



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

Issued by the Chief Inspector

Name of designated centre:	The Fairways
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	26 September 2022 and 27 September 2022
Centre ID:	OSV-0003389
Fieldwork ID:	MON-0037488

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 26 September 2022	11:00hrs to 17:30hrs	Anne Marie Byrne	Lead
Tuesday 27 September 2022	09:40hrs to 14:00hrs	Anne Marie Byrne	Lead
Monday 26 September 2022	11:00hrs to 17:30hrs	Ivan Cormican	Support
Tuesday 27 September 2022	09:40hrs to 14:00hrs	Ivan Cormican	Support

What residents told us and what inspectors observed

This was an unannounced inspection to assess the provider's overall compliance with the regulations and was facilitated by the person in charge, director of operations, team leaders and deputy team leaders. Overall, since the last inspection of this centre in May 2022, the provider had taken action to improve the quality and safety of service delivered to residents; however, there were still improvements required, particularly with regards to aspects of governance and management arrangements, and these will be discussed in the subsequent sections of this report.

There were six young adults residing in this centre, many of whom had high support needs and required specific support with regards to their assessed behavioural and social care needs. Each required an assessed level of staff support during the day and night, and required regular input from relevant multi-disciplinary teams, to ensure appropriate care and support arrangements were in place for them. Since the last inspection, the provider had made improvements to the service delivered to these residents, resulting in residents engaging more in social activities and courses, safeguarding concerns had significantly reduced and better behavioural support arrangements were in place for them. However, for one resident in particular, in response to incidents that were occurring, inspectors observed where improvements were required to improve this resident's safety and welfare arrangements, particularly at times when they accessed the community. This will be discussed further in the subsequent sections of this report.

Upon inspectors' arrival to the centre, they were greeted by a member of staff and requested to perform temperature checking and hand hygiene before entry. This staff member was providing support to a resident, who was relaxing in a sitting area watching television. This resident told the inspectors that they had started availing of local gym facilities, resulting in a recent weight loss, which they were very happy about. Another resident, who resided in the same area of the centre as this resident, had already left for their day service. Staff told inspectors that this particular resident, in recent months, had moved from the apartment within the centre into the main house, and was getting on very well with their new living arrangements. This resident had commenced work experience, was enrolled in a hairdressing course and staff told the inspectors that this resident was very happy with how active their life was at present. A third resident, who later returned to the centre to have lunch, also met with the inspectors. They spoke of their plans to head out again that day with the support of staff, and of how they were looking forward to celebrating their upcoming birthday and were also looking forward to planning for halloween. Over the course of this inspection, multiple positive and transparent interactions were observed by inspectors between staff and these residents. There was a very obvious open and warm rapport between all staff and residents, which gave a real sense of the homeliness, welcome and comfort that these residents had in their home.

The centre comprised of a large two storey house and a separate single storey

bungalow, both of which were connected by a glass corridor. Residents had their own bedroom, en-suite facilities, sensory room, large kitchens and dining areas, sitting rooms and staff offices. There is also an apartment within this centre, which is occupied by one resident. Since the last inspection, with the reduction in residents residing in the centre, the provider revised the overall living environment, which meant that three residents now resided in one area of the centre, two resided in another section of the centre, with one resident residing in their own apartment. This change in living arrangements allowed for more living space for residents and meant that there was less opportunity for negative interactions between residents, who previously had safeguarding incidents with their peers. A resident, who on a previous inspection, told inspectors that they did not feel safe to freely access all areas of their home, met again with inspectors on this inspection. This resident was very complimentary of these environmental changes and of the improvements that the provider had made to the centre's safeguarding arrangements, saying that they were very happy, now felt completely safe in their home and that they got on well with those who resided in the same area of the centre as them.

Most of these residents lived very active lifestyles and were observed by inspectors to frequently come and go from the centre, with the support of staff. Over the summer months, staff told of how residents had enjoyed getting out in the good weather and of how they had hosted a disco out in the back garden, which they had really enjoyed. For residents who didn't wish to engage in activities outside of the centre, they were facilitated to spend their recreational in the comfort of their home, as they wished. The improvements made to staffing levels since the last inspection, along with the adequacy of transport arrangements, meant that these residents had ample opportunity to get out and about as much as they wished, and staff were very proactive in supporting these residents to pursue their personal goals with regards to employment, training and personal aspirations.

