



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

## Issued by the Chief Inspector

Name of designated centre:	Ivory Lodge
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Clare
Type of inspection:	Short Notice Announced
Date of inspection:	20 May 2025
Centre ID:	OSV-0008892
Fieldwork ID:	MON-0045260

## About the designated centre

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

In this designated centre a residential service is provided to residents over the age of 18 years who require supports in the context of an intellectual disability, acquired brain injury or autism spectrum disorder. The provider aims to ensure that the age profile of residents is at an appropriate and compatible range. A maximum of four residents can be accommodated. The house is a spacious detached property in an established residential area on the outskirts of the busy town. Each resident has their own bedroom, two of these bedrooms have ensuite facilities and two residents share the main bathroom. Shared communal spaces include two living rooms and a combined kitchen-dining space. Additional facilities include a well-equipped laundry and an office for staff. Residents have access to a spacious garden and ample parking is provided to the front of the house. The model of care is social. Staffing levels reflect the ability of residents to independently manage some of their own support needs and generally there is one staff member on duty by day and by night. Management and oversight of the service is undertaken by a person in charge supported by a deputy person in charge.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 20 May 2025	10:00hrs to 16:45hrs	Mary Moore	Lead

## What residents told us and what inspectors observed

This was the first inspection of this designated centre by the Health Information and Quality Authority (HIQA). The centre was registered by the Chief Inspector of Social Services in October 2024. The findings from this inspection were satisfactory with the provider demonstrating a high level of compliance with the regulations. Further development of an individual risk management plan was needed. The plan needed to better reflect the resident's current needs, choices and routines and, the supports in place in response.

The designated centre is located in a mature residential area on the outskirts of a busy town. The house is a two storey property on a spacious corner site. On arrival the inspector noted how well presented and maintained the house was with a paved parking area to the front and an attractive garden to the side of the property that residents could access directly from the kitchen. Internally, the house was laid out and refurbished to meet the needs of the residents and the stated purpose and function of the centre. Each resident was provided with their own bedroom two of which had an ensuite shower room. An additional main bathroom was provided in close proximity to the other two bedrooms. Residents had a choice of two communal rooms and a spacious kitchen-dining area. The house was welcoming, bright and spacious, visibly clean and in good decorative order throughout.

This inspection was facilitated by the person in charge. The senior direction of operations was also present and available to the inspector for this short-notice announced inspection.

The person in charge competently described and demonstrated to the inspector how they implemented the providers systems of governance and management and how they themselves exercised their management and oversight responsibilities. For example, their mentoring and support of staff, their review of incidents and oversight of the support and care provided to each resident.

The centre was at maximum capacity with four residents availing of a residential service. The residents living in the centre are of a younger age profile and for some residents this was their first residential placement. The residents had full and active daily routines and spent much time each day out of the centre attending different services and a range of activities. The staffing levels and arrangements reflected the independence and abilities of the current cohort of residents and generally there was one staff member on duty by day and by night.

The inspector had the opportunity to meet and speak with two residents when they returned in the evening to the centre. The residents were open and generous with their time offering the inspector the opportunity to see their bedrooms and showing the inspector items that reflected what was important to them such as their interest in sport, maintaining their personal appearance and items that helped them to self-

regulate. For example, one resident showed the inspector how they used their “worry monster”.

These two residents presented as happy and content telling the inspector that they liked living in the centre. It was evident that they were familiar and comfortable with the staff member on duty and one resident smiling broadly when the inspector mentioned the persons in charge name. The resident was looking forward to their evening meal and said they enjoyed the meals provided.

The residents discussed with the inspector the different community based activities that they enjoyed. One resident attended a structured day service programme while the other resident largely self-directed their own interests and activities and showed the inspector for example the medals they had received for playing golf. One resident discussed plans for playing basketball later in the week with support from a staff member. There was easy humour as the inspector admired the neatly folded laundered clothes on the resident’s bed. The resident said they had completed the laundry themselves, then laughed and said it was the staff who had completed the laundry for them but they would put it away themselves. The inspector noted that residents were provided with adequate personal storage space.

