



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

Issued by the Chief Inspector

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| Name of designated centre: | Riverrun |
| Name of provider: | Nua Healthcare Services Limited |
| Address of centre: | Wicklow |
| Type of inspection: | Announced |
| Date of inspection: | 02 March 2023 |
| Centre ID: | OSV-0005563 |
| Fieldwork ID: | MON-0030200 |

About the designated centre

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

Riverrun is a designated centre operated by Nua Health Care Services Limited, located in County Wicklow. It provides a full-time residential care and support for up to five young people with disabilities up to the age of 18 years. The designated centre is a two storey detached house which consisted of a kitchen/dining room, a utility room, sitting room, sun room, a staff office, a bathroom and three bedrooms. The centre also comprised of two separate single occupancy apartment facilities, one on the ground floor of the main house which provides self contained accommodation for one resident, consisting of a large bedroom, sitting room, bathroom and storage space. The second apartment is a detached building, consisting of an open plan kitchen, dinning and sitting room, a bedroom with en-suite shower facilities and a garden space to the side. The centre is staffed by the person in charge, deputy mangers, social care workers and assistant support workers.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 5 |
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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 |
|-----------------------|----------------------|------------------|------|
| Thursday 2 March 2023 | 09:30hrs to 17:00hrs | Jacqueline Joynt | Lead |

What residents told us and what inspectors observed

This inspection was a registration renewal inspection and it was announced. Throughout the inspection, the inspector spoke with the person in charge, the deputy manager, staff members and some of the residents living in the centre. In addition, a review of documentation as well as observations, throughout the course of the inspection, were used to inform a judgment on residents' experience of living in the centre.

The inspector was provided with the opportunity to meet three of the five residents living in the centre. Some residents communicated verbally and other residents used other methods of communication. Since the last inspection, there had been two new admissions to the centre. Both residents had been supported to move into their new home through transition plans. In advance of moving into the house, residents were provided with easy-to-read information and social stories including photographs of the designated centre.

Not all residents were available to meet the inspector on the day of the inspection. One resident, went with their staff for a walk after school and the inspector did not get the opportunity to meet with them on this occasion. Another resident, who recently moved to the centre, had temporarily transferred to another facility. Transition plans were in place to support the resident safely return to the centre including regular visits by the centre's staff team, to the facility, in advance of their return.

In the afternoon, two residents met briefly with the inspector in the sun-room. Overall, residents did not communicate their views of the service however, one resident was happy to provide the inspector feedback regarding the newly drafted HIQA resident feedback questionnaires. The resident's feedback was positive and overall, they appeared keen and happy when providing the feedback.

Later in the afternoon, the inspector observed the resident playing football outside in the front garden areas with their staff. Goals posts and net had been erected to facilitate the game. The residents appeared to be happy and excited and enjoying the game. The residents told the inspector that they had joined a local football team and were going to a training session that evening.

Near the end of the inspection, the inspector met another resident who was living in the single occupancy apartment attached to the main house. They had arrived home from school and a walk and were about to sit down to have some soup, which had been home-made by a staff member. Throughout the meetings with residents, the inspector observed, that staff were kind and supportive in their interactions with the residents. Overall, the inspector observed that residents living in the centre appeared happy and content in their environment and in the company of their staff.

The physical environment of the house was observed to be clean and in good

decorative and structural repair. There were a variety of pictures and posters throughout the house that were of interest and meaningful to the residents. There were age-appropriate facilities available to the residents, such as soft toys, games and books, but to mention a few. There was a large outdoor garden space with a trampoline and a football net. The inspector was informed that the residents were provided with an outdoor hot-tub facility in the summer months. There were some framed photographs of residents enjoying activities together in the sitting room, one of which included a photograph of three residents smiling and appearing to enjoy their time in the hot-tub.

On walking around the house and the garden area, the inspector observed some of the windows to have restrictors on them (restricting how much they could be opened out), there were also keypad locks to enter from the hallway into the apartment. There were three separate garden spaces and these also included keypad locking systems. The inspector observed, when meeting with the residents, that there were, for the most part, two staff supporting each resident. The inspector was informed, that staff supervised peer to peer interactions between residents. This was to ensure the residents' safety and mitigate the potential risk of any safeguarding incidents occurring.

