



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

Issued by the Chief Inspector

Name of designated centre:	Ravens Hill
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	01 February 2024
Centre ID:	OSV-0008204
Fieldwork ID:	MON-0042357

About the designated centre

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

Ravens Hill is located in rural setting in County Westmeath. It can support up to three adults both male and female. The property is located on a large site which includes a large garden, parking area and driveway. The property is a large bungalow that has been subdivided into three self-contained apartments. Each apartment consists of a kitchen/ sitting room, a bedroom and en suite bathroom. Each apartment leads onto a small enclosed garden. There are also two communal areas including a large kitchen and sitting room. The staff team include social care workers and assistant support workers who provide support on a 24/7 basis. Transport is provided in the centre should residents want to go on trips further afield. The supports provided in this centre include a range of allied health professionals including an occupational therapist, behaviour support specialist and psychologist'

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 1 February 2024	08:00hrs to 18:00hrs	Anna Doyle	Lead
Thursday 1 February 2024	08:15hrs to 18:00hrs	Florence Farrelly	Support

What residents told us and what inspectors observed

This inspection was carried out to follow up on non-compliance identified at a previous inspection carried out in November 2023. Overall on this inspection, the inspectors found that a number of improvements had been made to the governance and management arrangements in the centre which was contributing to some positive outcomes for residents in the centre. The registered provider had implemented the actions they had agreed to introduce following the last inspection and those outlined in the provider assurance report submitted.

Notwithstanding this, some of these actions did not have the desired outcomes and inspectors found that residents' rights continued to be impacted in the centre due to the impact of some residents behaviours of concern on others and in relation to the living environment for one resident. The inspectors also found that some improvements were still required in general welfare and development, records stored and the premises.

On arrival to the centre, all of the residents were still in bed however, soon after they started to get up with the support of staff. Over the course of the inspection, the inspectors got to meet and talk with two of the residents and observed another resident with staff members from a distance (this was in line with the residents preferences as they did not like new people in their environment).

The inspectors met with the person in charge, the deputy person in charge, the director of operations and five staff members. Inspectors also met two of the multi-disciplinary team (MDT) who were supporting residents and providing additional support to staff with positive behaviour support and restrictive practices in place in the centre. Records pertaining to the care and support provided to residents was also reviewed by the inspectors.

The centre is divided into three apartments, each apartment has a kitchen/sitting room, bedroom, en-suite bathroom and a small enclosed garden. There is also a sitting room and large kitchen that residents use to prepare meals. The property is situated on a large site and so as well as the small-enclosed garden spaces that residents have attached to their apartments there is a large garden area surrounding the property.

Two of the residents' apartments were well maintained and nicely decorated. The other residents' apartment required a significant amount of work at the time of the inspection. This resident had moved to the centre last year and had difficulties self-regulating and as a result had engaged in property damage that was difficult to have repaired, as the resident became very anxious when strangers were in their apartment. On the day of the inspection, the toilet in the resident's en-suite was not working which had resulted in unhygienic standards. The inspectors were satisfied from talking to the management team that this was in the process of being addressed but required the resident to leave the apartment which they would not

always do to get it fixed. Following the inspection the person in charge provided verbal assurances that the toilet had been fixed.

Aside from the issues with the maintenance of this apartment, inspectors were concerned with the size of the living space for this resident. This resident required the support of at least two staff (sometimes three) which left very little space for the resident to move around. This was concerning, as this resident had been assessed as requiring support with regulating their behaviour by engaging in activities that helped them expend energy such as, walking, doing household chores and physical exercise. In addition, the outside-enclosed garden was also small. As the resident did not engage in many community activities at the time of the inspection, the inspectors were concerned that there was limited activities or space available to the resident particularly when it was raining or very cold outside.

Inspectors met with two of the MDT, the director of operations and the person in charge to discuss these concerns. Inspectors acknowledged the changes and increased resources that had been put in place since the last inspection to support the resident, which were contributing to some positive outcomes. For example; the increased presence of a behaviour specialist in the centre had resulted in a more consistent approach from staff, which in turn resulted in a marked reduction in incidences in the centre. Notwithstanding this, all agreed that there was further work required to engage the resident more and support them to manage their behaviours.

