

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

Issued by the Chief Inspector

Name of designated centre:	Bethany House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	04 February 2025
Centre ID:	OSV-0008220
Fieldwork ID:	MON-0037299

About the designated centre

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

This is a service that can provide care and support to four adults with disabilities. It is situated in rural setting in Co. Westmeath and comprises of a large detached house. Within that house there are three large ensuite bedrooms, a large fully furnished kitchen/dining room/sitting room area, a separate sitting room and a one bedroomed self-contained apartment. Transport is provided so as the residents can avail of drives, social outings and attend appointments. There are large well-maintained garden areas to the front and side of the property that include the provision of ample private car parking space. The house is staffed on a 24/7 basis by a person in charge, two shift leader managers and a team of assistant support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 4 February 2025	10:40hrs to 18:15hrs	Anna Doyle	Lead
Wednesday 5 February 2025	08:40hrs to 14:40hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, this centre was well-resourced and over the course of the inspection the staff team were observed providing person centred care to the residents living there. While most of the regulations inspected were found to be compliant, some improvements were required in staff training and records.

At the last inspection some minor improvements were required under staffing, records and medicine management practices. These actions were also followed up on as part of this inspection.

Prior to this inspection, the registered provider had notified the Office of the Chief Inspector that the person in charge had taken unplanned leave for more than 28 days. At the time of this inspection, the person in charge remained on unplanned leave. The registered provider had appointed a shift lead manager to assume oversight of the centre in the absence of the person in charge. This shift lead manager facilitated the inspection along with a senior director of operations who the shift lead manager was reporting to.

The inspection was announced and the residents had been informed that the inspection was taking place. Over the course of the inspection, the inspector met all of the residents, spoke to staff on duty, the shift lead manager, a clinic nurse, the senior director of operations, and observed some practices in the centre. A sample of records were also reviewed pertaining to the residents care and support and the governance and management of the centre.

On arrival to the centre, all of the residents were up and were making plans for the day ahead.

The centre is a detached home surrounded by a large garden. It is divided into two living areas consisting of the main part of the home where up to three residents can live and an apartment where one resident lives. Both living areas are divided by a coded locked door which ensures the residents privacy. Overall, the centre was clean, comfortable, decorated to a high standard and well maintained. The kitchen/dining area was spacious, modern and well equipped. Residents and staff were observed sitting down having lunch/coffee and a chat over the course of the inspection in line with the residents' preferences.

One of the residents agreed to show the inspector around their bedroom. The resident living in the apartment wanted a staff member to show the inspector their bedroom. Both bedrooms were personalised and provided adequate space to store their personal belongings. All of the bedrooms had en-suite bathrooms. Both residents said they liked their bedrooms and their home.

Residents were supported to keep in touch with family and friends. Residents and staff spoke about family visiting the centre and visits home to family. One of the

residents had provisional plans to go on a big family holiday in the future.

Over the course of the two days the residents decided their plans for the day. Some of them were going to get their hair done and some were planning to go to a class they attended in the community. Some of the residents told the inspector about trips they had taken over the last year and plans they had for the coming year to go on an overnight stay and another resident was planning a trip to Galway in the near future. Residents could also avail of educational opportunities if they wished to in line with their preferences. For example; the shift lead manager informed the inspector about one resident enrolling on a course that related to technology as the resident enjoyed this.

Prior to the inspection two residents completed questionnaires with some support from staff about whether they were happy with the services provided. Overall, the feedback was very positive and they said they liked the staff, the food provided and were happy with their rooms. One resident reported that sometimes the food could be better; although when the inspector spoke to the resident they said that they were very happy with the food in the centre and could pick and choose what they wanted to eat. This resident also spoke to the inspector about what it was like to live in the centre. They reported that they loved their home, loved the staff, and were very happy in their home. They also said that if they were not happy they would report it to a staff member or the shift lead manager who they said they really 'trusted'. The resident had raised some concerns to staff about the care and support provided prior to this inspection and they confirmed with the inspector that they were happy with how it was dealt with. The inspector also reviewed information in relation to this concern and found that the provider and person in charge had taken timely effective actions to address this concern.