The person in charge described how residents maintained contact with home and family and could self-direct visits and the time spent with persons important to them. The annual review of the quality and safety of the service (that must provide for consultation with residents and their representatives) was not due to be completed until late 2025. The provider had however in February 2025 completed the first six-monthly quality and safety review of the service. The inspector noted that the reviewer met with the residents and the staff team and the feedback provided was positive. While an action plan did issue there were no concerning findings from this internal provider led review.

Overall, what the inspector discussed, read and observed reflected a service where the individuality, needs, abilities and choices of each resident were respected and reflected in the support and care provided. For example, residents who could safely do so, travelled independently to and from the centre, participated in the preparation of meals for themselves and their peers and managed their own finances. Where support from staff was needed this was provided. For example, the inspector saw how one resident returned to the centre via the local link transport while a staff member collected a resident from their day service.

In summary, this was a well-managed service where the individuality and rights of residents were respected and promoted. However, the provider knew that in respecting the choices that residents made there were at times challenges. The inspector saw that the person in charge and the staff team spoke with residents in relation to their choices and decisions as they sought to support residents to make good decisions and to engage in programmes that would develop further for example, their decision making and independent living skills. There were particular challenges in this regard as residents adjusted or did not adjust so well to what was for them a significant life transition. The inspector was assured that the provider was aware of and was maintaining active oversight of these challenges, their impact

on the placement and overall resident well-being. However, the inspector found that a residents risk management plan did not comprehensively address these challenges, possible risks, the support that was already in place or recent clinical recommendations as to how the challenges should best be responded to and monitored.

The next two sections of this report will describe the governance and management arrangements in place and how these ensured and assured the appropriateness, quality and safety of the service provided to residents.

## Capacity and capability

Based on these inspection findings this centre was effectively managed and governed. There was a clearly defined management structure in place that operated as intended by the provider. There was clarity on and accountability for individual roles and responsibilities. The centre presented as adequately resourced. The provider had effective systems of quality assurance that maintained oversight of the appropriateness, quality and safety of the service.

Responsibility for the day-to-day management and oversight of the centre was delegated to the person in charge. The person in charge was also responsible for another designated centre and was supported by a deputy person in charge. They worked together in both designated centres rotating their presence in each centre and providing on-call support for the staff teams at the weekend. These arrangements were evident from the staff duty rota and the centre specific on-call rota. The person in charge confirmed they had excellent access and support from their line manager the senior director of operations. For example, if there was an identified need for additional staff support.

Ordinarily there was one staff member on duty by day and by night. The person in charge reported that additional staffing was in place to support residents while they transitioned to the service. For example, until they were familiar with the local public transport routes and timetables. The staff duty rota was well-maintained and showed each staff member on duty and the hours that they worked.

The person in charge described how they utilised their time in the centre to shadow, mentor and support the staff team so that they learned and completed their duties to the expected standard. In addition there were formal systems of induction, probation and supervision.

For example, the person in charge described how all newly recruited staff completed a centralised four day programme of induction where they were introduced to the provider's policies and procedures and received in person training. The inspector reviewed the staff training matrix and saw that mandatory, required and desired

training was completed by all of the staff who worked regularly in the centre as listed on the staff duty rota.

The person in charge described how oversight of the quality and safety of the service was maintained and assured. This included regular reviews of risk, health and safety, medicines management oversight and consultation with residents in relation to their satisfaction with the service. The provider maintained oversight of these local management systems. For example, the weekly administration audits that were completed and, as discussed in the opening section of this report, the provider had completed the first six-monthly quality and safety review of the service in February 2025. The inspector read the report of that review and the action plan that issued. It was a comprehensive review that incorporated resident experience. The overall findings were satisfactory and that would concur with the findings of this HIQA inspection.