In addition, this resident liked to communicate by vocalising loudly which was having a negative impact on another resident living in the centre. This resident reported that, it caused them anxiety and sometimes woke them at night. Since the last inspection the registered provider had installed additional sound proofing on some of the walls, however, this did not fully address the issue. At the last inspection there had also been issues around the impact of other behaviours of concern on this resident, and while these behaviours had subsided the resident was still concerned.

Notwithstanding the substantial work the provider had undertaken since the last inspection, inspectors found that, in relation to upholding and protecting the rights of all residents, this matter had not been fully addressed. For example; the resident who liked to vocalise loudly had the right to do this in their own home, equally the other resident had the right to live in an environment that was noise free and did not cause them anxiety.

In addition to this, the resident who liked to vocalise loudly, lived a restricted life due to the impact of their behaviours of concerns on other residents. One of the restrictions in place meant that this resident could not access the larger garden frequently. On the day of the inspection, inspectors observed the resident out in the larger garden and it was clear from their vocalisations that they liked being in this area. When inspectors spoke with staff, some said that, the resident was not restricted accessing this area and others said the resident was restricted. This needed to be addressed and inspectors therefore found that more improvements

were required in the rights of residents.

Notwithstanding these issues, the inspectors observed some good practices in the centre that were contributing to a better quality of life for the residents living there.

Since the last inspection one resident was now attending a day service two days a week. This resident showed an inspector their apartment which was decorated to a high standard. This resident informed the inspector that they liked this and also enjoyed shopping, watching their electronic tablet, doing make up and liked to help preparing some of their meals. The staff were observed supporting the resident throughout this time and it was clear that they knew the residents personal preferences well. For example; the resident liked makeup and liked to apply it themselves. This resident sometimes engaged in behaviours of concern and as an incentive to support them in managing these behaviours, a token system had been put in place. The resident showed the inspector the system which was displayed in an easy to read format and explained how, if they achieved 10 of the tokens, they purchased something new each week. This was a good example of where, the provision of positive behaviour supports was having positive outcomes for the resident.

This resident also spoke about their likes and dislikes and some of their favourite meals. Inspectors observed that interactions between the resident and staff were warm and friendly. The resident joked with staff about who was the best cook in the centre. Overall, this resident was observed over the course of the inspection to be happy and was freely accessing areas of their home; talking to staff and watching what was happening with the inspection.

The inspector also observed another example of how residents were being supported to live less restrictive lives. Members of the MDT had increased the review of restrictive practices in the centre and this was having a positive outcome for some residents. For example, at the time of the last inspection, one resident had key coded locks on their apartment door which staff had to open as the resident did not know the code. A skills teaching program had been implemented and the resident now knew the codes for all the doors and was observed by the inspector opening the doors themselves using the code.

Another resident who had required the support of three staff at the last inspection now only required two staff. This meant that the provider was looking at ways for the residents to live in a less restrictive environment.

Residents communication needs were provided for at the time of this inspection. One resident had a communication booklet devised outlining some Lámh signs (a manual sign system used in Ireland for people with communication needs) that they were familiar with to guide staff practice. Staff were familiar with this booklet and some staff had been provided with training in Lámh. Inspectors also observed visual schedules in place for some residents or easy to read information about specific supports in the residents' apartment. For example; one resident had a visual aid in their en-suite bathroom which was used as a reminder for them around personal care.

Two residents had their own mobile phones and the house phone was also available should residents need to use it. One resident had an electronic tablet which they liked to use to watch their favourite programs. The inspector observed the resident watching some of their favourite programs and staff were aware of the residents' preferences. This resident also spent time talking to the inspector about some of their favourite programs. Another resident had access to the Internet to watch movies they liked and spent some time talking to an inspector about some of the favourite things they liked to watch.

The two residents who met inspectors said that they liked the staff working in the centre. One resident said they liked living there however, the other resident said that they would like to move to another home where they would have more independence. This resident also said that, they were still not happy about the noise levels and some behaviours of concern which occurred in the centre. While the resident said that the number of times this occurred in the centre had reduced since the last inspection, this was still an ongoing concern for them and made them feel anxious sometimes. The resident said that they were aware of the complaints policy in the centre and that staff always helped them to make a complaint however, some of the concerns they had with noise levels were still ongoing. This is discussed later in the next two sections of this report.