The number of safeguarding incidents occurring in this centre had significantly reduced since the last inspection. Previous inspections identified where a high number of safeguarding plans were required to keep residents safe, with only two safeguarding plans now in operation, which were being effectively implemented by staff. Furthermore, as a result of better positive behaviour support arrangements, there was also a noted decline in the number of times physical restraint was used in order to keep residents, and those around them, safe from the risk of harm. While there were residents residing in this centre who did require high levels of support with regards to their assessed behaviour support needs, since the last inspection, there was increased on site support available to staff from a behaviour support specialist, who regularly reviewed the effectiveness of these residents' behavioural support interventions, in consultation with staff.

There was also better consistency in the number of staff working in this centre, resulting in residents now having access to the staff support that they were assessed as requiring. Inspectors met with some staff members who were recruited to the centre in recent months, and they told of the support they received in order to get to know the residents and their assessed needs, prior to working directly with them. Over the course of this inspection, inspectors met with various other staff members, who each spoke confidently about the changes made to safeguarding and

behavioural support arrangements, were aware of the specific staff support that individual residents required and were also familiar with the type of incidents that were occurring. Although there was much change going on in this centre, staff told inspectors that they were maintained informed of these changes through daily handover, as part of team meetings and that the person in charge was also full-time at the centre to discuss any updates directly with them.

Much improvement was noted by inspectors to various aspects of this service, which resulted in better outcomes for residents. Residents were content, active and encouraged to be involved in the planning of their care. However, there were improvements still required and these, along with the overall findings of the inspection, will now be discussed in the next two sections of this report.

Capacity and capability

Following on from the findings of the last inspection of this centre in May 2022, the Chief Inspector of Social Services issued the provider with a notice of proposed decision to cancel the registration of this centre. This notice was issued on the basis of significant concerns raised in relation to this centre's risk management, safeguarding, governance and management behavioural support and staffing arrangements. In response to this, the provider submitted a time bound action plan, outlining a number of actions they planned to take to bring this centre back into compliance. Overall, inspectors found that the provider had implemented this action plan, resulting in significant improvements to the staffing, behavioural support and safeguarding arrangements in this centre.

However, similar to the last inspection, there was still significant improvement required to the governance and management of the quality and safety of care, in response to certain incidents that were occurring in this centre, to ensure that effective and timely action was being taken to mitigate against potential threat to safety, particularly with regards to one resident. Furthermore, this inspection also found where some improvement was also required to aspects of risk management and behavioural support.

Upon the previous inspection, the provider had failed to clearly demonstrate that staffing levels within this centre were in accordance with the assessed needs of the residents, and inspectors found that this had been rectified. A full comprehensive assessment of need was now completed for each resident, with multi-disciplinary input, which gave clarity on the specific staff support that each resident required, both day and night. There was also an overall improvement in the number of staff available to work in this centre, and a review of the roster, demonstrated that the provider was consistently providing residents with the staff support that they were assessed as requiring. Staff recruitment was still on-going and in the interim, regular relief staff, who were familiar with the residents and their assessed needs were rostered, as and when required. Since the last inspection, a new person in charge

was appointed to this service. They demonstrated good understanding of their regulatory requirements, had gotten to know residents and their assessed needs well and were also very aware of the improvements that were required within this centre and of the progress made towards effectively implementing the actions outlined within the provider's action plan. They were based full-time at this centre and as this was the only designated centre operated by this provider in which they were responsible for, they had the capacity to ensure it was effectively managed. They were supported in their role by their line manager, a team leader and four deputy team leaders and had conducted a number of staff meetings since their appointment.

There was a significant decline in the number of safeguarding and behavioural related incidents occurring in this centre, which was largely attributed to the improvements that the provider had made to the centre's overall safeguarding and positive behavioural support arrangements. Of the incidents that were occurring, inspectors noted that these were repeatedly of a similar nature. However, similar to the previous inspection, improvement was still required to ensure that the provider was effectively utilising and acting on the information gathered about these incidents, to better the safety of care delivered to residents.

On the first day of this inspection, the inspectors requested the provider to urgently review the safety arrangements in place for one particular resident, as re-occurring incidents when this resident was out in the community, did pose a concern to their safety and welfare. Although prior to this inspection, the provider had put additional safety arrangements in place for this resident in response to these incidents, the provider was requested to review these and provide assurances that such measures were going to be effective in addressing potential safety concerns to this resident, should similar incidents occur. The provider was responsive to this and had by close of this inspection, put more proactive and responsive measures in place to further protect the safety of this resident. However, prior to inspectors bringing this to their attention, the provider's own review of these incidents, as part of their governance and management systems, had not led to the recognition of the requirement for these better and more responsive measures to be put in place for this resident.