Another resident who spoke to the inspector said that they wanted to move to a more independent living environment where they had some support from staff. The resident informed the inspector that they had made a request in writing to the registered provider to move from this centre and following this, a member of staff from the wider organisation had met with them and had a very good discussion with them about this move. The resident also informed the inspector that they were not happy with some aspects of the care provided some of which included the noise of doors closing at night and some restrictive practices. The inspector agreed with the resident, that the inspector would speak to the management team about these issues so as they could talk to the resident after the inspection to address those concerns. The inspector relayed this information back to the shift lead manager and the senior director of operations who committed to addressing these concerns with the resident.

As part of the registered providers' governance of the centre, satisfaction surveys were sent to residents each week and periodically during the year to seek their feedback on the services provided in the designated centre. The senior director of operations showed the inspector a document compiling some of this feedback. The inspector followed up on a concern raised in the feedback that one resident had raised and this had been completed. However, this feedback from residents was not included in the annual review for the centre which is a requirement under the

regulations. The senior director of operations agreed to include this feedback in the next annual report for the centre and provide feedback to the registered provider on this matter.

Residents meetings were also held each week, and residents could choose to attend these. Topics of discussion included; menu planning for the week and some educational pieces for residents about their right to feel safe. At these meetings residents were also asked if they had any concerns and were informed of how to report them. Key working meetings were also held with residents to talk about goals they may have, or concerns they would like to talk about in private.

Each resident had a personal plan outlining the care and support they needed including their healthcare needs. One of the residents spoke to the inspector about their personal plan. It was evident that the resident was very involved in decisions about their own health and could decide whether they wanted to take on board recommended health related interventions from allied health professionals. Another resident had a goal in place to lose some weight which was really important to them. The inspector observed over the course of the two days that the resident was being supported by the staff team and a clinic nurse to achieve this goal. The resident spoke to the inspector about this goal and was very happy on the second day of the inspection as they had reached some of their targets for this goal.

The staff team were observed over the course of the inspection supporting residents in a kind patient and respectful manner. The inspector observed that staff listened to the residents viewpoints and offered explanations when required if residents were concerned about something. This was an example of how residents were listened to and their concerns were taken on board. In particular the inspector observed that the shift lead manager called a staff member aside when a resident was going to attend an appointment they were anxious about, and emphasised to the staff the support the resident may require with this appointment. This included advocating on behalf of the resident if they needed support with communicating a decision that the resident had made prior to going to the appointment.

The inspector also observed two staff members supporting a resident with their daily planner. This resident liked routine, liked to know the time, liked to assist with writing the daily plan and liked to decide where they went for coffee. The inspector observed that the staff afforded the resident time (which was important to the resident) to make their own decision about their daily plan.

From talking to staff and some residents, the inspector observed that there was also good systems in place to review restrictive practices in the centre and residents were informed about decisions to have restrictive practices in place for their safety. This review had resulted in some restrictive practices been removed which was positively impacting on the lives of some residents. For example; one resident was now joining the other residents for their evening meal as a result of this review.

On the second day of the inspection, the inspector observed the day staff team conducting a daily handover when they started their shift. This handover which was recorded on a log included details of critical issues that had happened in the centre

over the last number of days and plans for that day. For example; it included the staff names who were assigned specific responsibilities during the day to ensure accountability. This also ensured that staff who had been on leave were kept informed of critical events that they needed to be aware of to inform consistency of care.

Overall the inspector found that the care and support provided was person centred. While, one resident was not happy with some aspects of the care and support being provided in the centre, the inspector was satisfied that the registered provider would address these concerns and was also advocating for this resident to move to a more independent living environment at the time of this inspection.

The next two section of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements impacted the quality of care and support being provided to residents.

Capacity and capability

Overall, the governance and management systems in place at the time of the inspection were assuring effective oversight of the centre. The staff team and the registered provider were reviewing practices to enhance the quality of life of the residents and ensure that a safe quality service was being provided.

The centre was well resourced and there was a defined management structure in place to oversee the care and support being provided in the centre. At the time of the inspection, the person in charge was on unplanned leave and a shift lead manager was managing the centre with the support of the senior director of operations. The inspector found that this arrangement was effective at the time of this inspection and was ensuring oversight of the care and support provided.

