Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Brookhaven
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	17 June 2024
Centre ID:	OSV-0005840
Fieldwork ID:	MON-0043684

About the designated centre

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

Brookhaven is a designated centre located outside a town in Co.Offaly, which provides 24-hour care to children, both male and female aged between 12 to 17 years of age with a wide range of support needs including autism, intellectual disability, mental health, and challenging behaviour. The number of residents to be accommodated within this service will not exceed five. At Brookhaven, each resident has their own generously sized bedroom, with space for their personal belongings and private living needs, consistent with that found in a regular family home environment.The property is surrounded by gardens to the front and rear of the building. The centre looks after any specific dietary and healthcare needs of all residents i.e. epilepsy, diabetes, asthma. The centre provides a high quality and standard of care in a safe, homely and comfortable environment for all residents. The centre is staffed by social care workers and assistant support workers and there is a full time person in charge working, a team leader and two deputy team leaders also working in the house. Should additional staff support be required, the service provides for this by assessing the residents dependencies which may increase or decrease accordingly. Nua Healthcare provide the services of the multidisciplinary team, these services include; psychiatrist, psychologist, occupational therapist, speech and language therapist and nurses.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 17 June 2024	09:00hrs to 14:30hrs	Ivan Cormican	Lead
Monday 17 June 2024	09:00hrs to 14:30hrs	Aonghus Hourihane	Support

What residents told us and what inspectors observed

This inspection was undertaken by the Chief Inspector of Social Services to monitor the provider's compliance with the regulations and standards. The inspection was carried out following the receipt of information from the provider of a serious incident which involved a young person. In addition, the provider had submitted notifications as required by the regulations, these notifications indicated a high use of restrictive practices and also number of explained injuries. The inspection therefore only concentrated on a small number of pertinent regulations.

There were many aspects of good practice noted and this was a well resourced centre however the provider needed to address the educational/ training needs of two residents in its care. Furthermore, some restrictive practices in use on the day of inspection required additional review as the provider did not clearly demonstrate that the least restrictive practice was utilised at all times.

The centre is located in a rural part of Offaly but is close to a town where there are lots of amenities. The entrance to the centre is inviting with landscaped gardens that are well cared for and also contain a vegetable patch. The rear of the centre has a number of separate outside areas that contained age appropriate play equipment for the young people to enjoy. The house is essentially separated into five apartments which allows each young person to have an individualised service. The young people largely lived separate lives and the provider was facilitating two young people to attend schools which were a substantial distance from the centre.

The the centre had a bright and vibrant feel with the information clearly displayed in regards to young people reaching their potential. The centre had a calm and pleasant atmosphere and the young people who met with the inspector were relaxed, and in good spirits. It was clear that the person in charge, senior staff and staff were on duty were committed to a good quality service. The person in charge and thedeputy person in charge facilitated the inspection and they spoke clearly and confidently in regards to the young people's care needs. They spoke openly in regards to the use of restrictive practices and they outlined supporting documentation and relevant histories which gave a rationale for their use. In addition, they explained in great detail the incident which had occurred two months prior to this inspection whereby a young person placed themselves at significant risk of harm and injury. Inspectors found that the person in charge and staff on duty placed themselves at risk of harm in order to protect the resident from injury. This incident had been taken extremely seriously by the provider who had responded with support for the young person, staff team and also conducted a full review of the incident in order to prevent its recurrence.

It was observed that all access doors into the various apartments had key codes. The young people had access to get in but could only exit with the assistance of staff. In two apartments it was unclear what justification could be made to have this system in place, the young people always had two staff with them and in one of the

apartments the door exited onto a secure yard area. It was also observed that all TV units in the various apartments were behind wooden boxes. It was clearly evidenced in two apartments why this restriction might be necessary or justified but in relation to at least one other apartment the justification for this was difficult to understand.

The provider had recently invested in a new kitchen which was modern and able to meet the nutritional needs of the young people availing of the service.There was a large blackboard type display that could visually display the menus for each resident for each day. However, all the young people residing in the service were assessed as not been able to utilise the kitchen due to various risks. The young people all had access to kitchenettes in their apartments but some were observed had empty cupboards and empty fridges. Given the fact that the young people had two staff with them at all times it was again unclear to inspectors how restrictions to the main kitchen was fully justified and was the least restrictive procedure.

