



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

Issued by the Chief Inspector

Name of designated centre:	Re Nua
Name of provider:	Health Service Executive
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	19 August 2021
Centre ID:	OSV-0002440
Fieldwork ID:	MON-0026678

About the designated centre

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

Ré Nua provides full-time long term care to six residents, male and female over 18 years old. Care is provided to residents who have a primary diagnosis of intellectual disability and may have a secondary diagnosis of mental health and physical disabilities. The centre is situated in a rural town with good access to the the local community and is a modern single story well equipped and laid out building. Each resident has their own bedroom complete with en suite facilities decorated as residents/families so wish.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 19 August 2021	10:00hrs to 19:30hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed, residents in this centre enjoyed a good quality of life and were offered a person centred service, tailored to their individual needs and preferences. Residents were seen to be well cared for in this centre, and there were local management systems in place that ensured a safe and effective service was being provided. The inspector saw that there was evidence of consultation with residents and family members about the things that were important to them. This inspection found however, that the provider was in breach of a condition of registration and on foot of this inspection a written warning was issued to the registered provider. This will be discussed in further detail in the next section of this report.

The centre comprised a large bungalow type building that could accommodate six residents located on the grounds of a community hospital. The centre was fully occupied at the time of this inspection. The centre was in the process of submitting an application to renew the registration of the centre and was also in the process of submitting an application to vary to increase both the footprint and capacity of the centre by adding an additional apartment with a capacity for one person to the centre. The inspector had an opportunity to briefly view this additional apartment on the day of the inspection also.

Residents' bedrooms were personalised and although the centre was laid out in a somewhat clinical manner, the inspector saw that efforts were made to ensure that the centre was homely and inviting and nicely decorated. Artwork by residents was displayed throughout the centre and there were numerous photographs displayed throughout the centre of residents enjoying both external activities and activities in the centre. The centre was fully accessible for individuals with additional mobility needs and residents had access to a large, enclosed garden and patio area that contained accessible walkways, raised beds, a clothes line, a pleasant seating area and benches for the use of residents. The inspector viewed vegetables that were grown by a resident. Some residents had apartment style bedrooms and liked to use the laundry facilities in their own rooms. Other residents availed of the centres ample laundry facilities. Residents had access to a relaxation room and a number of communal areas to relax in or carry out activities. The previous inspection report referenced a café room that residents could use to prepare their own tea and coffee and entertain visitors. While residents still had access to this room, they now required staff support to access all the items required to make their own hot drinks and snacks. The person in charge told the inspector this was for safety reasons due to the changing needs of some residents who required supervision when eating and drinking. The kitchen was also seen to be kept locked for a large part of the day, with residents requiring staff support to access it or only being able to freely access the kitchen when staff were already present in the kitchen. This meant that some residents who would enjoy using these facilities independently were restricted due to the needs of other residents and that residents had to seek staff support to access snacks and drinks throughout the day. A shutter between the dining room

and kitchen was kept lowered except at mealtimes for health and safety reasons. The management of the centre told the inspector that efforts had been made to remove this due to the institutional nature of it, but that there were fire safety concerns that had so far prevented this from happening.

On this inspection, the inspector met briefly with all residents and some staff members that supported them. One resident chose not to interact with the inspector and this wish was respected. This inspection took place during the COVID-19 pandemic. Communication between the inspector, residents, staff and management took place in adherence with public health guidance. Residents communicated in a variety of ways. Some residents told the inspector about their lives in the centre, how they were supported, and the choices that they made. One resident showed the inspector around their own apartment style room and spoke about the things that were important to them. They told the inspector they were happy living in the centre and they would not like to live anywhere else. Although some of the residents living in this centre were unable to tell the inspector in detail their views on the quality and safety of the service, in response to enquiries about living in the centre, most of those residents did provide some positive feedback. The inspector saw that for the most part, residents appeared contented and relaxed in the centre and were comfortable in the presence of the staff supporting them. The inspector also received some questionnaires completed by or on behalf of residents that contained their views of the centre.