#### Regulation 14: Persons in charge

The person in charge worked full-time and had the experience, qualifications and skills required for the role. The person in charge would describe and demonstrate to the inspector how they maintained oversight of the quality and safety of the service with support from the deputy person in charge and their line manager a senior director of operations. Based on what the inspector discussed and read the person in charge was consistently engaged in the management and general administration of the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

The inspector reviewed the current and previous staff duty rotas. The rotas from March 2025 to date demonstrated good continuity and reflected the staffing levels, staffing arrangements and the staff skill-mix observed and described. The staffing levels and arrangements in place were based on the assessed needs and abilities of the residents and the level of support that they needed. Overall, based on the evidence presented to the inspector, the inspector was assured the staff numbers and arrangements were in line with the assessed needs and abilities of the residents and were adequate to provide what support was needed. Ordinarily, there was one staff member on duty but the person in charge or the deputy person in charge were also on site each weekday. If a resident required or requested staff support for a particular reason the person in charge confirmed this support was provided.

Any vacant shifts were worked by members of the regular staff team or relief staff. Relief staff were sourced from another nearby centre or from the other designated



centre managed by the person in charge. These staff members were therefore known to the person in charge and were familiar with the providers systems, policies and procedures.

Judgment: Compliant

### Regulation 16: Training and staff development

Good oversight was maintained of staff attendance at training with no unexplained training gaps evident from the training records seen. Staff had completed training that included training in safeguarding residents from abuse, fire safety, medicines management, first aid and responding to behaviour that challenged including de-escalation and intervention techniques. Additional training reflected the stated purpose and function of the centre and included training in understanding intellectual disability, autism and promoting residents human rights.

There were systems in place for the support and supervision of all staff. This included the on-site support and supervision described by the person in charge while the inspector also reviewed the log maintained of completed and planned formal supervisions. Staff had signed this log to confirm that they had received supervision.

Judgment: Compliant

### Regulation 23: Governance and management

Based on these inspection findings the designated centre was effectively managed and governed. The provider demonstrated a high level of compliance with the regulations reviewed on this inspection and was open to the verbal feedback of these inspection findings.

The person in charge described and demonstrated to the inspector how they planned, managed and maintained oversight of the quality and safety of the service. There was good continuity in the local management arrangements. The provider had systems that maintained oversight of the effectiveness of these local systems of management. Systems of quality assurance included ongoing discussion with residents, the completion of unannounced night time checks by the person in charge and deputy person in charge and, the completion of the first six-monthly provider-led quality and safety review. The report of this review was available to the inspector. Persons responsible for the progress of the quality improvement plan were clearly identified as were the completion timeframes. The inspector noted that actions such as the completion of staff training had been progressed.

The centre presented as adequately resourced. Residents were provided with a safe and comfortable home and the provider recruited and maintained the staffing levels required.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The inspector reviewed one personal plan and saw in that plan that the resident had a transition plan and a contract for the provision of services. The transition plan had afforded the resident and their family opportunities, prior to the residents admission, to meet members of the management and staff teams, to visit and become familiar with the designated centre.

The contract provided details of the services and facilities that would be provided, any applicable charges and what the resident would have to pay for themselves such as social events and activities. The resident had signed their own contract.

Judgment: Compliant

### Regulation 3: Statement of purpose

The inspector saw that the statement of purpose was available in the designated centre. The inspector read the statement of purpose and noted that it contained all of the required information such as a description of the service, the fire safety arrangements in the centre, the arrangements for receiving visitors and details of the management structure. This information was up-to-date.

Judgment: Compliant

### Regulation 31: Notification of incidents

Based on what the inspector observed, discussed with the person in charge and read, the inspector was assured there were systems in place for notifying the Chief Inspector of Social Services of matters such as the use of any restrictive practices and any minor injury sustained by a resident.