There was no restrictions on visiting in the centre. The layout of the centre ensured that families had access to private space should they wish to avail of it. The provider also facilitated young people to visit their family homes where this was agreed and appropriate.

The inspectors met with two young people on the day of the inspection. Both young people did not communicate verbally. One young person was in the process of leaving the centre with two staff for a trip out. They seemed content and the Provider had recently put in place new arrangements with a local leisure club to ensure that this young person could avail of some favoured activities in a safe and meaningful way.

The second young person remained in their apartment for the duration of the inspection. There were two staff with them at all times and they were observed to play with the young person. The young person had not attended school in 12 months and their current access to education was limited to one hour per week. Management and staff that were spoken with confirmed that there was no formal or informal structure relating to education encompassed into their daily life. The young person had access to a vehicle within the centre but on the day of the inspection neither staff member working with the young person could drive so their daily schedule of going out was not been implemented. Two staff members confirmed that the young person liked to watch other young people play in the centre or at public play grounds but confirmed that the young person did not have opportunities to play or engage with young people their own age.

In summary, there were lots of positives observed in this centre. All the staff spoken with or observed knew the young people well and were committed to meeting their needs. However two young people in this service were not accessing education or training for over a year and more needed to be done to ensure that their needs and rights to education were fulfilled. There was also concerns in relation to restrictions in place and non intended consequences of a highly restrictive environment on young peoples lives.

The next two sections of this report will present the findings of this inspection in

more detail in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being provided to the young people.

Capacity and capability

Inspectors found that the provider had a management structure in place which provided oversight of day-to-day care practices. This management structure included a person in charge and a deputy person in charge, both of whom provided support to the young people and staff on a daily basis. Although management structures aim to ensure that the quality and safety of care was helped in good standing at all times, this inspection highlighted issues in relation to the education and training opportunities for two young people and also the overall use of restrictive practices in the centre.

The inspection was facilitated by the centre's person in charge and also the centre's deputy person in charge. Both managers were found to have a good understanding of the young people's care needs and also the resources which are implemented to meet those needs. They spoke freely and openly in regards to their behavioural, safety, educational and social needs. It was clear that the management team promoted the welfare and well-being of the young people and it was also clear that they had a good rapport with them. Staff that met with the inspectors stated that they felt supported in the role and they could go to the centre's person in charge or deputy person in charge if they had any concerns.

The person in charge had a range of internal audits which were completed as per schedule, and provided additional oversight of areas such as adverse events, fire safety, risk and medication management. In addition, the provider had completed all required audits and reviews as set out in the regulations and inspectors found that the centre's most recent six monthly audit had highlighted several issues which the person in charge had addressed or was in the process of resolving. Although oversight and audit processes were in place, they failed to critically review areas of care including the use of restrictive practices and young people's access to education and training. As will be discussed in the subsequent section of this report, the environment of the centre was highly restrictive and the provider failed to demonstrate that some of these restrictions were warranted or that the least restrictive practice was implemented at all times. In addition, the educational needs of two young people had not been recently examined by the provider, even though they had not received formal education in the last year.

Inspectors found that many areas of care were held to a good standard and it was clear that the centres person in charge and team leader knew the young people's needs well and aimed to promote their welfare. However, the use of restrictive practices required critical review and little progress had been made in supporting two young people with their education.

Regulation 23: Governance and management

The designated centre was sufficiently resourced to ensure the effective delivery of care. There was ample staff to the point that each young person was on two to one staffing for the majority of the day. The centre had a newly installed kitchen, the apartments presented as modern and there was different outside spaces that the young people could use with age appropriate play equipment available. The person in charge was able to outline the proposed changes to one area of he centre for a recently admitted young person which included new furniture.

The provider had completed an annual review for 2023 and there was a six monthly audit which took place in May 2024. The six monthly audit by the provider addressed an array of areas and suggested improvements but the audit didn't mention anything about the fact that two young people in the centre were not in education or training and that this situation had been on-going for nearly one year at that point.

The audit also did not address the issues with 'restrictive practices' as outlined in this report.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The inspectors reviewed 3 contracts of care available in the centre. The contracts were all signed by representatives on behalf of the young people residing in the centre. The 3 contracts were all in date. The contracts of care outlined the supports that were to be made available to the young people in the service.

