centre's Team Members by the Centre Managment and the Centre's Policy and Procedure on the Control of Customer Property, shall be discussed, and acknowledged by all Team Members.

Due Date 21 February 2024

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
1. The Director of Operations (DOO) shall complete a review with the maintenance department and confirm a schedule for completion of required works identified.

Due Date: 24 February 2024

2. The DOO shall conduct a review of the systems in place regarding the management / overview of maintaining Premises in the Designated Centre to ensure that,

a) A review of the Centre and its layout and environment is checked daily by Centre Management, and any maintenance or repairs are scheduled and addressed.
b) Centre cleaning SOPs are checked daily by Centre Management to ensure all cleaning schedules are adhered to daily and completed to a good standard.

c) The Person in Charge or in their absence a member of the management team shall send daily assurances to the DOO on hygiene, and health & safety checks within the Centre and any outstanding maintenance jobs.

Note: This was implemented on 19 January 2024 and is an ongoing task.

Complete 19 January 2024

3. The above points will be discussed with the Centre's Team Members by the Centre Management.
Due Date: 21 February 2024

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
1. The PIC and/ or a member of the Centre Management Team shall continue to conduct their daily health and safety checks as per the daily key task list. Any issues, non-conformities identified shall be informed to the maintenance department where required and escalated as necessary to the DOO.

Note: The Team Members identified holding open one (1) fire door and blocking of a fire exit were addressed on the day of the inspection.

Note: The two (2) fire doors not fully closing on their own weight and the emergency light not working was addressed and fixed during the inspection.

Complete 15 January 2024

2. An additional annual fire training will be scheduled for the Fairways staff team.

Due Date: 09 March 2024

3. A member of management will complete and additional on the job fire walk with all members of the Centre's Team Members.

Due Date 29 February 2024

4. The above points will be discussed with the Centre's Team Members by the Centre Management.

Due Date: 21 February 2024

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 in conjunction with members of the MDT team will complete a full review Individuals Personal Plan and supporting documents, where required.

Due Date 07 March 2024

2. The above point will be discussed with the Centre's Team Members by the Centre Management.

Due Date: 21 February 2024

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	21/02/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	24/02/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the	Not Compliant	Orange	09/03/2024

	designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	15/01/2024
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	09/03/2024
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	07/03/2024