

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

Issued by the Chief Inspector

Name of designated centre:	Taliesin House & Log Cabins
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	12 February 2024
Centre ID:	OSV-0003383
Fieldwork ID:	MON-0034103

About the designated centre

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

Taliesin House and Log Cabins is a designated centre operated by Nua Healthcare Services Limited. The centre can cater for the needs of up to thirteen male and female residents, who are over age of 18 years and who have an intellectual disability. The centre is located on large private grounds, close to a town in Co. Laois, and comprises of one main building, which can accommodate three residents, another building accommodates four residents, and six single occupancy cabins are situated to the rear of this main building. In the main building, each resident has their own bedroom, some of which are en-suite, with shared access to bathrooms, sitting rooms, staff office and kitchen and dining area. The cabins provide residents with their own living, kitchen and dining space, bedroom and bathroom. Large and well-maintained grounds surround this centre for residents to use as they wish. 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:	9
--	---

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 12 February 2024	09:00hrs to 16:00hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an announced inspection that was carried out to monitor for the provider's overall compliance with the regulations. The inspection was facilitated by the person in charge and over the course of the day, the inspector had the opportunity to meet with staff members, and with many of the residents who lived in this centre. Following on from the last inspection findings of this centre in October 2022, the provider had addressed all areas that were identified as requiring improvement. Although there were many good and positive practices observed as part of this inspection, there were improvements required to aspects of residents' support arrangements, to fire containment, risk management and behavioural support. These will be discussed in further detail later on in the report.

Upon the inspector's arrival, they were greeted by the person in charge and brought on a walk-around of the centre. This centre was located on large grounds, and comprised of a main building, an external apartment and accommodation, and six single occupancy log cabins. Although this centre was registered for thirteen beds, only nine residents were current availing of the service, and at the time of inspection, the provider had no plans for further admissions. These residents primarily required staff support with regards to their social care needs, with many having assessed staff support hours each day, which enabled them to get out and about to do the activities that they enjoyed. The person in charge was newly appointed to their role in recent months, and in that time, had become very familiar with the residents, their assessed needs, and also the operational needs of the service delivered to them. Of the staff and residents who the inspector met with over the course of this inspection, many spoke about the positive impact the person in charge had made to the service, since their appointment.

During the walk-around of the centre, residents were getting ready for their day, with many already up and about, while others were having a lie on. There was a very relaxed, calm and homely atmosphere, and staff were observed to interact very friendly with residents, as they came and went from various parts of their home. There was playful banter between staff and residents, and it was obvious that residents were comfortable in the company of the staff members who were on duty. In the main building, the inspector met with two residents, who spoke about various aspects of the service they received. One of these residents brought the inspector to see their bedroom, and spoke about their love of films. They had a large television in their bedroom, and had proudly displayed car registration plates, which they told the inspector they had an interest in collecting. The other resident spoke about their interest in sport, and were heading to training later that evening. Each said they were very happy with the level of staff support they received, as it meant they were able to often head out, and said they enjoyed themselves when doing so.

As the inspector was visiting the cabins, they also met with two other residents who occupied these. One of these residents was getting ready to head out to work in a local pub and restaurant, and they invited the inspector in to see their home. They

had their own kitchen and living area, bedroom, bathroom and storage room. They also had their own external shed to use as storage. This resident spoke of their interest in car boot sales, and of how they often attended them to sell various items that they had collected. This resident told the inspector of how they cleaned and maintained their cabin area, with support of staff, as and when required. They had decorated their cabin as they wished, and had various items relating to their home county, proudly displayed. They were aware of external ground works that the provider was intending to do over the coming months and chatted freely with the person in charge in relation to this. The other resident whom the inspector met with, had transitioned to their cabin since the inspector last met with them on the previous inspection. They said they were very happy with the move and had settled well into their new accommodation. This resident had a pet which they cared for, and had created a sleeping area for their pet, which they maintained and had an outside shed available to them, to store pet food. Similar to the other cabin visited by the inspector, this resident had also decorated their cabin to reflect their interests and personality. They loved colour and had introduced many items of interest to them, in order to bring vibrancy to their living space. This resident had some assessed health care needs and told the inspector that upon their admission to the centre some time ago, they had chosen to remain under the care of their own private allied health care professionals, and said that the management of the centre had supported them to continue with this arrangement. Later on in the day, another resident who occupied the apartment, allowed the person in charge and inspector to enter their home. This resident had pet birds and also had a keen interest in runners, which they had proudly displayed on shelving. Prior to this visit, the person in charge made the inspector aware that this resident was particularly private about their living space, and rarely granted staff access to their apartment, and their wish for this was respected. However, during this visit, a number of observations of concern were raised by the inspector with regards to food safety, fire safety and general maintenance and upkeep of this resident's apartment. This will be discussed in further detail later on in the report.