Judgment: Compliant

Quality and safety

Inspectors found that the centre was well resourced and the provider ensured that a suitable governance structure was in place. This inspection was conducted to review the provider's arrangements in regards to restrictive practices and the promotion of safety within the centre. As mentioned previously in the report there had been a significant and serious incident involving a young adult, to which the provider had been open and transparent in all correspondence with the office of the Chief Inspector. In regards to the use of restrictive practices, the provider had submitted

all required notifications, however, a review of this information indicated a high use of environmental and physical restrictive practices in. In addition, the provider had also submitted required notifications in relation to injuries, again, a review of this information indicated a high volume of injuries each with a known cause. This information was reviewed upon inspection, and in general, inspectors found that the quality of care was held to a good standard. However, some issues were identified in regards to the use of restrictive practices, the implementation of behavioural support plans and the management of a specific risk within the centre.

Two months prior to this inspection, a significant and serious incident involving a young adult had occurred. The provider had contacted the office of the Chief Inspector to inform of this incident, and at that moment in time the provider gave assurances that the young adult and staff had not suffered any serious injury. It was clear, that the provider had taken this incident extremely seriously, and all requested correspondence with the provider was seen to be open and transparent. In addition, the provider also gave assurances that an incident review would occur and the recommendations from that review will be shared with the office of the Chief Inspector. Although action had been taken to safeguard this resident, a recommendation from the critical incident review had not been implemented as stated. One recommendation stated that a list of suitable outdoor areas should be in place for the resident and that these areas should be risk assessed to minimise the likelihood of an incident of this nature occurring again, however, this recommendation had not been fully implemented at the time of inspection.

Young people who used this service had high support needs in terms of their behaviours and maintaining their personal safety. They had comprehensive behavioural support plans and extensive risk management plans, both of which were in place to provide consistency of care and also the maintenance of safety. The inspector reviewed a sample of documents and found that they have been reviewed on at least an annual basis and also consistently throughout the year. Although these documents provided a framework for the delivery of care, inspectors found that improvements were required in regards to the use of restrictive practices and also behavioural support. Examples of restrictive practices which were in place included keypad access to residents' apartments and also to the centre's backyard for one resident. These restrictions were in place due to the perceived risk of absconding, however, the provider failed to consider the staffing arrangements which were in place to mitigate against this risk. Young people were supported by two staff at all times and failed to take this into account prior to the implementation key pad access doors. In addition, an assessment of need for one young person stated that they were not at risk of absconding, even though the access door to their apartment was keycoded. Furthermore, staff members who were supporting another young person felt that they were not at risk of absconding due to their two-to-one support. This young person had a keypad access door from the garden to the centre's enclosed backyard and both staff felt that the risk to this young person was minimal. Inspectors also found that a television in one apartment was behind an enclosed unit which the young person could not access, but there was no clear rationale for this unit in documentation which was reviewed.

Staff members who met with the inspectors had a good understanding of the young

people's behavioural support needs. They clearly outlined behaviours of concern which they may engage in and also the prescribed responses which assisted to minimise the impact of these behaviours. Staff had comprehensive behaviour support plans in which to refer to for guidance, and staff and management reported a marked reduction in behaviours of concern including self-injurious behaviour, for one resident. Inspectors found, that some improvements were required in regards to behavioural support. For example, there was conflicting information in regards to the use of physical restrictive practice in response to self-injurious behaviour and recommended protective clothing was not worn by some members of staff on the day of inspection. In addition, a behavioural support plan for one young person indicated that they responded well to an activity schedule, but staff told inspectors that this was no longer the case and they did not refer to this schedule during their day. In addition, staff also informed inspectors that they were unable to complete the schedule as there were insufficient staff who could drive the centre's transport to facilitate an outing at a planned time. Staff informed inspectors, that named staff who could drive, were on an outing with another resident and they had no indication as to when they would return. This meant, that staff were unable to complete this activity schedule as recommended.

Overall, inspectors found that the centre was pleasant and it was clear that the person in charge and staff team were committed to the delivery of a good quality service. However, inspectors found that there was a highly restrictive environment in the centre and the provider failed to demonstrate that the least restrictive measure was implemented at all times. In addition, significant improvements were also required in relation to supporting two residents with suitable education and training opportunities.