The inspector was also informed that where there were 2:1 staff support in place, not all staff would stay in the same room during the interactions. For example, if residents were interacting in the sun-room, the adjoining door to the kitchen would be kept open to allow staff also supervise from the kitchen. A specific devise to keep the adjoining door open had been fitted to the door so that it automatically closed when the fire alarm sounded. However, on the day of the inspection, the inspector observed the devise was not working effectively.

Residents were supported to take part in weekly residents' meetings known as resident forums. On review of the minutes of the forums, the inspector saw that social events, menus (including school lunches), rights, the complaints process and safeguarding were discussed with residents and decisions and comments from the residents were noted.

In advance of the inspection, each resident was provided with a Health Information and Quality Authority (HIQA) resident feedback questionnaire. Three completed questionnaires were returned to the inspector. On review, the inspector saw that family members had completed two of them and that one resident, with the support of staff, had completed the third one.

The inspector found that overall, the feedback was positive. Where there had been a negative comment noted about staff interactions towards a resident, the person in charge quickly followed it up with the resident to get more details. The inspector was informed that, on further clarification, the negative comments were not regarding staff but were about the resident's peer.

The feedback provided indicated, for the most part, residents were supported to make their own choices and decisions, that they were treated with kindness and that they felt safe. Residents were positive regarding their day-to-day routines and

ticked that they had choices and were supported to go out for trips, visits or events and that they can see visitors in private if they want. Residents and their families were very positive about staff support and in particular, all surveys noted that residents knew their staff and relayed that staff knew their likes and dislikes.

The questionnaires also noted that residents and their families knew who to go to should they wish to make a complaint. There were two responses ticked under the 'could be better' box and these related to peer to peer matters. One regarding eating food with their friends and the other regarding enjoying the people they live with.

In summary, the inspector found that overall, the well-being and welfare of the residents living in the centre was maintained to a good standard. For the most part, the inspector found that there were systems in place to ensure the residents were in receipt of good quality care and support.

Through speaking with the person in charge and staff, through observations and a review of documentation, it was evident that the provider, person in charge and staff were striving to ensure that the residents enjoyed living in a centre where their choices and wishes were met.

However, to ensure residents were provided a safe service at all times, some improvements were needed to the systems in place that ensured effective fire precautions and safe medicine management practices, at all times.

These are discussed in the next two sections of the report, which present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impact on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

The inspector found that the provider had put arrangements in place to assure itself that a safe and good quality service was being provided to residents. The service was led by a capable person in charge, supported by the provider, who was knowledgeable about the support needs of residents and this was demonstrated through quality care and support. The inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of residents through person-centred care and support. The inspector found that improvements from the last inspection had been completed and had resulted in positive outcomes for residents. There were some improvements required on this inspection, regarding fire precautions and management of medicines however, these are discussed in the quality and safety section of the report.

The provider and person in charge had satisfactory governance and management systems in place within the designated centre to ensure that the service provided to

residents was appropriate to their individual needs, consistent and effectively monitored. The centre was resourced in accordance with the centre's statement of purpose. There was a clearly defined management structure in place which identified lines of authority and accountability. Staff had specific roles and responsibilities in relation to the day-to-day running of the centre. Provider audits and unannounced visits were also taking place and ensured that overall, service delivery was safe and that a quality service was provided to residents.

The person in charge was familiar with the residents' needs and ensured that they were met in practice. There was evidence to demonstrate that the person charge was competent, with appropriate qualification and skills and sufficient practice and management experience to oversee the residential service and meet its stated purpose, aims and objectives. The person in charge was supported by two deputies.

The qualifications and skill mix of staff working in the centre was appropriate to the number and assessed needs of residents, the statement of purpose and the size and layout of the designated centre. There were a number of recently recruited staff working in the centre, however, overall, there was a core staff team in place which ensured that residents were in receipt of continuity of care. On review of the roster, the inspector saw that it was appropriately maintained by the person in charge.