All nine residents led very active lifestyles and got on well together. Some attended day services, others held employment, while others liked to get out and about on a daily basis. Some residents had regular home visits to meet with family, others enjoyed going shopping, some attended to their affairs at the bank and post office, some liked to go out for a drink, and head out for lunch and coffee. Along with communal living spaces, there was also a recreational room available to residents which contained comfortable seating, pool tables and exercise equipment. The staff support that these residents received was fundamental the quality of life that they experienced, and was maintained under regular review to ensure its continued effectiveness. Some residents required on-going positive behavioural support, to enable them to understand and comprehend day-to-date life events and of the staff who met with the inspector, they demonstrated very good understanding of these residents, and of what worked well in supporting them with this aspect of their care. Educating and supporting residents to understand various aspects of the service they received was an on-going practice that the provider had implemented within this centre. For example, education sessions had recently been completed with residents in relation to fire safety, and this was an area that some residents spoke confidently with the inspector about. For instance, two residents in particular, told of

the various fire safety practices that they adhered to in their cabins, as well as what they were to do, should the fire alarm sound in the centre.

As earlier stated, there were many positive findings to this inspection, where the provider had ensured these residents received a service, in accordance with their assessed needs. Along with this, this inspection did identify where improvements were required, and these will now be discussed in the next two sections of this report.

Capacity and capability

Of the regulations inspected against as part of this inspection, for the most part, the provider was found to be in compliance with these. The provider had ensured suitable persons had been appointed to manage this centre, and had various systems in place to oversee the quality and safety of care. However, the outcome of this inspection did identify some areas that required review by the provider, to ensure better arrangements were put in place regarding some aspects of their service. This inspection did find that improvement was required by the provider, to ensure a resident was adequately supported to maintain their living space, in a safe and well-maintained manner. In addition, subsequent to the inspection, it was also identified that further review was required by the provider in relation to fire containment arrangements. Furthermore, some other improvements were also found to aspects of risk management and behavioural support.

The person in charge held responsibility for the service and was supported in their role by their staff team, deputy shift leaders and line manager. They met regularly with their staff team to review residents' specific care, and also maintained frequent contact with their line manager in relation to other managerial matters. Due to the assessed needs of the residents who lived in this centre, the provider had ensured that adequate staffing resources were in place. Newly recruited staff had joined the staff team in recent months, with many of the other staff working in this centre having supported these residents over a long period of time, and were familiar with them and their assessed needs.

The provider had many systems in place for overseeing the quality and safety of care in this centre, which extensively looked at various aspects of this service. While these systems were effective in identifying various improvements required to this centre, they hadn't identified some of the issues that were raised upon this inspection. This was particularly found in relation to deficits in the provider's oversight arrangements for ensuring a resident who occupied their own apartment, had appropriate support arrangements in place, to support them to maintain a safe, clean and well-maintained living space. Furthermore, following this inspection, the provider was requested to submit to the Chief Inspector of Social Services, additional assurances relating to the fire containment of the six log cabins that comprised of this centre. A review of this information, which was carried out

subsequent to this inspection by the Chief Inspector's competent persons, identified that further review was required by the provider to ensure adequate fire containment was in place to these aspects of the designated centre. Following on from this inspection, the provider met with the office of the Chief Inspector, and is engaging with the Chief Inspector in relation to this.

Although this inspection did identify that some aspects of the service required review, this was still a well-run centre that provided residents with the care and support that they were assessed as requiring.

Registration Regulation 5: Application for registration or renewal of registration

At the time of this inspection, the provider was preparing to submit to the Chief Inspector of Social Services, an application to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time role and this was the only designated centre operated by this provider in which they were responsible for. They knew the residents' assessed needs very well, and were also familiar with the operational needs of the service delivered to them. They were supported in their role by shift leaders, their line manager and staff team. Current governance and management arrangements gave them the capacity to ensure that this centre was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangement for this centre was subject to regular review. Where residents had assessed staff support hours, the provider had ensured that this was consistently provided. Where additional resources were required from time to time, the provider had arrangements in place for this. Also, where new staff were recruited to the centre, they were subject to an induction programme. At the time of this inspection, the provider was recruiting for the position of team leader, to further support the person in charge in their role.