Two of the six residents were siblings and the inspector saw that family members were free to access the centre to visit their relatives and were comfortable spending time in the centre. The inspector had an opportunity to meet briefly with a visitor to the centre, a close relative of a resident in the centre, and this person told the inspector about their experiences of the centre and how residents were well cared for by a very dedicated staff team in the centre. An annual review had been completed and this showed that families had been consulted with and their views obtained on the service that their family members were receiving. It was evident that there was a good relationship fostered between family members and the staff and management in the centre. The inspector saw that where concerns were raised by family members, these were responded to appropriately in a timely manner. During the COVID-19 pandemic, residents were supported to maintain contact with their relatives in a planned and safe manner.

Staff were respectful in their interactions with residents. Residents were seen to be nicely dressed and presented in age appropriate attire and some residents were observed being supported by staff to attend to their personal grooming, such as having their nails done. Residents were seen to be comfortable to move about their own home freely and with the assistance of staff. Where residents required assistance mobilising, the inspector observed that there were very regular supports offered to ensure that residents had an opportunity to move around the centre and enjoy spending time outside and in different areas of the centre throughout the day. One resident enjoyed watching people moving about the centre and occupied a chair in the hallway for some of the day as was their preference, interacting with staff and residents as they passed by. Throughout the day, staff and management in the centre were seen to regularly interact meaningfully with this resident.

Residents were seen relaxing watching tv, carrying out daily activities such as their own laundry, enjoying mealtimes and taking part in planned activities such as hand and foot massage and personal grooming activities.

The inspector observed and overheard the residents being offered meals, snacks and drinks regularly throughout the day. Residents dietary needs were catered for by catering staff from the main hospital and meals were delivered to the centre daily. The person in charge and staff spoke about efforts to increase residents involvement in meal preparation and told the inspector that some meals were prepared and cooked by residents and staff in the centre. One resident told the inspector what they were planning on cooking the following evening for dinner. Where a modified diet or assistance with eating and drinking was required appropriate guidance was available to staff. The inspector saw that there was a choice of food and drinks available to all residents but that some residents choices were limited on occasion due to how meals were prepared and delivered to the centre. Both management and staff told the inspector about how residents meals were carefully tracked to ensure that residents who could not always choose what they wanted were offered a varied diet throughout the week.

The inspector saw that the residents were supported to make choices about how they would spend their day and were facilitated to access the community in line with government guidelines during the COVID-19 pandemic. Residents were enjoying the recent reopening of restaurants and cafes and one resident had returned to their day service on a part-time basis. Residents had access to transport to facilitate community access and on the day of the inspection residents were seen to spend time outside of the centre. Where restrictions associated with COVID-19 had presented challenges to residents carrying out their usual activities, alternatives were put in place, such as access to local walking areas, in-house beauty therapies and activities, and takeaway meals and drinks.

There were some restrictions in place in the centre. There was a restrictive practice log in place in the centre and overall these restrictions were seen to be in place appropriately to protect residents and had been appropriately risk assessed. This will be discussed further in the section of this report that deals with quality and safety.

Overall, this inspection found that there was a good level of compliance with the regulations concerning the care and support of residents and that this meant that residents were being afforded safe and person centred services that met their assessed needs. However, at provider level, some non compliance in relation to the regulations concerning the registration of this centre was identified and a breach of condition of registration was also identified. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

There was a clear management structure present and overall this centre was found to be providing a responsive and good quality service to the residents living there. Local management systems in place ensured that the services provided within the centre were safe, consistent, and appropriate to residents' needs. The registered provider however was found to be in breach of a condition of registration of this centre. The registered provider had also failed to submit a satisfactory application to renew the registration of this designated centre in a timely manner and this presented a risk to residents due to the fact that the ongoing registration of the centre was not protected and this had the potential for serious consequences for the residents of the centre. In addition to this, the registered provider had not notified the office of the Chief Inspector of a change in management in this centre within the required time-frames.