The centre was being monitored and audited as required by the regulations and other audits were also being conducted to ensure ongoing compliance with the regulations.

There were sufficient staff on duty to meet the needs of the residents. Where required, regular relief staff were employed to cover planned and unplanned leave. This meant that residents were ensured consistency of care during these times. The residents informed the inspector that they liked the staff working in the centre.

The training records viewed indicated that all staff had completed training in order to support the residents' needs in the centre, however improvements were required to ensure that staff had knowledge around some medicines prescribed to residents

and improvements were required in the supervision of staff to assure that concerns raised were addressed.

Improvements were also required in the management of records stored. The registered providers own previous audits were identifying gaps in the records stored also. Some of the records on this inspection were also found to contain gaps and some of the information was not easily retrievable as staff had to sort through numerous documents before finding the pertinent ones that the inspector was looking for. This was an issue at the last inspection also and the provider was taking steps to address this.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application to the chief inspector to renew the registration of the designated centre which included all of the documents that are required to be submitted with this application.

Judgment: Compliant

Regulation 15: Staffing

There was adequate staff in place to meet the needs of the residents at the time of the inspection.

Planned and actual rotas were maintained in the centre. The inspector completed a review of a sample of the centre's rotas which included one week in October 2024, December 2024 and January 2025 and found that the staff numbers based on the assessed needs of the residents was maintained.

At the time of the inspection, the staff compliment each day included two waking night staff from 9pm to 9am, and four staff each day three of whom worked from 9am to 9pm and one who worked 11am to 9pm. Some of these staff included shift lead managers. In addition, one shift leader manager (who was currently managing the centre in the absence of the person in charge) was also assigned to work Monday to Friday from 9am to 5pm. At the time of the inspection, there were no staff vacancies. In order to ensure consistency of care, for planned and unplanned leave, regular relief staff were employed. The inspector found from a review of the sample of rotas that the relief staff employed were regular staff. This ensured consistency of care to the residents.

An on call manager was on duty 24hours a day to support staff and offer guidance and assistance if required. A clinical nurse was also available to guide and support staff with residents' healthcare needs where required.

The inspector reviewed the staff files of two staff members. They contained all the requirements of Schedule 2. For example; all staff had been vetted with An Garda Síochána.

At the time of the last inspection, the inspectors were not assured that the induction of new staff to the centre was sufficient, particularly as some staff employed had no experience working with people with disabilities prior to commencing employment. The inspector followed up on this and found that the registered provider had taken steps to address this. For example; the induction programme for new employees had been revised and changes had been made to include more details in the induction programme. This assured the inspector that the registered provider had addressed issues identified from the last inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed a training matrix maintained in the centre showing the staff that had completed required training in the centre. It also included the dates that training needed to be refreshed. The inspector found that staff were provided with the required mandatory training to ensure they had the necessary skills to respond to the needs of the residents. Notwithstanding as discussed under governance and management some improvements were required in staffs knowledge around some medicines prescribed to residents and improvements were required in the supervision of staff to assure that concerns raised were addressed.

In relation to staff training the matrix provided to the inspector showed that all staff training was up to date. The training provided included:

- safeguarding of vulnerable adults
- children's first
- fire safety
- basic first aid (which included providing emergency aid like CPR)
- manual handling
- food hygiene
- hand hygiene
- infection prevention and control
- the provision of intimate care
- training in autism
- blood pressure monitoring
- personal protective equipment
- the safe administration of medicines
- managing behaviours of concern and safety interventions
- education about supporting people with intellectual disabilities
- education on specific mental health conditions relevant to the residents care needs

- risk assessment
- human rights training.

As part of the staffs continuous professional development or where the needs of residents changed other training modules were available. For example: some staff could undertake further training in fire safety to act as fire marshals in the centre.

Staff had also been provided with supervision which was either facilitated by the person in charge or more recently by the shift lead manager. From a sample of records viewed staff were able to raise concerns, talk about their professional development and discuss any additional supports they may need. However, when the inspector followed up on one concern raised by a staff member, to see if had been addressed, there was no documents or process to show how these concerns had been addressed. This required review going forward.

As well as this when following up on the actions from the last inspection in relation to medicine management practices, staff were not able to detail the reason a medicine was being prescribed or the possible side effects of some medicines. This required review.