Judgment: Compliant

Regulation 23: Governance and management

The provider had clear systems in place to oversee the governance and management of this centre. Clear communication systems were in place, to include, scheduled staff team meetings, and the person in charge also maintained regular contact with their line manager to oversee operational related matters. The oversight of the quality and safety of care was largely attributed to the full-time presence of local management at the centre, and completion of six monthly provider-led visits, which were occurring in line with the requirements of the regulations. Timebound action plans were put in place in response to these visits, which were evidenced on the day of inspection, to have been completed on foot of the findings of the most recent visit. In addition to this, the person in charge regularly prepared governance reports for senior management review, which informed about multiple operational areas specific to this centre. Throughout this inspection, the person in charge demonstrated good knowledge of the current operational needs of this service, and was aware of how to escalate any concerns for the provider to address.

However, this inspection did identify some areas of improvement, which the provider had not identified and managed for themselves, through their own systems, prior to this inspection. Upon visiting an apartment occupied by one resident, a number of concerns were raised by the inspector in relation to food safety, fire safety, maintenance and up-keep of this living space. The person in charge accompanied the inspector when visiting this apartment, and was proactive in addressing some of the priority areas of concern, that they too observed, by close of this inspection. Although it was made well-known to the inspector that this resident was very private about their living space, up until the time of inspection, there was no evidence to suggest that the provider had utilised their own systems, in consultation with this resident, to explore a resolution as to how effective monitoring and oversight of the maintenance, safety and up-keep of their living space, could be achieved by the provider, while also respecting the privacy wishes of this resident. Furthermore, given the lack of access staff had to this apartment area, the provider had not utilised their own risk management system, in assessing and monitoring for this risk, to demonstrate control measures that were required to be put in place to balance this resident's right to privacy, with mitigating against any potential risks pertaining to the oversight of their apartment.

Although clear fire containment arrangements were in place for most aspects of this premises, subsequent to this inspection, the inspector did request further information to be submitted to the Chief Inspector, regarding the fire containment arrangements for the six cabin areas. This information was received and reviewed, which didn't provide sufficient assurances that given the evolving nature of fire safety guidelines, that these arrangements had been reviewed in line with these. Since this inspection, the provider has engaged positively with the Chief Inspector in

relation to this. This is discussed in further detail under regulation 28 fire safety.
Judgment: Substantially compliant
Regulation 31: Notification of incidents
The person in charge had a system in place for the reporting, response and monitoring of any incidents occurring in this centre. They had also ensured that all incidents were notified to the Chief Inspector, as and when required by the regulations.
Judgment: Compliant
Quality and safety
<p>Overall, these residents enjoyed active lifestyles, and the provider had many effective arrangements in place to ensure that they received the type of service that they required, based on their assessed needs. However, there were some improvements required to risk management, behavioural support and fire safety. But predominately, the most significant of improvements was required to aspects of this premises, to ensure a resident was adequately supported to maintain their living space to a high and safe standard.</p> <p>Residents' needs were re-assessed for on a regular basis, and of the staff who met with the inspector, they were very knowledgeable of how they were required to care and support these residents. Although behavioural related incidents were minimal in their occurrence, there were some residents who were prescribed as-required medicines, in response to their assessed behavioural support needs. Administration of this particular intervention occurred on rare occasion; however, supporting documentation did require further review to ensure clarity was provided to staff, where consideration to the administration of this as-required medicine, may be required.</p> <p>When incidents occurred in this centre, they were reviewed and responded to in a timely manner, which had a positive impact on making this service safer for residents. The provider utilised many risk assessments to mitigate against specific resident risk, and although there was evidence these were subject to regular review, not all risks relating to the supports that residents required, were supported by this risk assessment process. Furthermore, additional review of the provider's risk register for the centre would also be of benefit to the provider and person in charge, in providing better clarity on the specific action they had taken, and monitoring systems they had implemented, in response to risks relating to this service.</p>

As earlier mentioned, this was a large designated centre, that comprised of multiple buildings. Although the maintenance of the premises was regularly overseen by the person in charge, this inspection did find significant deficits in the support arrangements provided to one particular resident, who occupied an apartment space. Due to the wishes of this resident, the provider was challenged in gaining regular access to this apartment, in order to ensure it was maintained to a safe and high standard. On the day of inspection, this resident invited the inspector and person in charge to come into their apartment, and they proudly showed the inspector artwork that they had completed, and introduced her to their three pet birds. However, during this visit, a number of significant concerns were raised by the inspector relating to food safety, fire safety, maintenance and general up-keep of this resident's living area.