Judgment: Compliant

## Regulation 34: Complaints procedure

The provider had policies and procedures for the receipt and management of complaints. Residents were consistently spoken with and were offered support to use the complaints procedure if they wished to do so. Residents appeared to be happy with the action taken by the person in charge when they had raised a matter that was bothering them. The person in charge maintained a record of these discussions and monitored the effectiveness or not of their interventions.

Judgment: Compliant

## Quality and safety

Based on the observations of this inspection this was a service where the support and care put in place reflected the assessed needs, abilities and choices of the residents. The support provided was individualised so that residents who needed support had that support while others enjoyed a good level of independence in their daily routines. As discussed in the opening section of this report this did present some challenges for the provider as they sought to respect each resident's right to autonomy and self-direction whilst also seeking the best possible outcomes for each resident.

The person in charge described how each resident's admission to the designated centre was informed and supported by a transition plan developed in consultation with the resident themselves, families and other significant stakeholders such as aftercare workers. Such a transition plan was in the personal plan reviewed by the inspector and it clearly set out how the resident was introduced to the service and familiarised with the management and staff team.

The inspector saw that a comprehensive assessment of needs was completed and the information gathered by the assessment informed the development of the personal plan. Residents themselves were active participants in their plan and were spoken with on an ongoing basis using key-working meetings. The provider had a system in place where each resident's placement was monitored and reviewed on a regular basis with input from the local management team, the provider's multi-disciplinary team (MDT) and others such as representatives of the Executive. Records of these reviews were seen by the inspector and the person in charge could clearly describe how well each resident was adjusting or not to their residential placement.

The comprehensive assessment of needs included a healthcare assessment. Residents were of a younger profile and were reported to enjoy good physical health. Residents could access the providers MDT as needed and were supported by

staff if they wished to have staff support, to attend for example their own General Practitioner (GP).

Likewise, there was a low assessed risk for residents to exhibit behaviours of concern and residents enjoyed a home and routine largely free of restrictions.

The provider did have systems for identifying, assessing and managing risks and for responding to and reviewing any incidents that did occur. The person in charge could clearly describe how these systems worked including the support provided by the wider organisation. In addition, each resident had a risk management plan.

The provider did adopt a positive risk taking approach in what was, based on these inspection findings, a safe and supportive care environment. This meant that residents were supported to maximise their skills and abilities, had good independence and could make their own decisions about how they liked to spend their time. In general, residents were doing well, were safely using local public transport to access services such as training centres. The daily support and care record indicated that residents respected the proactive risk management controls put in place such as advising staff of their travel arrangements and the time they would return to the designated centre.

However, as discussed in the opening section of this report, the inspector found that there was scope to further develop a risk management plan so that it more comprehensively reflected the current status of the placement, the findings of the providers own monitoring and the recommendations of a recent clinical review.

The inspector viewed all areas of the house. Residents were provided with a safe and comfortable home suited to their needs and abilities. In addition, there was visual and documentary evidence of good fire safety management systems.

## Regulation 10: Communication

All four residents were reported to be good and effective verbal communicators. The two residents the inspector spoke with competently initiated and engaged in conversation with the inspector and discussed a range of topics in relation to their interests and their daily routines in the designated centre. Residents had their own mobile phones, televisions, personal tablets, gaming consoles and access to the internet. One resident showed the inspector their favourite books kept on a shelf in their bedroom. While there was no assessed need for augmentative and alternative communication methods the person in charge was aware that it was beneficial at times to use simple language and short sentences to be assured that a resident understood what was being discussed.

Judgment: Compliant

## Regulation 11: Visits

The person in charge was very aware of each residents individual circumstances and described how residents and their families were supported through the process of transition. Residents had ongoing access to home and family as they wished and could arrange visits with family themselves. Given the design and layout of the house, a suitable private space for receiving visitors could be provided if requested.