On the day of the inspection one resident went out dog walking and since the last inspection had completed a course in pet care. The resident said they were currently exploring other training courses. Since the last inspection, the number of staff supporting the resident had decreased from 3 to 2 staff. The resident informed the inspector that they were happy with this.

The resident who did not like meeting new people was observed for a short time by inspectors from a distance. At the time the resident was walking around the large garden area with staff and was then going for a drive. The resident appeared happy in the garden and staff were supporting the resident in a respectful manner. Since the last inspection a rowing machine had been purchased for the resident which according to staff and the person in charge the resident was using on a daily basis. Staff were also recording each day when the resident was offered activities and whether they refused or took part in the activity.

There were a number of forums where residents could raise concerns or talk about things they would like improved. Some residents had access to independent advocates or representatives whom they met to talk about concerns they may have or about the quality of care provided.

The next two section of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements impacted the quality of care and support being provided to residents.

Capacity and capability

As outlined earlier inspection was carried out to follow up on non-compliance identified at a previous inspection carried out in November 2023. During that inspection improvements were required in a number of regulations inspected against and as a result of these findings a cautionary meeting was held with the registered provider.

In addition to this, following that inspection the Health Information and Quality Authority (HIQA) received information concerning safeguarding of residents, medicine management practices, staffing levels, communication and general welfare and development of residents. In response to these concerns a provider assurance report was issued from the office of the Chief Inspector to the provider, seeking further written assurances around how the provider would meet the requirements of the regulations or areas they may need to improve. As part of this inspection, those written assurances were also followed up on.

Overall on this inspection, inspectors found that significant improvements had been made to the governance and management's arrangements in the centre. This included increased input from allied health professionals, increased supervision and mentoring for staff; and additional staff training that was contributing to better outcomes for the residents. Improvements were required still to residents rights safeguarding and records stored in the centre, the premises and the general welfare and development of residents.

There were clear governance and management arrangements in place which was managed by a full time person in charge who had been appointed since the last inspection.

At the last inspection the staffing levels in the centre were not always in line with the assessed needs of the residents. Since then oversight mechanisms had been implemented to address this. Inspectors found at this inspection that there were sufficient staff numbers in place to meet the needs of the residents. While some vacancies had still not being filled relief staff were employed to ensure consistency of care to residents.

Staff met said they felt supported in their role and spoke about training that had been provided to them since the last inspection. Regular supervision was held with staff and the person in charge facilitated staff meetings..

Training records for staff were reviewed and all staff had up-to-date training in both mandatory and additional training required to meet the needs of the residents.

Some improvements were required to the records stored in the centre as some of them had not been completed everyday or were not dated.

Regulation 14: Persons in charge

A new person in charge had commenced in post since the last inspection and was employed on a full time basis. The person in charge was a social care professional and had a number of years experience working in and managing disability services. They demonstrated a good knowledge of the needs of the residents.

The person in charge was responsible for this centre only and was engaged in the ongoing improvements in the operational management of the centre, resulting in improved outcomes for residents.

They demonstrated a person centred approach to care and were aware of their remit under the regulations.

Judgment: Compliant

Regulation 15: Staffing

Since the last inspection the registered provider had increased oversight of the staff rotas centre to ensure the required number of staff were on duty to support the residents needs.

There was planned and actual rota maintained which was reviewed by the person in charge and the director of operations to ensure appropriate staffing levels were in place. A sample viewed by inspectors showed that there were sufficient staff in place to support the residents.

At the time of the inspection there were some staff vacancies, however, regular relief staff were employed to fill these vacant hours. Staff received a comprehensive induction before starting to work in the centre. An out of hours on call system was also in place should staff require support and assistance at night or over the weekend.

Since the last inspection, the registered provider had reviewed the staffing supports for one resident as part of a restraint reduction plan and this review had resulted in a decrease in the staff supports required for this resident. The resident stated they were happy about this.