Judgment: Substantially compliant

Regulation 21: Records

At the time of the last inspection it was observed that, improvements were required in the management of records in the centre. It was observed at that time that there was a large volume of records maintained in relation to the care and support of residents. At that time the inspector had been informed that the registered provider was taking actions to address this. The inspector discussed the actions with the senior director of operations who advised that this action was still in progress, however, this would take some time. The inspector was informed that there was now a committee in the wider organisation made up of two senior directors who were reviewing all of the policies and procedures in the organisation to try and streamline some of them. Once this was completed the registered provider was then going to look at documents that could also be streamlined.

On this inspection, the inspector found that the registered providers previous audits were identifying gaps in the records stored. Some of the records on this inspection were also found to contain gaps and some of the information was not easily retrievable as staff had to sort through numerous documents before finding the pertinent ones that the inspector was looking for.

While the inspector was satisfied that the provider was addressing this, improvements were required to ensure this review was timely given the ongoing issues with the management of documents in the centre.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had submitted an up-to-date insurance policy statement as part of their application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The centre was well resourced and there was a defined management structure in place to oversee the care and support being provided in the centre. At the time of the inspection, the person in charge was on unplanned leave and a shift lead manager was managing the centre with the support of the senior director of operations. The shift lead manager had a good knowledge of the residents needs and demonstrated a person centred approach to the care and support being provided.

The provider had arrangements in place to monitor and review the quality of care in the centre. An unannounced quality and safety review had been completed along with an annual review from. This annual review included a synopsis of the care and support provided during that time frame. However, feedback from residents collated by the provider throughout the year was not included in the annual review for the centre which is a requirement under the regulations. The senior director of operations agreed to include this feedback in the next annual report for the centre and provide feedback to the registered provider on this matter going forward. The inspector was therefore assured that this would be addressed.

Other audits or checks were also completed in areas such as; medicine management and health and safety. Overall the findings from these audits or checks were, for the most part, compliant and where areas of improvement had been identified they had been addressed. For example; audits of the centre showed that there were a number of medicine errors occurring in the centre. As a result the registered provider had assigned a clinic nurse to support, educate and monitor medicine management practices in the centre. At the time of this inspection this was having some positive outcomes and the number of medicine errors which were primarily related to administration errors were reducing. The registered provider had also addressed the actions from the last inspection in relation to medicine management practices. However, as discussed under training staff required more education around some of the medicines prescribed to residents and their side effects.

Staff meetings were held regularly and a review of sample of minutes showed that various issues were discussed about the service provided like risk management,

safeguarding and restrictive practices.

The registered provider also had several committees in the wider organisation to oversee restrictive practices, review policies and procedures and manage admission and discharges from designated centres. These were bringing about positive changes for some people. For example; as discussed earlier restrictive practices were now reviewed regularly and some had been removed. Residents were also provided with information on restrictive practices which included why they were in place.

Overall, while some improvements were required under records and staff training, the governance and management systems in place ensured that residents were receiving a safe, quality service in this centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations. The document was being reviewed and updated as required by the regulations. For example; it had recently been updated to reflect changes to the management structure in the centre.

Some minor improvements were required to the layout of the document which the senior director of operations agreed to address.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector was satisfied that the Office of the Chief Inspector had been notified of incidents that had occurred in the centre. Since the last inspection, some notifications had been made outside the time lines required under the regulations. However, the inspector was satisfied that this issue was now addressed.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The registered provider had notified the Chief Inspector when the person in charge

was absent for more than 28 days as required under the regulations.

Judgment: Compliant

Quality and safety

Overall, the residents enjoyed a safe quality service in this centre. While, there were ongoing issues in relation to safeguarding concerns in the centre in relation to peer to peer interactions, the registered provider was taking steps to address these.

Each resident had an assessment of need which outlined their health care and emotional needs. Support plans were in place to guide staff practice. The residents who spoke to the inspector were aware of their healthcare needs and were included in decisions about their health.

Residents were supported to have meaningful active days in line with their personal preferences and to maintain links with family.

The centre was clean and generally in good decorative and structural repair. Each resident had their own bedroom with ensuite bathrooms and there was adequate communal spaces for residents to spend time alone or meet with visitors.