A room described in the floor plan and statement of purpose of this centre as a 'quiet/retreat room for prayer' was found to be locked on the day of the inspection and the inspector was informed that this room had been used by the provider as office space utilised by an individual not connected with the designated centre to carry out business that was also not in connection with the designated centre. This room was being accessed by an external door, with the internal door kept locked. This was a breach of a condition of the registration of this centre and the provider subsequently received a written warning in relation to this matter.

The provider had recently appointed a new person in charge of this centre following the departure of the previous person in charge. The provider had not notified the office of the Chief Inspector of this change within the required time frame. The incoming person in charge was present on the day of this inspection and was found to be suitably experienced and qualified for the role, with a good understanding of their regulatory responsibilities. This individual had significant experience working in this centre and was very knowledgeable about the residents that lived there and was found to be very focused on ensuring that an appropriate person centred service was provided to residents. The inspector saw that there was a strong positive rapport between this person and the residents and that residents and their families had significant trust in this person. Staff members spoke positively about the person in charge and the support that they provided to the staff team. Another individual, an incoming person participating in management was also present on the day of this inspection. This individual had commenced the role in the previous weeks and presented as knowledgeable and experienced in their role also.

The person in charge had remit over this centre only and reported to a services manager participating in the running of the centre, who in turn reported to a regional services manager. Reporting structures were clear and there were organisational supports such as audit systems in place that supported the person in charge and the staff working in the centre, and provided oversight at a provider level. Staff in the centre reported that they were well supported and that the person in charge and other management were available to them as required and were

responsive to any concerns that they might have.

The centre was adequately resourced to provide for a good quality service for the individuals living there. Staffing levels were appropriate, the centre was appropriately maintained and there was suitable transport available for the use of the residents. A dedicated staff team provided supports to the residents in this centre. Two staff nurses were on the centre rota at all times and residents were also supported by support staff including a social care worker, healthcare assistants & household staff. During the day there were at least five staff on duty, and at night two waking staff members were available to residents if required. The staff team present on the day of the inspection were familiar with the residents and had worked with them for a number of years. Many of the staff members working in the centre had worked there for a number of years and where agency staff were utilised, only regular, experienced agency staff were rostered. This provided the residents with continuity of care and consistency in their daily lives.

The 'Preparedness planning and infection prevention and control assurance framework for registered providers' self-assessment tool had been completed and contingency planning in respect of the COVID-19 pandemic was ongoing at provider level, with regular review of risk assessments and plans in place to take account of changing circumstances and updated public health guidance. This meant that in the event of an outbreak of COVID-19 occurring there were plans in place that would protect the residents, and support continuity of care for them. Residents in this centre had ample facilities to allow for self-isolation in their home if required. All residents had large en-suite bedrooms with dedicated access to outside and there were numerous separate communal areas available for the use of residents. Audit schedules were in place and taking place regularly. An annual review and six monthly audit had been completed and actions identified were being addressed. The timely identification and management of any issues that arose meant that residents were being afforded a responsive and safe service on an ongoing basis.

There was an up to date complaints procedure in place and the inspector saw that there was an easy read guide available in respect of this. Advocacy information was available in an accessible format also. The complaints log showed that residents and family members had been supported to make complaints and were comfortable to make complaints and that these were recorded and dealt with appropriately. Records pertaining to complaints viewed by the inspector showed that for the most part, complaints were resolved locally and were responded to promptly.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

<p>The application for the renewal of registration was overdue at the time of this inspection. This application had been previously submitted but was not to the required standard and had been returned to the provider. The newly appointed management of the centre told the inspector that this application had since been resubmitted.</p>
<p>Judgment: Not compliant</p>
<p>Registration Regulation 7: Changes to information supplied for registration purposes</p>
<p>Notification where the person in charge has ceased to be in charge was not received by the Chief Inspector within 10 days as required.</p>
<p>Judgment: Not compliant</p>
<p>Regulation 15: Staffing</p>
<p>This centre was staffed by a suitably skilled, consistent staff team. Continuity of care was provided. Staffing levels were appropriate to meet the needs of the residents and there was ongoing consideration as to ensuring an appropriate skill mix of staff was present in the centre. For example, the person in charge spoke about how the introduction of additional social care trained staff in the future might be of benefit to residents in the centre. A sample of staff files viewed contained the required information and were maintained to a good standard.</p>
<p>Judgment: Compliant</p>
<p>Regulation 16: Training and staff development</p>
<p>Training records viewed showed that staff training had been completed in a number of areas including fire safety and safeguarding of vulnerable adults. Additional training had taken place during the COVID-19 pandemic in areas such as hand hygiene and the donning and doffing of personal protective equipment (PPE). Staff had access to refresher training as required and the person in charge was identifying training needs as they arose and ensuring staff had access to this training as required. Staff training records were available for all staff including agency staff that worked in the centre.</p>
<p>Judgment: Compliant</p>