Regulation 13: General welfare and development

Two young people had been living in the centre for one year. These two young people were not in school or other form of education. The evidence available to the inspectors showed that formal school applications were only made in June 2024 for both young people. Home tuition was presently in the process of been applied for. The two young people had individual education plans, these plans were not dated and there was no evidence of review. The information in these plans was largely similar in spite of the significant age differences and educational needs of the young people.

The provider allocated one hour education support per week to each young person. Staff spoken with did not follow any specific education programme. The provider was seeking assistance from the appropriate authorities but there was significant delays in ensuring that the young people were supported to access opportunities for education and or training.

Judgment: Not compliant

Regulation 26: Risk management procedures

Inspectors found that in general, the provider and staff team were responsive to incidents and risks within the centre. Staff had responded promptly to a serious incident which had placed a young adult at a significant risk of harm. The associated incident report give a clear outline of what led to the incident and also the clear respond from staff and management. Inspectors also found that this level of reporting was evident in a sample of other incidents and accidents which were reviewed.

The provider had risk assessments in place in response to issues which had the potential to impact on resident safety and also the provision of care. Risk assessments were in place for issues such as physical aggression, behaviour is of concern, property damage and self-injurious behaviour. Although risks and within the centre were generally well managed, the provider had not implemented the recommended risk assessments in regards to a young adult who placed themselves at significant risk of harm prior to this inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Two young people had recently been prescribed rescue medication. The provider had a protocol in place to guide staff in its administration; however, improvements were required as the protocols did not clearly describe how the young people presented when requiring this medication.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Young people who used the service were assessed as requiring high levels of staffing supports in response to their behavioural, safety and social care needs. Staff were met with the inspector had a good understanding of their care requirements and they spoke confidently in regards to the supports young people received each day.

Inspectors found that the centre had a highly restrictive environment and the provider failed to demonstrate that keypad access doors to some apartments and the centre's backyard were warranted and also the least restrictive option available. In addition, the provider also failed to demonstrate that an enclosed unit which

prevented a young person from accessing the television was also warranted.

Furthermore, improvements were required in regards to behaviour support, as there was conflicting information in regards to the use of physical restrictive practices in response to self-injurious behaviour. Staff also stated that they were unable to implement a recommended activity schedule, as listed in a behaviour support plan for one young person, due to a lack of staff who could drive the centre's transport. Inspectors also observed that some staff members were not wearing the recommended protective clothing as the inspection commenced.

Judgment: Not compliant

Regulation 9: Residents' rights

The staff team had all participated in Children's First training. The provider made available to young people information about their rights and about 'advocacy'. However, the advocacy services on offer were not relevant to the current cohort of young people residing in the centre.

One bathroom assigned to one current young person residing in the centre was completely empty. There was no personal belonging, no towel or no toilet tissue. The provider gave assurances that the young person did have full access to all their belongings and confirmed there was no restrictions-+ in place.

One young person who was not attending school did not have access to or interactions with other young people their own age. Staff members spoken with confirmed that the young person liked to watch other young people play but they did not engage or play with other young people when in the community or in the designated centre.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Brookhaven OSV-0005840

Inspection ID: MON-0043684

Date of inspection: 17/06/2024

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. Head of Quality & Safety will debrief all Quality Assurance Officers regarding the triangulation of information and evidence through observation, discussion, and review of documentation to determine compliance - specifically pertinent to: a) Children's Educational Needs being met within the scope of Regulation 13, and b) The Use of Restrictive Procedures; the consideration of alternatives and ensuring the least restrictive procedure for the shortest duration of time is used within the scope of Regulation 7. Due Date: 23 August 2024 2. Detailed learnings from the Brookhaven Six-month Audit in May 2024 and subsequent Regulatory Inspection in June 2024 to be compiled by Nua's Head of Quality and Safety. This will be shared with all QA Officers to ensure all findings and evidence to support compliance within six-monthly audits are clearly laid out and easily understood within the Centre's six-monthly unannounced visit report moving forward. Due Date: 23 August 2024 3. Nua's education tutor in conjunction with the Person in Charge will complete a full review of the Individual's education plan's for ID424 and ID421 to ensure that: a) Individual Education Plans (IEP)'s includes the completion dates of the IEP's while also noting specific review dates where required. b) Individual Education Plans (IEP)'s are specific to the educational needs of each Individual where required. c) Individual Education Plans (IEP)'s includes specific educational programs, where required for each Individual to be completed with the support of the Team Members outside of direct session(s) with the Education Tutor. Due Date: 23 August 2024 4. The Person in Charge will complete a review of the daily activity planners for each Individual to ensure activity planners allocate time whereby Team Members engage the Individual's in educational programs outside of direct sessions with the Education Tutor	

and as per the updated IEP's.