Staff spoken with were knowledgeable about the needs of the residents and were observed engaging with residents in a kind and respectful manner.

A sample of staff personnel files viewed were found to contain records required under the regulations. For example; all staff had garda vetting completed.

Judgment: Compliant

Regulation 16: Training and staff development

Since the last inspection, additional training had been provided to staff to ensure they had the necessary skills to support the residents in the centre. Some of this training included workshops on communication, positive behaviour support, supporting people with autism and refresher training in safeguarding.

A review of a sample of training records showed that staff employed on a full time basis had received training in fire safety, manual handling, safeguarding vulnerable adults, medicine management and positive behaviour support.

Training on the use of physical interventions used in the centre had also been provided and staff spoken to were aware of the different interventions that were used and could demonstrate how some of these interventions were applied. This ensured that where physical interventions were used, staff understood the importance of implementing them as a last resort and how to apply a hold in a safe manner.

The registered provider had also arranged on site mentoring and supervision of staff practices in relation to positive behaviour support which was contributing to positive outcomes for residents. As an example there was a marked reduction in the number of incidents of behaviours of concern for one resident.

The staff spoken with said that they felt supported by the person in charge and could raise concerns to them should the need arise.

Judgment: Compliant

Regulation 21: Records

For the most part records required to be stored under the regulations were available in the centre.

The inspectors found that there was a large volume of records stored in relation to residents care and some of the records were not always completed every day or did not have dates included on the records. For example; records were required to be maintained on a daily basis for a resident to monitor their mental health, these had not been recorded everyday from a sample viewed. A communication passport for a resident did not have a date included on it.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had implemented the actions from the last inspection and had implemented a governance improvement plan which included an increased presence of senior managers, allied health professionals and safeguarding personnel to ensure that residents were safe and provided with a quality service. For example the director of operations visited the centre twice a week and was actively engaged in the governance and management of the centre since the last inspection.

There was a defined management structure in place. The person in charge reported to the director of operations. The person in charge was also supported by team leaders and another manager to oversee the care and support for residents. At night time, a shift leader was assigned to manage and supervise the care delivered.

The registered provider had systems in place to review the care and support being provided. This included a six monthly unannounced quality and safety review which is required under the regulations.

Other audits and reviews had been conducted to ensure that the care being provided was safe. A specialist in physical interventions had reviewed the use of physical interventions in the centre. Behaviour specialists had increased the review of restrictive practices and had put restraint reduction plans in place for residents. A pharmacist had conducted an audit of medicine management practices and inspectors found that the provider had effective medicine management practices on the day of the inspection.

Regular staff meetings had been held to discuss the care and support of residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspectors were satisfied that the person in charge was aware of their responsibilities under the regulations to notify the chief inspector when an adverse incident occurred in the centre. A review of a sample of incidents showed that the chief inspector had been notified where required under the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a complaints policy outlining how complaints were

managed in the centre. Since the last inspection, two complaints had been recorded and the director of operations explained how these were being managed at the time of the inspection.

All staff had been provided with training on the management of complaints since the last inspection. One resident said they were aware of the complaints policy and said that staff supported them when they needed to make a complaint.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that significant improvements had been made to the quality and safety of care and support residents received since the last inspection. Notwithstanding this, improvements were still required in safeguarding and general welfare and development and residents' rights remained not compliant with the regulations as key issues had not been addressed.

While some of the residents had access to meaningful activities this was not the case for everyone living in the centre. At the time of the last inspection it had been identified that one resident was confined to their apartment area only and had no access to the communal kitchen and limited access to the large garden area surrounding the centre. The small garden area this resident did have access to, was not very inviting and had limited activities available to them. This was very important, as the resident did not like to engage in community activities on a regular basis in line with their personal preferences.

While some of the reasons for this restrictive living environment were put in place following safeguarding incidences and the provider had taken actions to address this. These actions did not fully address the concerns to a satisfactory level and inspectors were not assured the living environment and outdoor space was suitable to meet the resident's needs.

Residents were supported with their individual communication styles in line with their assessed needs.