Fire safety systems were in place to minimise the risk of fire and ensure a safe evacuation of the centre.

There was a policy in place that outlined procedures staff needed to follow in the event of an allegation/suspicion of abuse. All staff had received training in this area.

There were systems in place to manage and mitigate risk and keep residents safe in the centre.

Regulation 13: General welfare and development

Residents were supported to have meaningful active days in line with their personal preferences. All of the residents planned their meaningful day themselves. Over the course of the two days of the inspection, residents went out on numerous activities. One resident spoke about some of the things they liked to do and was thinking about joining the local gym.

Residents were supported to keep in touch with family and friends. Residents and staff spoke about family visiting the centre and visits home. One of the residents had provisional plans to go on a big family holiday in the future.

Residents could avail of educational opportunities if they wished in line with their preferences. For example; the shift lead manager informed the inspector about one resident enrolling on a course that related to technology as the resident enjoyed this.

Judgment: Compliant

Regulation 17: Premises

Overall, the centre was clean, comfortable, decorated to a high standard and well maintained. The kitchen/dining area was spacious modern and well equipped. Residents and staff were observed sitting down having lunch/coffee and a chat over the course of the inspection in line with the residents' preferences.

All of the residents had their own bedrooms with en suite bathrooms. The bedrooms were spacious and decorated in line with the residents' preferences. There was adequate space for residents to store their personal belongings.

There was adequate communal spaces for residents to spend time alone or meet with visitors.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared in writing a guide in respect of the designated centre. This guide was available to the residents and included a summary of the services to be provided.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a policy in place to manage risks in the centre. At the time of this inspection, this policy and others were under review. There were systems in place to manage and mitigate risk and keep residents safe in the centre. This included a risk register for overall risks in the centre and individual risk assessments for each resident.

At the time of the inspection the risk register had some risks rate as orange. However, the registered provider had control measures in place to manage this.

Incidents in the centre were reviewed by the managers in the centre and any actions agreed to mitigate risks were discussed at team meetings and included on the daily handover logs so as staff would be familiar with additional control measures agreed.

All risks were also reported to the registered provider on a weekly basis on a document called a governance matrix which was reviewed at this meeting.

Individual risk assessments for residents included control measures in place to manage or reduce the likelihood of incidents occurring. For example; following an incident in the centre, staff were able to outline the controls in place to try and mitigate further risks. This was consistent with what was written in the residents' individual risk assessment.

The registered provider provided transport in the centre. There were documents to show that the vehicles were in a roadworthy condition and insured.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place to manage fire in the centre. The registered provider had completed a risk assessment on fire safety which was risk rated as green meaning the risk was low due to the control measures they had in place. Some of those controls included all staff being trained in fire safety, fire drills and routine checks by staff of the fire equipment. The inspector followed up on some of these control measures and found that they were in place.

Fire equipment such as emergency lighting, the fire alarm and fire extinguishers and fire doors were being serviced. For example: fire extinguishers had last been serviced in March 2024. The fire alarm had been serviced in May 2024, August 2024, and November 2024.

All exit doors had thumb lock opening devices to allow for a timely exit of the building. An emergency bag was stored in the hallway which included items like water, snacks and blankets for residents in the event of an unplanned evacuation. The inspector observed that this was well stocked and staff were familiar with the whereabouts of this bag.

Staff also conducted daily/ weekly and monthly checks to ensure that effective fire safety systems were maintained. For example; the fire alarm was checked by staff to ensure that it was in good working order.

Residents had personal emergency evacuation plans in place outlining the supports they required. The staff spoken to were familiar with the support needs of the residents. In general residents responded to the fire alarm and did not require any specific support requirements from staff to evacuate the centre. This was also

evident when the inspector reviewed fire drill records. A sample of these indicated that evacuating the centre was done in a timely manner.

Judgment: Compliant

Regulation 6: Health care

Residents had regular access to a number of allied health professionals employed by the registered provider or from services provided in the community. They also had as required and regular access to general practitioner (GP) services. Some of these included

- speech and language therapist
- occupational therapist
- dietitian
- psychiatry support
- psychotherapy support and,
- behavioural support specialists
- dentist
- optician.