Due Date: 23 August 2024

5. The Person in Charge will submit a "HTMED" form to the Department of Education in conjunction with the SENO for 2024/2025 school year for Individual's residing in the Centre.

Note: School applications were completed in 2023 & 2024 for both individuals.

Due Date 31 August 2024

6. The Person in Charge (PIC) and the Centre's Behavioral Specialist shall complete a full review of all restrictive practices in the Centre. Following this review restriction reduction plans where relevant will be implemented within the Centre, where required.

Due Date: 31 July 2024

7. The Person in Charge (PIC) and the Behavioural Specialist will conduct monthly Restrictive Practice Reviews to ensure each restriction is implemented in line with the Individuals Risk Management Plans and where required, their Restriction Reduction Plans. Relevant care plans will be updated to reflect any changes that occur, and minutes of meeting will be on file showing clear rationale for the restriction used.

Due Date: 12 August 2024

8. Where required, the Person in Charge (PIC) and the Centre's Behavioral Specialist shall complete a review of Individual's MEBSP's (Multi Element Behavior Support Plans) and where required proactive and reactive strategies in Section 5 of each Individual's Personal Plan.
Due Date: 31 July 2024

9. The Person in Charge (PIC), Director of Operations (DOO) and Behavioural Specialist will conduct a review of all Individual Risk Management Plans so as to ensure that identified risks clearly outline the most proportionate and appropriate control when implement Personal Protective Equipment (PPE) when managing Individuals challenging behaviours.

Any updates to IRMP's shall be communicated to the team and the next monthly team meeting.

Due Date: 31 August 2024

10. Positive Behavioural Support (PBS) training will be completed by the staff team. This training will be delivered by the Centre's Behavioural Specialist and will include any changes and/or updates to Behavioural Support Plans, restrictive practices or other areas pertaining to PBS in the Centre.

Due Date: 31 August 2024

Regulation 13: General welfare and development	Not Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
1. The Person in Charge shall ensure that residents are supported to access opportunities for education, training and employment in the following ways:

2. Nua Healthcare's education tutor in conjunction with the Person in Charge will complete a full review of the Individual's education plan's for ID424 and ID421 to ensure that:

a) Individual Education Plans (IEP)'s includes the completion dates of the IEP's while also noting specific review dates where required.
b) Individual Education Plans (IEP)'s are specific to the educational needs of each Individual where required.
c) Individual Education Plans (IEP)'s includes specific educational programs, where required for each Individual to be completed with the support of the Team Members outside of direct session with the Education Tutor.
Due Date: 23 August 2024

3. The Person in Charge will complete a review of the daily activity planners for each Individual to ensure activity planners allocate time whereby Team Members engage the Individual's in educational programs outside of direct sessions with the Education Tutor and as per the updated IEP's.

Due Date: 23 August 2024

4. The Person in Charge will submit a "HTMED" form to the Department of Education in conjunction with the SENO for 2024/2025 school year for Individual's residing in the Centre.

Note: School applications were completed in 2023 & 2024 for both individuals.

Due Date 31 August 2024

5. The pre-admission BRAG to be updated by Nua's Admissions, Transitions and Discharges (AT&D) committee to review if an Individual has a school placement prior to admission while also reviewing the action taken to secure formal education where the Individual is not in receipt of same.
Completed: 09 July 2024

6. The above points shall be discussed with all Team Members by the PIC at the August monthly team meeting.
Due Date: 31 August 2024

Regulation 26: Risk management procedures	Substantially Compliant

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

management procedures:
1. The Person in Charge (PIC) shall maintain a log of risk-assessed areas for one Individual ID421 who had previously placed themselves at significant risk of harm. The log of suitably risk-assessed areas will be maintained as required to guide Team Members on suitable locations to support the Individual in the community while minimizing risks as much as possible.