The centre was for the most part clean and maintained to a good standard. However, one residents apartment required review at the time of the inspection.

The registered provider has systems in place to manage risk and at the time of the inspection there was good oversight of risk in the centre. For example, where incidents occurred they were reviewed by the person in charge.

At the time of the last inspection improvements were required in relation to restrictive practices in the centre. Since then the registered provider had implemented a number of improvements that was having positive outcomes for

residents.

Regulation 10: Communication

As part of the providers assurance report, the registered provider had outlined that each resident had an assessment completed regarding their communication needs and that each resident had access to a speech and language therapist as required. They also stated that staff were to be provided with additional training to support one residents' communication needs and that new booklets had been created to guide staff practice in this area.

The inspectors found that all of these actions had been implemented and from speaking to staff they were aware of the specific communication needs of the residents. In particular a communication booklet had been devised for one resident outlining some Lámh signs that they were familiar with to guide staff practice. Some staff had been provided with training in Lámh.

Visual schedules were also in place for some residents or easy read information about specific supports was available in residents individual apartments. For example; one resident had a visual aid in their en-suite bathroom which was used as a reminder for them around personal care.

Two residents had their own mobile phones and the house phone was also available should residents need to use it. One resident had an electronic tablet which they liked to use to watch their favourite programmes and another resident had access to the Internet to watch movies they liked.

Judgment: Compliant

Regulation 13: General welfare and development

As part of the providers assurance report the registered provider had outlined that each resident had access or were being supported to access meaningful activities in their community. Since the last inspection one resident was now attending a day service two days a week. This resident informed the inspector that they liked this and also enjoyed shopping, watching their electronic tablet, doing make up and liked to help preparing some of their meals in the centre.

Another resident had completed a course, engaged in dog walking and told the inspector they liked bowling, shopping, meeting family, listening to music and watching movies.

Another resident engaged in community and in house activities when they chose to and they had a number of supports in place to try and encourage them to be more

engaged in activities during the day. Due to the resident's presentation they could refuse to engage in many of the activities offered. Since the last inspection a rowing machine had been purchased for the resident and staff were trying to encourage them to partake in this activity on a daily basis as energetic activities helped the resident to regulate their behaviours of concern. In order to see what the resident might like to do, staff were maintaining a comprehensive list of activities that were offered and refused by the resident. This information was being reviewed regularly by member of the MDT team.

Notwithstanding this, inspectors found that while some activities recommended following a sensory assessment of the resident conducted in January 2022 had been put in place for example the resident liked to have a weighted blanket and this was in place. Other recommendations like tactile sensory activities had not all been implemented.

In addition to this resident was reported to enjoy walking, however their garden area was small and the resident did not have access to the larger garden on a regular basis due to safeguarding concerns in the centre. While some staff reported that the resident could freely access the larger garden area when they chose to, others reported that the resident could not. This needed to be reviewed to ensure that all staff were being consistent in their approach and also to ensure that this resident's rights were respected in the centre as discussed under regulation 9 of this report.

Judgment: Substantially compliant

Regulation 17: Premises

The centre is divided into three apartments, each apartment has a kitchen/sitting room, bedroom, en-suite bathroom and a small enclosed garden. There is also a sitting room and large kitchen that residents use to prepare meals. The property is situated on a large site and as well as the small-enclosed garden spaces that residents have attached to their apartments there is a large garden area surrounding the property.

Two of the residents' apartments were well maintained and nicely decorated. The other residents' apartment required a significant amount of work at the time of the inspection. This resident had moved to the centre last year and had difficulties self-regulating and as a result had engaged in property damage that was difficult to have fixed as the resident became very anxious when strangers were in their apartment. Also this resident had been assessed as enjoying sensory stimulation for example: tactile objects and the living environment had minimal adaptations to meet this need.

On the day of the inspection, the toilet in the resident's en-suite was not working which had resulted in unhygienic standards and malodour. However, the inspectors

were satisfied from talking to the management team that there was a plan in place to address this issue the day following the inspection.