Health care plans were also in place to guide staff practice. At the time of the inspection, a clinic nurse was supporting residents and staff with the oversight of residents' healthcare needs. From speaking with the shift lead manager and staff the inspector was assured that they were aware of the assessed needs of a sample of residents' health care needs. For example; one staff was able to tell the inspector about monitoring a person's blood pressure and when they would seek medical advice or support if significant changes were noted.

Records were maintained to monitor residents' other health care needs as required. For example; some required their weight and daily fluid intake to be monitored on a regular basis and this was completed by staff where required.

Residents were registered where required with national health care screening programmes.

Two residents spoke to the inspector about some of their health care needs and it was clear they were involved in all decisions relating to their medical care. One resident outlined support they were giving to manage a mental health issue they had previously which the resident said had been very helpful.

Overall the inspector found that residents were supported with their health care needs and they were included in decisions around specific treatments recommended.

Judgment: Compliant

Regulation 8: Protection

The registered provider had a policy in place to safeguard residents which was under review at the time of this inspection. Since the last inspection a number of safeguarding concerns were submitted from this centre to HIQA. Some of these incidents related to peer to peer interactions and some of them related to staff practices.

The inspector followed up on a sample of these reports and found that the person in charge and the registered provider had reported them to the relevant authorities and had taken steps to address the issues raised. Some safeguarding issues related to the compatibility of residents living together and at the time of the inspection some of those concerns were still an issue. As a result the provider had safeguarding plans in place to mitigate the risks of incidents reoccurring. The staff met were aware of the contents of these plans. In addition to this, the inspector met with the senior director of operations to discuss these concerns and was satisfied that the registered provider was taking actions to address these issues.

The inspector also found that incidents relating to staff practices were addressed in a timely manner to ensure a safe quality service to the residents in this centre.

Residents had been provided with education on their right to feel safe. Some residents reported in their questionnaire that they felt safe and one resident informed the inspector that they could raise concerns to staff and where they had they were addressed.

Where incidents relating to peer to peer interactions occurred, the residents in question were also asked if they wanted to raise the concern as a complaint also.

All staff had been provided with training in safeguarding adults.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were able to exercise choice in their daily lives and where restrictive practices were in place that limited residents choices, each resident had a restrictive practice passport explaining the reason why the restrictive place was in place. These practices were also reviewed regularly and there were examples found on the inspection where restrictive practices had been removed. This was having a positive impact on some of the residents living in the centre.

Residents meetings were held to make choices around meals they would like and also to inform the residents about things that were happening in the centre.

All staff had completed human rights training and training in supported decision making to enhance their knowledge and ensure that this knowledge influenced their practices.

There were numerous examples found where residents were supported to make their own decisions about what they wanted to do. This included decisions about health care treatments.

Residents were provided with education about their rights at weekly residents meetings.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bethany House OSV-0008220

Inspection ID: MON-0037299

Date of inspection: 05/02/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development:	
1. The Regional Nurse will attend the Centre Team Meeting and will provide training to the team on each Individual's medication and the side effects of these medications. A Test of Knowledge will be conducted with the staff team after the training. Each Team Members' Test of Knowledge answers will be reviewed by the Regional Nurse and where team members do not receive a sufficient score, additional training and re-testing will occur. Due Date: 30 April 2025	
2. The Director of Operations (DOO), in conjunction with the management team, will review each team members' last supervision notes and ensure that all actions have been addressed. In the event that any actions identified are not closed, the management team will schedule follow-up supervision with the team member. Due Date: 31 March 2025	
3. The DOO and Senior Director of Operations will complete a review of Nua's Supervision Policy (PL- OPS- Policy and Procedure on Supervision). If any changes are identified as required, the policy will be updated and communicated to all relevant stakeholders. Due Date: 31 March 2025	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records:	
1. There is a review of documentation currently being undertaken with the aim of streamlining paperwork across the service. The action is being reviewed through Nua's	

Quality and Safety Committee and once complete it will be rolled out across the service.

2. The Management Team and the Director of Operations (DOO) will complete a review of the Centre's last Annual Review and ensure all relevant information has been captured.

Due Date: 30 April 2025

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/04/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/04/2025
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30/04/2025