Note: Community-based activities had been dynamically risk assessed following the significant incident with Individual ID421. They had been supported to engage in the community following this incident without issue. As per the above action, a log of these locations will be maintained in the Centre.

Due Date: 09 August 2024

2. The above points shall be discussed with all Team Members by the PIC at the August monthly team meeting.
Due Date: 31 August 2024

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
1. The Person in Charge (PIC) in conjunction with the nurse will complete a review of each Individual's Specific Health Management Plan (SHMP) and PRN Protocol with reference to the use of rescue medication. Updates to include improved guidance on how the individual may present when requiring the medication.

Due Date: 05 August 2024

2. Team Members will complete additional training with the nurse following the amendments to the above-mentioned care plans and PRN protocols.

Due Date: 31 August 2024

3. The above points shall be discussed with all Team Members by the PIC at the August monthly team meeting.
Due Date: 31 August 2024

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
1. The Person in Charge (PIC) and the Centre's Behavioral Specialist shall complete a full review of all restrictive practices in the Centre. Following this review restriction reduction plans where relevant will be implemented within the Centre.

Due Date: 31 July 2024

2. The Person in Charge (PIC) and the Behavioural Specialist will conduct monthly Restrictive Practice Reviews to ensure each restriction is implemented in line with the Individuals Risk Management Plans and where required, their Restriction Reduction Plans. Relevant care plans will be updated to reflect any changes that occur, and minutes of meeting will be on file showing clear rationale for the restriction used.

Due Date: 12 August 2024

3. The Person in Charge (PIC) and the Centre's Behavioral Specialist shall complete a review of Individual's MEBSP's (Multi Element Behavior Support Plans) and where required proactive and reactive strategies in Section 5 of each Individual's Personal Plan.
Due Date: 31 July 2024

4. The Person in Charge (PIC), Director of Operations (DOO) and Behavioural Specialist will conduct a review of all Individual Risk Management Plans so as to ensure that identified risks clearly outline the most proportionate and appropriate control when implement Personal Protective Equipment (PPE) when managing Individuals challenging behaviours.

Any updates to IRMP's shall be communicated to the team and the next monthly team meeting
Due Date: 31 August 2024

5. Positive Behavioural Support (PBS) training will be completed by the staff team. This training will be delivered by the Centre's Behavioural Specialist and will include any changes and/or updates to Behavioural Support Plans, restrictive practices or other areas pertaining to PBS in the Centre.

Due Date: 31 August 2024

6. The above points shall be discussed with all Team Members by the PIC at the August monthly team meeting.
Due Date: 31 August 2024

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
1. The Person in Charge (PIC) will review each Individuals' advocacy details ensuring the information available is relevant for each Individual residing in the Centre.

Completed: 18 June 2024

2. The PIC and/ or a member of the Centre Management Team shall continue to conduct their daily health and safety checks as per the daily key task list. Any issues, non-conformances identified shall be discussed with Team Members where required and escalated as necessary to the DOO.

Note: ID421's was replenished with hand towels and toilet tissue when this was identified during the inspection. These had run out and required replenishment on the day of the inspection.

Completed: 17 June 2024

3. The PIC in conjunction with the Centre's Behavioral Specialist will complete a review of ID424's Personal Plan and Comprehensive Needs Assessment (CNA) to ensure they have access to appropriate activities related to their interests.

Due Date: 31 July 2024

4. The above points shall be discussed with all Team Members by the PIC at the August monthly team meeting.
Due Date: 31 August 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 13(4)(a)	The person in charge shall ensure that residents are supported to access opportunities for education, training and employment.	Not Compliant	Orange	31/08/2024
Regulation 13(4)(c)	The person in charge shall ensure that when children enter residential services their assessment includes appropriate education attainment targets.	Not Compliant	Orange	31/08/2023
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	Substantially Compliant	Yellow	31/08/2024

	to residents' needs, consistent and effectively monitored.			
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	31/08/2024
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	31/08/2024
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is	Not Compliant	Orange	31/08/2024

	challenging and to support residents to manage their behaviour.			
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Not Compliant	Orange	31/08/2024
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Not Compliant	Orange	31/08/2024
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	31/08/2024