Following the inspection the person in charge provided verbal assurances that the toilet had been fixed.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available and each resident had a number of individual risk assessment management plans on file so as to support their overall safety and well being. These risk management plans outlined control measures that should be in place to keep people safe. For example; some residents had to have certain checks completed to ensure their environment was safe and these checks were recorded in the residents plan.

Where incidents occurred in the centre they were recorded, reviewed by the person in charge and discussed at team meetings.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

As part of the providers assurance report submitted to HIQA following the last inspection the registered provider outlined the comprehensive systems they had in place to manage medications safely. The inspectors reviewed these systems and were satisfied with the arrangements in place at the time of the inspection.

The registered provider had a policy and procedure for the safe administration of medicines. All staff were trained to administer medicines and competency assessments were completed following this training to ensure that staff had the necessary skills to administer medicines correctly. An inspector observed one staff member administering medicines to a resident and the staff member was competent and followed the appropriate standards when carrying out this task.

There were arrangements in place for the storage and disposal of medicines. Staff members who met with inspectors were aware of why some medicines were prescribed and the side effects these medicines.

Audits were conducted to ensure ongoing compliance in this area.

Where medicines were refused by residents there was protocol in place that staff needed to follow. Staff were aware of this procedure. PRN medicine (medicine prescribed as needed) protocols were in place for psychotropic medicines that residents may require to manage their anxieties.

There was system in place to manage medicine errors and when they occurred they were reviewed by the person in charge and discussed at team meetings to ensure learning from incidents was occurring.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were being supported to achieve best possible mental health. They had access to and support from a range of allied health professionals to include psychology, behaviour specialists, occupational therapists and a psychiatrist.

Since the last inspection the registered provider had increased these resources and staff had completed further training and on site mentoring in relation to positive behaviour support. This was having a positive outcome for residents as there had been a reduction in the number of incidents in the centre.

The staff met were very clearly able to talk about how the residents liked to be supported and what techniques were effective to reduce their anxieties. Support plans were also in place to guide this practice.

A number of restrictive practices were used in this centre including locked doors, physical interventions, high levels of staff supervision and one resident was restricted from accessing areas of the centre. Since the last inspection behaviour support specialist had reviewed all of these practices and as stated earlier this was having a positive impact for some residents whose lives were less restrictive as a result of these reviews.

Two residents were being supported with positive behaviour support strategies to help them manage their behaviours. For example, as discussed earlier one of the residents had a token reward system, which meant that each week if they had collected a certain number of tokens they got to pick something they wanted as a reward. The resident showed the inspector this and said they liked it.

Judgment: Compliant

Regulation 8: Protection

Since the last inspection the registered provider had put more resources in place to review safeguarding concerns. For example; a safeguarding officer visited the centre every two weeks to review safeguarding plans and meet with all of the residents affected to review their concerns. Staff had also been provided with refresher training in safeguarding vulnerable adults.

Staff were aware of the different types of abuse and who they should support allegations of abuse to in the organisation.

Since the last inspection there had been a number of safeguarding concerns reported to HIQA, some of which were still ongoing at the time of the inspection, meaning they were either still being investigated or there was safeguarding plans in place to protect residents.

However, the inspectors found that the actions taken to date had still not fully addressed the issues in the centre and so further actions were warranted. For example; one resident remained concerned and anxious about the noise levels that impacted them in the centre.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Since the last inspection the registered provider had implemented the actions outlined in their compliance plan to address residents rights. For example; restraint reduction plans were now in place for residents which was having positive outcomes as one resident now was able to open the door to their apartment and one resident now only required 2 staff to support them.

Centre specific training had also been completed with all staff to assure that residents right to be consulted in the centre was important.

Notwithstanding, some residents could not always exercise control and choice as part of their daily lives and despite the actions taken by the provider since the last inspection some issues remained. For example; the resident who liked to vocalise loudly had the right to do this in their own home, equally the other resident had the right to live in an environment that was noise free and did not cause them anxiety.

In addition to this the resident who liked to vocalise lived a restricted life due to the impact of their behaviours of concerns on other residents. This meant they could not access the larger garden frequently. On the day of the inspection the inspectors observed the resident out in the larger garden and it was clear from their vocalisations that they liked being in this area. However, some staff said that the resident was not restricted accessing this area and some said the resident was restricted. This needed to be reviewed.