Fire safety was also regularly overseen by the provider, with regular fire safety checks occurring, scheduled fire drills had been completed, all staff had up-to-date fire safety training, and residents had been supported to understand basic fire safety procedures. However, this inspection did identify some fire safety risks, and although the person in charge immediately addressed these, the provider had not identified these through their own fire safety checks that were regularly being completed. Furthermore, subsequent to this inspection, the provider was requested to submit assurances to the Chief Inspector in relation to the fire containment of the six cabin areas. A review of this information found that further review was required by the provider to ensure adequate fire containment was in place within these areas of the designated centre.

Although this inspection did identify areas of improvement, these did not negatively impact the quality of life that these residents experienced. Residents who met with the inspector each spoke highly of the staff support they received, were very comfortable in their living areas and said they were very happy living in this centre. It is acknowledged that the person in charge was very proactive in immediately addressing various concerns that were raised upon this inspection; however, these issues did warrant improvement to some of the provider's existing systems, to ensure they reviewed these in manner which would enable the provider, going forward, to identify similar issues for themselves through these systems.

Regulation 13: General welfare and development

The provider had ensured that each resident was provided with care and support, giving due regard to their assessed needs and wishes. Residents were supported to have employment, to participate in activities of their choice, and to maintain personal relationships. Each resident was assessed as requiring a specific number of staff support hours each day, which enabled residents to get out and about within their local community. This support arrangement was maintained under regular review and at the time of this inspection, was reported by staff and residents to be working very well in allowing them to maintain the lifestyles they wanted.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the centre was designed and laid out in a manner that meet the assessed needs of residents, and that it was equipped to support and promote their independence.

The premises was large in size and although for the most part, it was maintained to a high standard, an apartment area visited by the inspector required urgent attention by the provider to address a number of concerns which were identified. This apartment was home to one resident, who was reluctant to allow staff access into their apartment, and their right to this privacy was very much respected. However, there was no evidence available, to demonstrate if any explorative work had been completed in consultation with, and at the agreement of this resident, to support them in maintaining their living space to a better standard, while also providing the provider with regular oversight of this living space.

The resident did agree to allow the person in charge to bring the inspector into their home, where they kept pet birds and set up a computer game and television area, which they said they liked to use. However, several observations were made by the inspector within this apartment, which posed a threat to food safety, fire safety, and to the overall up-keep and maintenance of this residents' living environment. For instance, a small storage room viewed by the inspector had a very strong and unpleasant odour, that neither the resident, person in charge or inspector could detect its source. The fridge was visibly dirty and the freezer was observed to have extensive frost build up. Some clothes horses which were in use, were stationed over radiators, and were heavily loaded with laundry, posing a fire hazard. Various other refurbishment work were also noted as being required to this area, to include, attention to some areas of uneven flooring, and various gaps required filling around some fittings and fixtures.

After the visit to this apartment was completed, on foot of the observations made and of their own accord, the person in charge took immediate action into addressing food safety and fire safety concerns that they themselves witnessed during this visit. They were also taking action to develop a schedule of works to address the maintenance issues that were also observed. However, up until the day of this inspection, the provider had not put arrangements in place to allow them to effectively oversee the maintenance and up-keep of this apartment, and to ensure this could be done, in consultation with the resident, so as to balance the rights of this resident with the provider's responsibility for ensuring this apartment was maintained to the same safe and high standard, similar to the rest of the designated centre.

Judgment: Not compliant

Regulation 26: Risk management procedures

The provider had risk management systems in place to ensure risk was identified, responded to, assessed and monitored in a prompt manner. Where incidents occurred, they were reported to the person in charge to review, and where additional control measures were required to be implemented, these were put in place.

However, the assessment of risk required improvement to ensure risk assessments adequately guided and supported staff in mitigating against identified risks. For example, upon this inspection deficits were found in the risk management of a resident's living space, which the provider had not assessed for using their own risk management system. Furthermore, although there was a risk register in place for the centre, it didn't clearly support the person in charge and provider in their on-going monitoring of specific risks relating to this centre. For example, in response to previously identified pest control issues which were responded to by the provider, the risk register didn't provide clarity as to how the provider was continuing to monitor for this risk. Similarly, the provider's monitoring of fire safety was also not clearly outlined within the risk register, to guide on the specific control measures that the provider was implementing on an on-going basis.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Regular fire drills were occurring and records of these provided assurances that staff could support these residents to evacuate the centre in a timely manner. Much education and support had been provided to residents with regards to fire safety, and of the residents who met with the provider, they were clear as to what action they were to take, should the fire alarm sound. The provider also had developed a fire procedure, which gave clear guidelines to staff, should a fire occur in the centre.