Another example of this was observed on the second day of the inspection, where consecutive medication refusals for a resident, that were consistently reported by staff and again reviewed very regularly by local and senior management, had not led to appropriate action being taken by the provider to ensure governance and management systems were effective in ensuring the relevant health care professionals were made aware of this in a timely manner. In one instance, minutes of a recent multi-disciplinary meeting, indicated that this was only brought to the attention of a relevant healthcare professional, after they themselves, contacted the centre to review this resident's mental health status. It was only then, upon learning of these medication refusals, that this resident's medications were reviewed, which resulted in a marked decrease in refusals.

Overall, this provider had defined governance and management systems in place: however, similar to previous inspections, inspectors found repeated failings in these systems, whereby, the actions taken by the provider in response to the information

available to them about certain incidents which were occurring, were not always effective in recognising and effectively addressing specific resident safety and welfare concerns, to result in better outcomes for residents.

Regulation 15: Staffing

The provider had ensured a comprehensive needs assessment was completed for all residents, with multi-disciplinary input, which clearly outlined the specific staff support each resident required, both day and night. The provider was also proactive in the review of these assessments to ensure that where changes to residents' needs were identified, consideration was given to the revision of their staff support, which for one resident, had resulted in a recent increase in their staff support. As a result of increased staffing levels, the provider was able to clearly demonstrate that this level of staff support was consistently available to residents. Improvements were also made to the maintenance of the staff roster, which now clearly identified the names of staff and their start and finish times worked. The provider was still actively recruiting staff for this centre and had arrangements in place, that should additional staffing resources be required, regular relief staff, who were familiar with the residents and with the service, were available to work in this centre, as and when required.

Judgment: Compliant

Regulation 23: Governance and management

Since the last inspection, along with improving the centre's staffing resources, the provider had also appointed a new person in charge and additional deputy team leaders to support the management and running of this centre. However, there was still improvement required to ensure the provider's own internal monitoring and oversight systems were effective in recognising where action was required, in response to the information readily available to them, about the nature and frequency of incidents that were occurring.

For example, following a review of incidents that had occurred in this centre over a two month period, inspectors observed six separate occasions where one particular resident had put their own safety and welfare at risk, while out in the community. These incidents were well-documented by staff and gave a very clear account and description of what happened. Upon review of the information contained within these incident reports, inspectors requested the provider to review the safety arrangements in place for this resident. The provider was responsive to this and by close of the inspection, they had put additional measures in place for this resident,

should similar incidents occur. However, even though these incidents were consistently reported by staff, who provided clear information indicating where this resident had put their safety and welfare at risk, and their nature and frequency was also regularly overseen by local and senior management, this had not resulted in the timely identification by the provider, to act upon this information, and put these additional measures in place for this resident, prior to this inspection.

Similar deficits were also identified on day two of the inspection with respect to appropriate action and follow-up being taken by the provider, in response to information available to them, where multiple medication refusals were occurring. For example, inspectors identified where consecutive medication refusals had occurred for one resident and although information regarding these repeated refusals was consistently reported by staff, and reviewed at a local and senior management level, this had not resulted in action being taken by the provider, to ensure their own processes for reporting and following up on these refusals with the relevant health care professionals was effective. In one instance, inspectors observed, whereby, during a routine multi-disciplinary review, the relevant health care professional was not made aware up until that point, about consecutive medication refusals that were occurring with regards to a resident that was under their care.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were reported to the Chief Inspector, as and when required by the regulations.

Judgment: Compliant

Quality and safety

Following on from the last inspection, inspectors observed a noted improvement in this centre's positive behavioural support, restrictive practices and safeguarding arrangements, which had resulted in residents receiving better care and support with regards to these integral aspects of the service delivered to them.

As previously mentioned, concerns raised by inspectors following a review of incidents that were occurring involving one particular resident, which led to inspectors requesting the provider to review the safety arrangements for this resident. As part of the provider's response to this, along with putting immediate

safety measures in place, they also updated this resident's risk assessment to include these measures, as well as other additional control measures that they were planning to implement. Furthermore, on the second morning of this inspection, a multi-disciplinary review was held in relation to these concerns, which informed a further review of the protocol in place to better guide staff on how to effectively respond, should similar incidents re-occur. In addition to this, inspectors were informed of the provider's long-term plans to support the safety and welfare of this resident and of how the progression of this was being overseen by senior management.