Regulation 23: Governance and management

The registered provider had put the ongoing registration of the centre at risk, in that they were in breach of a condition of registration and also had not submitted an appropriate application to renew registration within the required time-frames or informed the office of the Chief Inspector in a timely manner about the departure of the person in charge of this centre.

Judgment: Not compliant

Regulation 3: Statement of purpose

A statement of purpose was in place that contained all of the required information such as the organisational structure for the centre, the arrangements made for dealing with complaints and the arrangements for residents to attend religious services. While this document referenced as part of its facilities a 'quiet/retreat room for prayer' that was not available to residents of the centre at the time of this inspection, this has been dealt with under Regulation 23.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective and accessible complaints procedure in place. There was support provided to residents to ensure they could access the procedures to make a complaint, if they wished. Complaints were seen to be appropriately recorded and responded to in a timely manner.

Judgment: Compliant

Quality and safety

The wellbeing and welfare of residents was maintained by a good standard of evidence-based care and support. Safe and good quality supports were provided to the three residents that lived in this centre.

Infection control procedures in place in this centre to protect residents and staff

were found to be in line with national guidance during the COVID-19 pandemic. The premises was visibly very clean and appropriate hand washing and hand sanitisation facilities were available. Household staff were available on a daily basis to ensure that there was a regular cleaning schedule taking place and this was reflected in the overall cleanliness of the centre. The person in charge and staff had a strong awareness of infection control measures to take to protect the resident, staff and visitors to the centre, including appropriate use of personal protective equipment (PPE). The staff spoken to took their responsibilities in this regard seriously and demonstrated this throughout the time the inspector spent at the centre. Staff had undertaken training on infection control measures including training about hand hygiene and the appropriate donning and doffing of PPE.

The inspector saw that there was a proactive approach taken to risk management. Where an activity was identified as having certain risks attached, appropriate controls were put in place to mitigate these and residents were provided with opportunities to take part. A Risk Management Policy was in place. A risk register was in place to provide for the ongoing identification, monitoring and review of risk and this was seen to be reviewed and updated on a regular basis. This identified the control measures in place to deal with a number of risks within the designated centre. There was an organisational plan and risk assessment in place in relation to COVID-19. Where incidents occurred these were found to be appropriately recorded and considered. For example, following a serious choking incident appropriate controls had been put in place to protect residents. Input was sought from a suitably qualified healthcare professional, a daily checks folder utilised by staff regularly throughout the day was seen to contain guidance for staff on how to manage a choking incident, and suction apparatus and oxygen were seen to be in place in the dining room. Guidance for staff about how to handle a medical emergency during periods of reduced staffing at night were also present. Another resident presented as having a high falls risk and there was risk assessments in place around this. The inspector viewed the incident and accident log for the centre and saw that a high proportion of falling incidents were reported as "assisted falls" where staff support a resident safely to the ground. This indicated a high level of vigilance amongst staff to this risk. The inspector also noted that some works were in the process of being completed to improve safety and accessibility in wet-rooms and bathrooms as it had been identified that the layout of some of these rooms could present manual handling difficulties at times

As mentioned previously in this report, there were some restrictions present in this centre, such as restrictions on access to some rooms including the kitchen and other rooms that contained specific equipment that might present a hazard to residents. These were in place to ensure the health and safety of the residents living in the centre and had been identified as appropriate in the restrictive practice log in place. Restrictions were subject to regular review. The inspector saw that some further efforts were required to ensure that where a restrictive practice was used for the benefit of one resident, appropriate consideration was given to the rights of other residents and measures were put in place to reduce the impact these restrictions had on other residents.