There was a training matrix in place for all staff working in the centre. The inspector found that for the most part, staff had been provided with the organisation's mandatory training and that the majority of this training was up-to-date. When required, staff were also provided with training that was specific to the residents' assessed needs.

There were relevant policies and procedures in place in the centre which were an important part of the governance and management systems to ensure safe and effective care was provided to residents including, guiding staff in delivering safe and appropriate care. On review of the Schedule 5 policies and procedures in place, the inspector found them to be reviewed in line with the regulatory requirement.

Registration Regulation 5: Application for registration or renewal of registration

Overall, the application for registration renewal and all required information was submitted to the Office of the Chief Inspector within the required time-frame.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience required by Regulation 14. The inspector found that the person in charge had a clear understanding and vision of the service to be provided and fostered a culture that promoted the individual and collective rights of residents living in this centre.

Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose.

Judgment: Compliant

Regulation 15: Staffing

There was a staff roster in place and it was maintained appropriately. The roster clearly identified the times worked by each staff member. Staffing arrangements included enough staff to meet the needs of the residents and were in line with the statement of purpose. In line with the residents' assessed needs and/or to mitigate the risk of peer to peer safeguarding incidents occurring, most residents were supported by a staff ratio of 2:1.

There was continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted. Staff who spoke with the inspector, demonstrated good understanding of residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents living in this centre. During the afternoon of the inspection, when the inspector met with three of residents, they observed positive and caring interactions between staff and residents.

A review of a sample of staff records was completed and the inspector saw, that of those sampled, all records included the appropriate information and were in line with Schedule 2 of Regulation 15.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge regularly monitored and addressed the training needs of staff. The person in charge ensured that staff were provided with training in child protection, fire safety, managing behaviours that challenge, safe medicine practices and infection control, but to mention a few. The inspector saw that where residents required support with a specific assessed need, the person in charge promptly organised the appropriate training for staff that enabled them to provide care that

reflected up-to-date, evidence-based practice.

Overall, training provided to staff was up-to-date including refresher training. A number of staff were due refresher training in fire safety however, this has been addressed in Regulation 28.

Every six months, staff were provided one to one supervision meetings with local management to support them perform their duties to the best of their ability.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibilities and who they were accountable to.

There was a robust auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for residents.

There was a governance reporting matrix in place to ensure service delivery was safe and that a good quality service was provided to residents. The matrix was reviewed by senior management, the director of operations and the person in charge. On a monthly basis, any actions arising were allocated to the appropriate person to take responsibility for them. The action were reviewed again the following month, where updates and outcomes were noted.

The provider had completed an annual report of the quality and safety of care and support provided to residents living in the designated centre. In addition, six monthly unannounced reviews of the quality and safety of care and support provided to residents were taking place and there was a plan in place to address any concerns regarding the standard of care and support provided.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There had been two residents referred for admission to the centre since the last inspection. On review of the documentation associated with one of the residents, the inspector found that the designated centre's admission policy and statement of purpose criteria had been followed. This ensured that the designated centre met the assessed needs of the resident and that there was no negative impact on the residents already living in the centre.

Residents were provided with a written agreement regarding the terms on which that resident resides in the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all required information, as per Schedule 1. Overall, it accurately described the service provided in the designated centre and was reviewed at regular intervals. Where changes had occurred since the inspection, for example changes to the person in charges whole time equivalent hours, the provided followed up promptly with an updated statement.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

As on the day of the inspection, there were no open or recently closed complaints. However, there were a number of compliments submitted to the centre praising the care and support provided to residents.

Overall, there was an effective complaints procedure that was in an accessible and appropriate format which included access to an advocate (appropriate to children and teenagers) when making a complaint or raising a concern. There was an easy to read information poster displayed in communal areas of the designated centre which included details of the complaints officer.

The complaints procedure was monitored for effectiveness, including outcomes for residents and ensured residents continued to receive quality, safe and effective services.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 written policies and procedures were adopted and implemented, made available to staff and reviewed when required.