Judgment: Compliant

## Regulation 13: General welfare and development

Based on the findings of this inspection the provider was providing each resident with appropriate support and care and opportunities for ongoing learning and development. The daily routine of each resident was different based on their assessed needs and abilities and their expressed choices and preferences. The provider had ensured that residents continued to have, following their admission to this centre, access to services that were already attending and availing of. For example, two residents continued to attend different off-site day services while another resident attended a training centre where they were completing a culinary course. A resident had completed studies in performance and arts and was a member of local groups such as a musical society while also doing some volunteering work. Residents were supported and encouraged to maintain and develop their skills and abilities such as their independent living skills and their understanding of money-management and budgeting. This was evident from the personal plan and the key-worker meeting records seen.

Judgment: Compliant

## Regulation 17: Premises

The location, design and layout of the house was suited to the number of and the assessed needs of the residents. The provider had an active programme of property maintenance and it was evident that the house had been refurbished internally and externally prior to the admission of residents. Residents bedrooms presented as suited to the needs and preferences of each resident and provided for example, adequate personal storage space. Two bedrooms had ensuite shower-rooms and one resident met with was delighted with this arrangement. Residents had access to shared communal spaces that included two living rooms and a spacious kitchen-dining area. The laundry was spacious and well-equipped and considered infection prevention and control requirements such as the provision of a designated wash-hand sink. The garden was generous in size, pleasantly laid out, afforded good

privacy and was well-maintained. Service areas such as the area for storing the general waste bins were secure, tidy and concealed so that they did not detract from the enjoyment of the garden.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and review of risk. The inspector saw that the provider had plans for responding to different emergencies.

Each resident had an individual risk management plan and a plan for evacuating in the event of fire. The provider adopted a positive risk taking approach that gave residents independence and supported residents to make their own decisions and choices. Reasonable controls were in place. For example, the inspector saw that residents were asked to tell staff their plans and advise staff for example, what time they would be returning to the designated centre.

However, the inspector found that while there was good monitoring and good awareness there was scope to further develop an individual risk management plan so that it more comprehensively addressed the residents' decisions and choices, the residents' understanding of potential risks and the consequences of their decisions. The plan needed to better outline what further steps the provider needed to take to assure the safety and best possible outcomes for the resident. These actions were clearly set out in a clinical report seen by the inspector. The individual risk management plan needed to be better aligned with that clinical report and its recommendations.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had good fire safety management systems. For example, the inspector saw that emergency lighting, a fire detection system, fire fighting equipment and fire-resistant doors with self-closing devices were all in place. There was documentary evidence that staff completed fire safety checks such as a weekly test of the fire detection system and external competent persons completed quarterly inspections and tests. Manual call points were in place and escape routes were signposted and unobstructed.

Each resident had a personal emergency evacuation plan (PEEP) that outlined each resident's understanding of the evacuation procedure and any guidance and support

the resident might need to safely evacuate. The actions to be taken in the event of fire were prominently displayed. Staff and residents participated in regular evacuation drills. The inspector reviewed the reports of these drills and saw that different staff had participated in the drills, the drills were scheduled at different times such as late at night and all residents co-operated with the request to evacuate and left the house in a timely manner.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector saw that a comprehensive assessment of resident health, personal and social care needs was completed and a plan was put in place to support each residents transition to the centre. Residents, their families and other relevant stakeholders were consulted with and had input into these plans.

The designated centre and the arrangements put in place were suited to the needs of the residents. For example, the person in charge described how one residents admission had been informed by the residents expressed wish to live with peers of a similar age. The inspector noted how the two residents the inspector did meet with greeted each other warmly by name.

The MDT continued to review and assess each placement identifying what was working well but also what might not have being going so well as residents adjusted to this new experience and new way of living. These reviews and findings were clearly documented.

Each resident had a keyworker who recorded how they sought to involve residents in decisions about their care and support including exploring new goals and objectives with them. Keyworkers maintained a record of whether residents wished to engage or not while ongoing efforts were made to support residents to engage with their plans.