Some residents who occupied a cabin area, had been provided with an external shed. However, one of these shed was observed to contain a fridge, which was in use by the resident to store food items for their pet. However, no fire detection had been provided within this shed. When brought to the attention of the person in charge, they took immediate action to have this rectified. However, although regular fire safety checks were being completed by staff, these checks had failed to detect this issue.

Although the provider had clear fire containment arrangements in place for much of the centre, the inspector observed the same arrangements were not in place for the six cabins. Subsequent to this inspection, the provider was requested to submit assurances to the Chief Inspector in relation to this. This information was reviewed

by competent persons appointed by the Chief Inspector, which identified that further review was required by the provider into this aspect of this designated centre's fire safety arrangements, to ensure adequate fire containment was in place for these cabins. Since this inspection, the provider has liaised with the Chief Inspector in relation to this. The provider acknowledged the requirement for a review of the containment arrangements for these cabins, and has satisfied the Chief Inspector in their response, that they recognise that additional works are required to these cabins in order to provide the assurances required that adequate fire containment is in place.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents needs were subject to on-going re-assessment and there were clear personal plans in place to guide staff on how best to support residents with the various aspects of their care. Personal goal setting was also an integral part of the care that residents received, with many having identified personal goals that were important to them, to work towards over the coming weeks and months. Key working staff were identified to support these residents with their goals and residents who spoke with the inspector, said that this was working well for them. At the time of this inspection, there was no resident identified to transition to, or from this centre.

Judgment: Compliant

Regulation 6: Health care

Although residents' assessed health care needs in this centre were minimal, they were still subject to on-going review and re-assessment, as and when required. The centre was supported by a variety of allied health care professionals, who were involved in reviewing this aspect of residents' care. Some residents had chosen to avail of these service privately, and this was facilitated and respected by the provider. Residents were supported to take responsibility for aspects of their own assessed health care needs and personal plans were in place in relation to this. For example, for one resident who had assessed nutritional needs, they were supported by staff to take their own blood sugar readings and guidance was available in the centre, to guide staff on what to do, should any concern rise in relation to this resident's blood sugar levels.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where restrictive practices were in use, the provider had ensured that these were subject to regular multi-disciplinary review. Behavioural related incidents were recorded and trended, and staff liaised with behavioural support specialists in relation to these, to identify if any changes were required to residents' behavioural support interventions. Although as-required medicine prescribed as part of one resident's behavioural support interventions was rarely used, the documentation supporting this administration would benefit from further review, to ensure better clarity was provided to staff, on the circumstances that would need to arise, to warrant this intervention.

Judgment: Substantially compliant

Regulation 8: Protection

At the time of this inspection, there were no active safeguarding concerns. There were a number of safeguarding plans in operation relating to previous incidents which had occurred, and at the time of this inspection, the person in charge was working with the designated officer to close these. All staff had received up-to-date training in safeguarding, and had procedures available to them, to guide them on the identification, reporting and response to any concern relating to the safety and welfare of residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were very much promoted and respected in this centre. Residents' individual interests, wishes and wants for how they wanted to spend their time was given much consideration in the planning of their day. The layout of this centre, gave residents space to have privacy and were supported to decorate their living space and bedrooms, to their own taste. Residents were given freedom and choice over their daily lives and had access to advocacy services, if they wished to avail of it.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Taliesin House & Log Cabins OSV-0003383