The inspector found that, overall, the provider had ensured that the policies and procedure were consistent with relevant legislation, professional guidance and international best practices.

Policies were written for the service and were clear, transparent and easily accessible. Staff who spoke with the inspector were aware of where to locate the centre's policies and procedures should they require them. Where there were policy updates, these were noted at staff meetings.

Judgment: Compliant

Quality and safety

The inspector found that the provider and person in charge were endeavouring to ensure that residents well-being and welfare was maintained to a good standard. The person in charge and staff were aware of residents' needs and knowledgeable in the care practices to meet those needs. Care and support provided to residents was of good quality. However, on the day of the inspection, to ensure the safety of residents at all the times, some improvements were needed to the fire precautions and safe medicine management systems and practices in place.

Overall, the inspector found that there were good systems in place for the prevention and detection of fire. All fire-fighting equipment and fire alarm systems were appropriately serviced and checked. There were adequate means of escape, including emergency lighting. Staff had been provided training in fire safety however, some staff were overdue refresher training. Fire drills, with staff and

residents, were taking place regularly. On the day of the inspection, the inspector found that, while all staff had been shown the evacuation route as part of their induction, not all staff had completed a fire drill with residents. This meant that during the night time, where there were three staff and five residents, not all recently employed staff had practical experience of evacuating residents in this type of scenario. In addition, there was no system in place to keep track of what staff had completed a practical drill.

Medicines used in the designated centre were found to be used for their therapeutic benefits and to support and improve each resident's health and well-being. On review of a sample of residents' medical records, the inspector found that medications were administered as prescribed. Residents' medication was reviewed at regular specified intervals as documented in their personal plans. For the most part, the practice relating to the ordering; receipt; prescribing; storing; disposal; and administration of medicines was appropriate. However, some improvements were needed to ensure that where the provider had put policies and procedures in place regarding the labelling of PRN medicines, that these were implemented in practice. In addition, to ensure there was consistency in practice, additional guidance was needed for the cleaning of reusable medication equipment. This was to ensure that all medicines were administered as prescribed, at all times.

Each resident was provided with a personal plan that included an assessment of their health, personal and social care needs and of the supports and arrangements in place to meet those needs. Residents plans were reviewed regularly and included multidisciplinary input. Overall, the inspector found that reviews of residents' plans were effective and took into account changes in circumstances and new developments in residents' lives.

The provider and person in charge ensured evidence-based specialist and therapeutic interventions were implemented where behaviours that challenge presented. Residents had access to a range of multi-disciplinary supports to help them manage their behaviours including psychology, psychiatry and behavioural therapy. Where appropriate, residents were provided with positive behavioural support plans which were informed and reviewed by an appropriate professional and that supported staff in the delivery of care.

There were a number of restrictive practices in place in the centre, including environmental and physical restraints. Where restrictive practices were applied, they were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the individual. An organisational restraint reduction strategy was currently being developed by the provider.

The person in charge and staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. All staff had received training in child protection and safeguarding. Overall, the inspector found that the residents were protected by practices that promoted their safety.

Since the last inspection, the provider had submitted an application to vary the

footprint of the centre. A garage had been converted in to a single occupancy apartment with a separate garden area to the back of it. Overall, the inspector observed the physical environment of the house and the apartment was clean and in good decorative and structural repair.

The provider had ensured that the risk management policy met the requirements as set out in the regulations. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. There was a risk register specific to the centre, that addressed social and environmental risks, and was reviewed regularly.

The inspector found that there had been improvements to the infection prevention and control measures in place since the last inspection. The inspector observed the house to be clean and that there was a high level of adherence to cleaning schedules. Where there had been upkeep and repair works (that impacted on infection, prevention and control measures), these had been addressed.

Policies and procedures and guidelines in place in the centre, in relation to infection prevention and control, clearly guided staff in preventing and minimising the occurrence of healthcare-associated infections. Overall, the inspector observed that staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the residents.