Staff who met with the inspectors over the course of this two day inspection, were aware of specific risks relating to residents and of their role in maintaining these residents safe from harm. Records of daily handover reports and team meetings demonstrated that any incidents or new risks relating to residents, were reviewed and discussed between the person in charge and his staff team. Although there was a decrease in the overall number of incidents occurring in this centre, there was some improvement needed with regards to the risk-rating of incidents. Following a review of incidents that were occurring, inspectors identified that the current risk-rating process didn't allow for consideration to be given to the potential impact the incident had on residents' safety and welfare. For instance, the current process for risk-rating incidents, only allowed for calculation on the basis of whether an injury or property damaged had occurred. Although the vast majority of incidents reviewed by the inspectors had not resulted in the occurrence of either injury or property damage, the information provided by staff within some incident reports, did pose concern with regards to the potential risk to some residents' safety. However, due to the limitations of the current risk-rating process, these incidents were risk-rated solely on whether injury or property damage had occurred.

There was a marked improvement in the provision of positive behavioural support since the last inspection of this centre. There had been a complete review of measures to support residents who required assistance with this aspect of their care, with behavioural support plans re-developed and additional training provided to all staff members. These changes made by the provider in both the provision of care and also to residents' living environment, had resulted in a significant decrease in the use of restrictive practices, with a marked reduction in the use of physical interventions, which had an overall positive impact on the provision of care. An inspector reviewed a sample of behavioural support plans and found that they were comprehensive in nature, and gave relevant and up-to-date information on the measures and supports residents may require. Staff members who met with inspectors, spoke confidently about residents' behavioural needs and they clearly had a good understanding of residents' support plans, as they openly discussed the use of "chat time" and a "token system", which had a positive bearing for one resident. However, there was some minor adjustments required to one behavioural support plan, in relation to a resident who was prescribed a chemical intervention by a mental health professional on an as-required basis. Further clarity was required within this resident's behaviour support plan to guide staff in the administration of this medication to ensure that it was administered at a point in time, that best suited this resident's mental health and/or behavioural support needs.

As mentioned above, there had been a noted decline in the use of physical restrictive practices since the previous inspection of this centre. Staff members had a good understanding of the prescribed measures to avoid their use, and behavioural support plans clearly indicated that physical restrictive practices were implemented only as a last resort, in response to significant safety or behavioural concerns. Upon the previous inspection of this centre, the provider did not demonstrate that the least restrictive practice was always implemented; however, a review of incidents on this inspection, clearly outlined how staff now endeavored to de-escalate situations with the overall aim of avoiding the use of these types of restrictive interventions. There were also other restrictive practises in place which were generally implemented in direct response to safety concerns. To ensure that residents were fully aware of their use, the person in charge and the staff team regularly discussed restrictive practices with residents including the rationale for their use, which assisted in ensuring that residents were fully included in decisions about their care.

Both inspectors noted that the atmosphere within the centre had changed since the last inspection to one which was homely, relaxed and calm. Residents chatted freely with staff members, inspectors and with the person in charge about their plans for the day and about upcoming events like birthday parties. During the inspection process, anytime the person in charge was in the room with inspectors, residents freely entered the room to chat with him, told him about their plans for day and even asked if he wanted any office supplies picked up for the centre, before they headed out that afternoon with their support staff. Inspectors found that the person in charge gave residents their full attention and it was apparent that these interactions were the norm within the centre. This openness within the centre also had a positive bearing on safeguarding, where there was also a marked reduction in the number of safeguarding incidents since the last inspection. Where a safeguarding incident had occurred, these were promptly followed up by a designated person, and any safeguarding plans that were required, were effectively implemented by staff and regularly reviewed. The centre also had an assigned designated person to manage safeguarding concerns and they attended the service on a regular basis to review the effectiveness of safeguarding measures. During these visits, the designated person attended resident forum meetings to discuss safeguarding with residents, which included what abuse was and how residents could report a safeguarding concern. To coincide with these meetings, the person in charge was developing a rights based approach to care and the principles of fairness, respect, equality, dignity and autonomy, where also discussed with residents, giving an openness to the provision of care in actively promoting residents' rights.