Inspection ID: MON-0034103

Date of inspection: 12/02/2024

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>1. The Person in Charge (PIC) and their Centre Management Team shall ensure daily Health and Safety Checks are conducted as per their daily Key Task List. Any issues or non-conformities identified shall be informed to the Maintenance Department where required and escalated as necessary to the Director of Operations (DOO).</p> <p>Completed: 12 February 2024</p> <p>2. The Director of Operations (DOO) shall complete a review with Nua's Maintenance Department and confirm a schedule for completion of required works identified.</p> <p>Due Date: 24 April 2024</p> <p>3. The DOO shall conduct a review of the systems in place regarding the management and overview of maintaining the premises in the designated Centre to ensure that,</p> <p>a) The Centre, its layout and environment are checked daily by Centre Management Team, and any maintenance or repairs are scheduled and addressed.</p> <p>b) Centre cleaning Standard Operations Procedures (SOP's) are checked daily by Centre Management to ensure that all cleaning schedules are adhered to daily and completed to a good standard.</p> <p>c) The Person in Charge or in their absence a member of the Centre Management Team shall send daily assurances to the DOO on hygiene, and health and safety checks within the Centre, inclusive of weekends.</p> <p>Completed: 12 February 2024</p> <p>4. The PIC in conjunction with members of the Multi-Disciplinary Team (MDT) will</p>	

complete a full review of all Individuals Personal Plan(s) and supporting documents, where required.

Due Date: 24 April 2024

5. The above points will be discussed with the Centre's Team Members by the Centre Management Team at the next monthly team meeting.

Due Date: 31 May 2024

Regulation 17: Premises	Not Compliant
-------------------------	---------------

Outline how you are going to come into compliance with Regulation 17: Premises:

1. The Person in Charge (PIC) and their Centre Management Team shall ensure daily Health and Safety Checks are conducted as per their daily Key Task Lists. Any issues or non-conformities identified shall be informed to the Maintenance Department where required and escalated as necessary to the Director of Operations (DOO).

Completed: 12 February 2024

2. The Director of Operations (DOO) shall complete a review with Nua's Maintenance Department and confirm a schedule for completion of required works identified.

Due Date: 24 April 2024

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

a) The Centre, its layout and environment are checked daily by Centre Management Team, and any maintenance or repairs are scheduled and addressed.

b) Centre cleaning SOPs are checked daily by Centre Management Team 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 Centre Management Team shall send daily assurances to the DOO on hygiene, and health and safety checks within the Centre, inclusive of weekends.

Completed 12 February 2024

4. The above points will be discussed with the Centre's Team Members by the Centre Management Team at the next monthly team meeting.

Due Date: 31 May 2024

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>1. The Person in Charge (PIC) in conjunction with the Director of Operations will complete a full review of the Individuals Risk Management Plan(s) (IRMP) and supporting documents, where required. Completed: 07 March 2024</p> <p>2. The PIC in conjunction with the Director of Operations will complete a full review of the Centre Specific Risk Management Plan, to ensure clear guidance for monitoring of risks, where required. Completed: 07 March 2024</p> <p>3. The above points will be discussed with the Centre's Team Members by the Centre Management Team at the next monthly team meeting.</p> <p>Due Date: 31 May 2024</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>1. The Person in Charge (PIC) and their Centre Management Team shall ensure daily Health and Safety Checks are conducted as per their daily Key Task Lists. Any issues or non-conformities identified shall be informed to the Maintenance Department where required and escalated as necessary to the Director of Operations (DOO). Completed: 12 February 2024</p> <p>2. As part of the Centre's fire safety enhancements, the Director of Operations in conjunction with a competent Fire Safety Consultant shall ensure a fire exit door in each bedroom is installed as well as internal fire doors installed in cabins, where necessary. Due Date: 30 June 2024</p> <p>3. Following the completion of the cabins fire safety enhancements, the Centre Management Team shall conduct a review of the Personal Evacuation Plans (PEEPS) and relevant documentation. Due Date: 30 June 2024</p> <p>4. Key Working Sessions will be completed with Individuals by the Centre Management</p>	

Team regarding any updated PEEPs and/or changes to their evacuation plans following the completion of works.

Due Date: 30 June 2024

5. A planned fire drill will be completed to ensure all Individuals are aware of Fire Escape Routes in each cabin following the completion of works.

Due Date: 30 June 2024

6. The above points will be discussed with the Centre's Team Members by the Centre Management Team at the next monthly team meeting.

Due Date: 30 June 2024

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

1. The PIC in conjunction with members of the Multi-Disciplinary Team (MDT) will complete a full review of all Individuals Personal Plan(s) and supporting documents, where required.

Due Date: 24 April 2024

2. Individuals' treating Psychiatrist in conjunction with the Centre's Behavioural Specialist shall complete a review of all PRN protocols. Any updates to PRN protocols, where required shall be communicated to team members, as necessary.

Due Date: 24 April 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 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	31/05/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/05/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the	Substantially Compliant	Yellow	31/05/2024

	assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/06/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	24/04/2024