Regulation 17: Premises

Overall, the inspector observed the design and layout of the premises was suitable to meet residents' individual and collective needs. The physical environment of the house was clean and in good decorative and structural repair.

Since the last inspection, there had been some upkeep and repair works completed to the centre, which resulted in positive outcomes for residents. In addition, to meet the sensory needs, likes and preference of a resident, a new sitting bath had been installed in a resident's en-suite bathroom.

Residents' living environment provided appropriate stimulation and opportunity for the residents to rest and relax. There were lots of soft toys and games in communal rooms in the house. Residents bedrooms were laid out in line with their preferences and likes, while some residents had chosen minimal personal items in their rooms, other residents enjoyed having items such toys, picture, books and family photographs in their room.

There was an outdoor recreational area for the residents including age-appropriate play and recreational facilities.

Judgment: Compliant

Regulation 26: Risk management procedures

Individual and location risk assessments were in place to ensure that safe care and support was provided to residents. The risk register was regularly reviewed and updated when required.

There were risk assessments specific to the current health pandemic including, the varying risks associated with the transmission of the virus and the control measures in place to mitigate them.

The risk management policy in place included all the required information as per Regulation 26.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector found that the infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. There were satisfactory contingency arrangements in place for the centre during the current health pandemic.

Residents had been provided with individualised self-isolation plans and risk assessments to ensure their safety and welfare in the event of an infectious disease outbreak.

Staff had completed specific training in relation to the prevention and control of COVID-19. Staff who spoke with the inspector demonstrated good knowledge on how to protect and support residents keep safe during the current health pandemic.

Judgment: Compliant

Regulation 28: Fire precautions

The door from the kitchen to the sun-room, (a fire door), was observed to be open. On further examination of the door, it was observed that the mechanical door holder device to keep the door open, (and automatically close when fire alarm sounded), was not working effectively. On the morning of the inspection, the person in charge promptly organised a member of the centre's maintenance team to review the device. By early afternoon, the device was fixed and working effectively; the mechanical door holder had been relocated from one side of the door to the other

and the worn rubber latch had been replaced with a new one.

Fire drills were taking place at suitable intervals. The mobility and cognitive understanding residents was adequately accounted for in the evacuation procedures and in the residents' individual personal evacuation plans. However, an improvement to the fire safety systems in place was needed. This was to ensure that there were appropriate and timely arrangements in place for all staff had completed a fire drill with residents. In particular, a drill where there was minimum number staff (3) and maximum number of residents (5). On speaking with staff, the inspector found that not all staff, who had been employed since December 2022, had taken part in a fire drill with residents.

Staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes, and arrangements were in place for ensuring residents were aware of the procedure to follow. However, not all staff had completed the refresher fire safety training (five staff). The training matrix noted that this training was booked for April 2023.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents' medicines were stored separately in a secure cupboard. However, on review of creams, sprays and ointments, the inspector found that not all open medicines had been labelled in line with the provider's safe administration of medicine policy, including other documents such as PRN procedures, and the centre's practical medical management tool. On speaking with staff, the inspector found that not all staff demonstrated good awareness of the practice in place for labelling PRN medication.

The inspector found that improvements were needed to the guidance in place for the cleaning and decontamination, as well as disposal of re-usable medical equipment such as syringes. On observing the syringes in use, the inspector observed that, on a number of syringe's, the measurements were faded and in some cases, not visible. While a review of a sample of the residents' medical records found that residents medications were administered as prescribed, using worn medical equipment meant that there was a potential risk of inaccurate measures of medicine being administered.

When speaking with staff about cleaning and decontaminating syringes, there were inconsistencies in responses. Overall, the inspector found that there were no protocols or procedures in place to provide staff with clear guidance on how to clean syringes. At the end of the inspection, the inspector was advised that the centre's safe medicine management policy had been updated to include guidance on cleaning syringes.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' person plans and found that residents' were facilitated to exercise choice across a range of daily activities and to have their choices and decisions respected.

Regular reviews of residents' personal plans were taking place in line with the centre's statement of purpose and for some residents, more regularly. Effective multidisciplinary reviews took into account changes in circumstances and new developments in residents' lives.