A previous inspection had identified that a night time fire drill had not yet been

completed over a long period of time in the centre. The inspector viewed documentation showing that regular fire drills, including simulated night time evacuation drills were occurring. Evacuation plans were in place for residents and there were good detection and containment systems in place in the centre to ensure that residents would be protected in the event of an outbreak of fire in the centre. However, the inspector noted that some residents liked to sleep with their bedroom doors opened. The bedroom doors, which were self closing fire doors, were not fitted with appropriate safety devices to allow for doors to be held open if desired, but would close them in the event the fire alarm was triggered. Further enquiries informed the inspector that these doors were being wedged or held open with objects at night. This presented a significant risk in the event that an outbreak of fire were to occur at night, as containment measures would be ineffective at a time when evacuation times were increased and staff levels decreased. Commitments were received from the management of the centre to ensure that appropriate measures were taken to protect residents, including interim measures and staff guidance that would apply until the appropriate equipment was installed.

Individualised plans were in place that contained detailed information to guide staff in supporting residents on an ongoing basis. A previous inspection had found that residents had an opportunity to take part in specific non-routine preferences referenced in plans only once a year. It was difficult for the inspector to ascertain if this practice was ongoing as residents were unable to access many of these activities due to the COVID-19 pandemic restrictions in place in the seventeen months prior to this inspection. Overall, the inspector saw that good quality personal plans were in place for residents. These were subject to regular review and suitable goals had been set and were being achieved. While some of these goals were seen to be low level on occasion, they did appear to be in line with residents' preferences. Personal plans were reviewed at least annually with the resident and their representatives through scheduled person centred planning meetings. There was evidence that the residents living in this centre were facilitated and supported to access medical supports and care as required. Residents had access to nursing staff at all times and were provided with appropriate mental health supports.

A previous report had highlighted an issue relating to residents accessing appropriate supports to aid communication. This inspection found that residents had since received input from a speech and language therapist that focused on communication. Recommendations from the most recent visit in April 2021 were seen to be in place and staff working in the centre demonstrated good awareness of the communication styles and needs of residents.

Regulation 10: Communication

The communication needs of residents had been assessed and were being met. Individual communication guidelines and communication support plans were in place and provided a good level of detail to guide staff. There were communication tools, such as visual schedules, in place to assist residents make choices and participate in

a meaningful way throughout the day.
Judgment: Compliant
Regulation 11: Visits
<p>There was a dedicated area in the centre that was suitable to facilitate residents to receive visitors in private if they wished. The registered provider facilitated the residents to receive visitors if they wished. Where visits did take place during the COVID-19 pandemic, control measures had been put in place in line with public health guidance to minimise the risks associated with the COVID-19 virus for residents, their families and staff members in the centre.</p>
Judgment: Compliant
Regulation 12: Personal possessions
<p>Residents were provided with appropriate facilities to store their personal belongings. Laundry facilities were provided for and residents were supported to manage their own laundry if they chose to do so.</p>
Judgment: Compliant
Regulation 17: Premises
<p>The premises was suitable to meet the needs of the residents. Resident bedrooms were decorated in a manner that reflected the individual preferences of residents. The centre was clean and maintained to a high standard. There was a large enclosed courtyard and garden area available to residents. Some painting works had recently been completed and some further painting was due to be completed following repair works that had taken place.</p>
Judgment: Compliant
Regulation 26: Risk management procedures
<p>The registered provider had put in place systems for the assessment, management and ongoing review of risk. A risk register was in place to provide for the ongoing</p>