Regulation 26: Risk management procedures

Since the last inspection, there was a noted decline in the number and nature of severity of incidents that were occurring in this centre. Of the incidents that were happening, these were well-reported by staff and reviewed weekly by local and

senior management. However, improvement was required to the process in place for the risk-rating of incidents, to ensure it gave due consideration to the potential impact to the safety and welfare of residents. For instance, a number of low risk-rated incidents relating to a particular resident were reviewed by inspectors. This low risk-rating was given on the basis that these incidents had not resulted in injury to the resident or in property damage. However, upon review of the information provided by staff within these incident reports, there were times identified where the resident had put their own safety at risk. However, as the current risk-rating process only allowed for calculation on the basis of whether injury or property damage had occurred, this impacted the provider's ability to give an appropriate risk rating of these incidents, with due consideration for the potential impact to residents' safety and welfare.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The provision of behavioural support was an integral aspect of care in this centre. Inspectors found that the support offered in this area of care was generally held to a good standard and that the provider had implemented significant resources to ensure that residents were supported in line with their assessed needs and that staff were suitably trained. The provider clearly demonstrated that where required, the least restrictive practice was implemented and staff who met with inspectors were well guided in regards to supporting residents with their assessed behavioural support needs. However, inspectors found that some adjustments were required to one behaviour support plan, with regards to better guiding staff on the administration of a medicinal products, in response to behaviours of concern, and that a revision would further build upon the many positive examples of care which were found on this inspection.

Judgment: Substantially compliant

Regulation 8: Protection

Safeguarding underpins the provision of care and assists in ensuring that residents are safe. There were marked improvements in the provision of safeguarding in this centre and residents who met with inspectors stated that they felt safe and that they were supported by a pleasant staff team. There were also warm interactions observed throughout the inspection and staff who met with inspectors had a good understanding of safeguarding plans which were required. The introduction of rights based principles also had a positive impact on the provision of care and clearly demonstrated that the well-being and welfare of residents was to the forefront of

care.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Fairways OSV-0003389

Inspection ID: MON-0037488

Date of inspection: 26/09/2022 and 27/09/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To demonstrate that the Centre is line with Regulation 23, the Person in Charge will ensure that the following actions are taken:</p> <ol style="list-style-type: none"> 1. The Person in Charge (PIC), in conjunction with the Director of Operations (DOO) will ensure all incidents are reviewed and corrective actions implemented as soon as is reasonable and practicable. If additional supports are required with implementing corrective actions the Director of Operations (DOO) will escalate this appropriately in line with internal monitoring and oversight systems. 2. The Person in Charge (PIC), in conjunction with the Director of Operations (DOO) and Nua’s Admission, Transition and Discharge (ADT) Director will continue to engage with relevant key stakeholders to identify an appropriate alternative placement for The Resident and ensure a safe and appropriate transition takes place in line with regulation. 3. The Person in Charge (PIC) in conjunction with The Director of Operations (DOO) will complete a full review of all risk management plans within the centre to ensure all controls are in place to mitigate risk levels to an acceptable level. 4. The PIC to undertake a review of the Centre Risk Register to ensure any low risk rated incidents, capture the appropriate controls, and actions to mitigate any potential risk of harm to the Service User. 5. The PIC shall review the Centre’s procedures associated with managing and escalating low risk rated incidents, which may have a potential risk to the Service User, updating response plans to mitigate such risk to acceptable levels. 6. The above points will be discussed with the staff team at the next monthly team 	

meeting by 11th November 2022.

7. The Resident has also been identified as suitable for a transition from The Fairways to a standalone apartment. The Resident will be transitioned from the Centre in line with the Centre's Policy on Admissions, Transitions and Discharges (PL-ADT-001), Regulation 25(4), and in consultation with the Service User and relevant stakeholders by 30 November 2022 or sooner, if possible.

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

To demonstrate that the Centre is in line with Regulation 26, the Person in Charge will ensure that the following actions are taken:

1. The Risk Management Policy to be reviewed to include a 'post-incident review table', covering low risk rated incidents which may have potential risks to the Service User, with reference to appropriate action or follow up to be taken following the incident review by the Person in Charge (PIC).
2. Further review of the severity table within our Accident, Incident Reporting System (AIRS) to be complete, to ensure low risk rated incidents are followed up on and reported in line with the updated Risk Management Policy.

Note: The above actions will be completed by the 31 January 2023, or sooner, if possible.

Regulation 7: Positive behavioural support

Substantially Compliant

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

To demonstrate that the Centre is in line with Regulation 7, the Person in Charge will ensure that the following actions are taken:

1. The Person in Charge (PIC) shall ensure that Multi Element Behavior Support Plan (MEBSP) is updated to provide clearer guidance on when to administer a Service User's medication.

Note: This action was completed on the day of the inspection and updates communicated to all the staff team.

2. The above point will be discussed with the staff team at the next monthly team meeting by 11th November 2022.

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/11/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/01/2023
Regulation 07(1)	The person in charge shall ensure that staff have up to date	Substantially Compliant	Yellow	11/11/2022

	knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.			
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