Where appropriate, family members were consulted in the planning and review process of residents' personal plans.

Residents were provided with an accessible format of their personal plan so that they could better understand the information within it.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were appropriate systems in place to ensure that, where behavioural support practices were being used, that they were clearly documented and reviewed by the appropriate professionals.

Staff had been provided with specific training relating to behaviours that challenge that enabled them to provide care that reflected evidence-based practice.

Where appropriate, residents were provided with a behavioural support plan, which was informed by an appropriate professional and guided staff in the delivery of care. In addition, each resident was provided with a specific personal behavioural support plan in section five of their person plans. These plans were implemented and reviewed by members of the multidisciplinary team.

There were a number of restrictive practices in place in the designated centre which were notified to HIQA as per the regulatory requirement. These included window restrictors on upstairs windows, restrictions to access of food, coded access points internally and externally. The use of physical restraints was also in place, such as holding techniques, to manage behaviours that challenge when they presented. The provider was committed to reducing restrictive practices across the organisation and was currently developing a restraint reduction strategy to reduce restraint usage and

to monitor and oversee the usage of restraints in each designated centre.

Judgment: Compliant

Regulation 8: Protection

The inspector found that incidents were appropriately managed and reviewed at staff meetings as part of the continuous quality improvement to enable effective learning and reduce recurrence.

The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity.

There was an up-to-date safeguarding policy in the centre and it was made available for staff to review .

All staff had received up-to-date training in the safeguarding and protection of children and of vulnerable adults. Staff spoken with were familiar with reporting systems in place, should a safeguarding concern arise.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 22: Insurance | 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 |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |

Compliance Plan for Riverrun OSV-0005563

Inspection ID: MON-0030200

Date of inspection: 02/03/2023

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 28: Fire precautions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: To demonstrate that the Designated Centre is in line with Regulation 28: Fire precautions, the PIC will ensure that there are adequate checks conducted and all team members are included in the review and situational problem solving of simulated fire drills.</p> <ol style="list-style-type: none"> 1. PIC or delegate will complete daily checks through their safety walk to ensure that fire equipment is working correctly. [01/04/2023] 2. Any defects noted during the daily check on fire equipment to be rectified as an emergency. [01/04/2023] 3. The PIC will revisit fire drills completed and discuss scenario-based drills at team meetings to problem solve potential events. [28/04/2023] 4. The PIC will conduct a fire drill at quarterly team meetings to ensure team members present are involved in drills conducted. [28/04/2023] 5. Centre specific fire training to be completed in the Centre. [15/04/2023] 6. PIC conduct regular checks to ensure that team members always have in date fire training. [01/04/2023] | |
| Regulation 29: Medicines and pharmaceutical services | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: To demonstrate that the Designated Centre is in line with Regulation 29: medicines and pharmaceutical services the PIC will ensure that the policy and procedure regarding Safe administration of medication is implemented in full and audited on a weekly basis.</p> <ol style="list-style-type: none"> 1. PIC to ensure open dates are clearly labelled on opened medicines, ointments, and creams inclusive of PRN medications and monitor through their weekly medication audit. [01/04/2023] 2. Centre specific risk register to reflect the process for cleaning and disposal of re- | |

usable medicine cups and syringes. [01/04/2023]

3. The medication audit tool will be updated to audit the cleaning of and disposal of re-usable medication cups and syringes. [05/04/2023]

4. The above actions will be discussed at the Centre team meeting. [28/04/2023]

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 28(4)(a) | The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents. | Substantially Compliant | Yellow | 28/04/2023 |
| Regulation 28(4)(b) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are | Substantially Compliant | Yellow | 28/04/2023 |

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|---------------------|---|-------------------------|--------|------------|
| | aware of the procedure to be followed in the case of fire. | | | |
| Regulation 29(4)(a) | 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 any medicine that is kept in the designated centre is stored securely. | Substantially Compliant | Yellow | 28/04/2023 |
| 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 | 28/04/2023 |