identification, monitoring and review of risk. Individual risks had been appropriately considered and mitigated against. There was clear evidence that there was learning from adverse incidents and the provider was proactive in their approach to risk management.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had in place infection control measures that were in line with public health guidance and guidance published by HIQA. Household staff were on duty daily to ensure that the centre was clean and well maintained and there was appropriate PPE and hand sanitisation facilities available.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had put in place arrangements for detecting, containing and extinguishing fires and an appropriate alarm system was in place. Evacuation plans were in place for residents and the inspector viewed documentation showing that regular fire drills were occurring, including simulated night time drills. A practice in the centre meant that some residents bedroom doors were being wedged open at night. This practice would prevent the containment measures from being fully effective and did not ensure that residents would be protected in the event of an outbreak fire in the centre. This was brought to the attention of the management of the centre and commitments were provided that interim measures would be put in place to protect residents until the appropriate equipment could be installed to mitigate against this.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Individualised plans were in place for residents that reflected their assessed needs. These were comprehensive and person centred and were regularly reviewed to take into account changing circumstances and new developments. Personal plans were reviewed at least annually with the resident and their representatives through scheduled person centred planning meetings.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills to respond to behaviours of concern and support residents to manage their behaviour. Restrictive practices in place were appropriately identified, documented and reviewed and a clear rationale was provided for any restrictions in place. Some residents were restricted due to measures in place to protect other residents. Further consideration was required into how the impact of these restrictive practices could be reduced for residents that did not require them. This is dealt with in the section relating to Regulation 9: Resident's rights.

Judgment: Compliant

Regulation 8: Protection

The residents in this centre were protected from abuse. The inspector was satisfied on the day of this inspection that safeguarding concerns are treated seriously and in line with national policy. Where required, appropriate safeguarding plans were in place. Suitable intimate care plans were in place to guide staff. Staff had received appropriate training in the safeguarding of vulnerable adults and staff in the centre and the person in charge demonstrated a good understanding and commitment to their responsibilities in this area. Suitable vetting was in place for all staff, including agency staff.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, there was a strong emphasis in the centre on supporting residents to exercise choice and control over their daily lives and participate in meaningful activities. Staff were observed to speak to and interact respectfully with residents and were seen to be strong advocates for them. There was access to a variety of information in an accessible format and there were arrangements in place for access to external advocacy services if required. Residents were supported to receive visitors in line with public health guidance. Some improvements were required in relation to the ensuring that some residents had sufficient choice and control about meal choices. Some residents were restricted due to measures in place to protect other residents.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Not compliant
Registration Regulation 7: Changes to information supplied for registration purposes	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Re Nua OSV-0002440

Inspection ID: MON-0026678

Date of inspection: 19/08/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: Completed application submitted in line with the re registration requirements. Measures in place to ensure a timely adherence to timeframes by the provider going forward.	
Registration Regulation 7: Changes to information supplied for registration purposes	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: Measures to ensure timely adherence to timeframes by the provider going forward have been put in place. And Garda Vetting renewal submitted.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	

Completed application submitted in line with the re registration requirements. Measures in place to ensure a timely adherence to timeframes by the provider going forward.

Immediate actions were taken to restore the use of the locked room to reflect that identified on the SOP.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Magnetic door locks are ordered and awaiting fitting. On interim basis all wedges have been removed and doors remain closed with appropriate night checks recognized and carried out.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Rights review Committee have reviewed all restrictive measures with risk assessments supporting a reduction and in some cases removal of restrictive practices. Resident's involvement in the preparation and cooking of meals is being considered under personal planning process with a major enhanced level of involvement. Some restrictive practices are being reviewed while exploring alternative arrangements to ensure an enhanced quality of life for all residents. 2 residents are actively participating in daily meal preparation.

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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Not Compliant	Orange	31/08/2021
Registration Regulation 7(2)(a)	Notwithstanding paragraph (1) of this regulation, the registered provider shall in any event notify the chief inspector in writing, within 10 days of this occurring, where the person in charge of a designated centre has ceased to be in charge.	Not Compliant	Orange	31/08/2021
Regulation 23(1)(b)	The registered provider shall	Not Compliant	Orange	31/08/2021

	ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	15/10/2021
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	31/08/2021