Judgment: Compliant

### Regulation 6: Health care

Residents were reported to enjoy good health. Residents had a named GP and could access the providers MDT as needed and if they agreed to do so. The person in charge and the staff team monitored and maintained oversight of resident wellbeing and supported residents to attend appointments if they wished to have support. A resident spoken with told the inspector that they had attended the dentist on the day of this inspection and said the appointment had gone very well. The person in

charge spoke with another resident in relation to arranging a chiropody appointment for them. Residents were out-and-about, active and encouraged to make good lifestyle choices in relation to their diet and exercise.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge described how there was no risk for any of the residents to exhibit behaviour of concern and consequently there were no active multi-element behaviour support plans. Strategies were in place however for supporting residents to emotionally regulate and to manage any anxiety for example that they may experience. The inspector noted how the person in charge was attuned to resident wellbeing on their return to the designated centre and residents were afforded time and space and the choice as to whether they wished to meet with the inspector or not. The inspector saw how residents implemented their own strategies such as making themselves a cup of coffee. A resident showed the inspector a range of sensory items and their "worry monster" that they kept on their bedside table.

Residents had support if needed from the providers MDT and members of the MDT participated in the oversight of each residents placement and the monitoring of resident general wellbeing. This was evident in the records seen by the inspector.

The assessed low risk for behaviour of concern was evident in the low number of incidents reported, in the general presentation of the environment and in residents daily routines. Residents had minimal if any restrictions in their home and in their daily lives other than general health and safety requirements.

Judgment: Compliant

### Regulation 8: Protection

The provider had safeguarding policies and procedures. All staff had completed safeguarding training. The person in charge was confident that residents had a good understanding of how to stay safe and knew the difference between what was safe and unsafe. Residents were consistently spoken with and the inspector noted the easy rapport for example between residents, the person in charge and the senior director of operations. The provider monitored resident safety and wellbeing and liaised with other relevant stakeholders such as the training centre and aftercare workers. The inspector saw that residents were offered and could if they wished avail of services and courses designed to develop their understanding of safeguarding including education on good and safe relationships.



Judgment: Compliant

## Regulation 9: Residents' rights

Based on the findings of this inspection residents rights were respected and promoted, residents were supported to exercise choice and control in their daily lives and to participate in decisions about their own care and support. Residents were empowered to use and develop their skills and abilities so that they had good independence in their daily lives where it had been established that they could safely do so. For example, residents used public transport and had been supported by staff until they were familiar with the local bus and train timetable and routes.

Residents participated in the preparation of meals and the maintenance of their own bedrooms and personal laundry. The person in charge described the guidance and prompting that was provided by staff as needed but the objective was collaboration between residents and the management and staff teams. Residents were spoken with and given time and could come around to what was suggested or recommended. Residents could and did decline suggestions for example to attend courses or to meet and speak with members of the providers MDT.

Residents could access in line with their wishes and needs independent advocates and social workers.

The provider was monitoring and was aware of the potential benefits and risks of some resident choices and decisions. This monitoring was balanced and nuanced but acknowledged that some choices and decisions may not have been maximising the potential for positive outcomes. For example, progressing an expressed preference to live independently. This challenge has been addressed in Regulation 26: Risk management procedures.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ivory Lodge OSV-0008892

Inspection ID: MON-0045260

Date of inspection: 20/05/2025

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 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) will ensure that all Individual Risk Management Plans are reviewed and updated to align with the findings and recommendations of the relevant clinical reports, as observed by the inspector. Due Date: 15th July 2025</p> <p>2. The PIC will ensure that all relevant Staff are formally briefed on the updated Individual Risk Management Plans. Staff sign-offs will be completed to confirm understanding and accountability. Due Date: 30th July 2025</p>	

## 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 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	30/07/2025