In addition to this one residents living area needed to be reviewed in terms of its size to ensure that resident had enough space, given the amount of staff that were also required to be in the living environment with the resident.

Judgment: Not 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Ravens Hill OSV-0008204

Inspection ID: MON-0042357

Date of inspection: 01/02/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ol style="list-style-type: none"> The Person in Charge (PIC) shall ensure arrangements are in place for the checking of monitoring records which are completed daily by Team Members to ensure completion in line with recommendations made by the Individuals allied health professionals. Completed: 29 February 2024 The communication passport template will be reviewed to reflect the completion and revision dates of the document. Due Date: 22nd March 2024 The Centre’s policy and procedure on record keeping and report writing shall be discussed with all Team Members as well as the above points at the next monthly team meeting by the PIC. Due Date: 22nd March 2024 	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <ol style="list-style-type: none"> The PIC, in consultation with the Occupational Therapist will review all recommendations prescribed to meet the Individuals assessed needs. Due Date: 08th March 2024 With the support of the Centre’s Team Members, the PIC shall oversee the implementation of revised Occupational Therapy recommendations, evidence of implementation shall be maintained in the Individual’s health folder. Due Date: 29th March 2024 Behavioural specialist in conjunction with the PIC shall complete a review of the 	

<p>Individuals MEBSP, where required to provide clear guidance to Team Members on the Individuals access to the garden. Due Date: 14th March 2024</p>	
<p>4. All the above points shall be discussed by PIC at the next monthly team meeting. Due Date: 31th March 2024</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: 1. The PIC shall ensure that that daily environmental checks take place in the Centre and any issues relating to the premises shall be notified to Nua’s Maintenance Department for assignment and action in a timely manner.</p> <p>Note: Repairs works identified in the Individuals bathroom were addressed on the day of inspection.</p> <p>Completed: 01 February 2024</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: 1. A review of all Individuals’ current placements inclusive of impact assessments shall be completed in line with their assessed needs and wishes. Alternative placements shall be explored, where required and where possible based on their assessed needs by the Admissions, Discharges and Transitions committee (ADT).</p> <p>Note: Following a review of the Individuals needs and on completion of this action, the Director of Operations shall engage with all relevant stakeholders and shall update the regulator of the steps taken to consider alternative placements and/or living arrangements. Due Date: 29th March 2024</p> <p>2. The Director of Operations in conjunction with Nua’s maintenance team shall ensure a sound transfer, review is completed on the Centre, to identify any further measures or steps to take to modify the environment accordingly in line with Individuals assessed needs and to minimize sound in so far as reasonably is practicable. Completed: 26th February 2024</p> <p>3. The Director of Operations in conjunction with the Person in Charge shall ensure that actions arising from this assessment are to be implemented within the Centre. Due Date: 31st March 2024 (or sooner if possible)</p> <p>4. The Person in Charge in conjunction with the Individuals’ Multi-Disciplinary Team shall ensure appropriate therapeutic supports such as but not limited to, psychology and behavioural support are available to all Individuals where required, to support them in any potential safeguarding impacts or concerns they may have. Due Date: 29th March 2024 (or sooner if possible)</p>	
Regulation 9: Residents' rights	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>1. A review of all Individuals' current placements inclusive of impact assessments shall be completed in line with their assessed needs and wishes. Alternative placements shall be explored, where required and where possible based on their assessed needs by the Admissions, Discharges and Transitions committee (ADT).</p>	

Note: Following a review of the Individuals needs and on completion of this action, the Director of Operations shall engage with all relevant stakeholders and shall update the regulator of the steps taken to consider alternative placements and/or living arrangements.

Due Date: 29th March 2024

2. The Director of Operations in conjunction with Nua's maintenance team shall ensure a sound transfer, review is completed of the Centre, to identify any further measures or steps to take to modify the environment accordingly in line with Individuals assessed needs and to minimize sound in so far as reasonably is practicable.

Completed: 26th February 2024

3. The Director of Operations in conjunction with the Person in Charge shall ensure that actions arising from this assessment are to be implemented within the Centre.

Due Date: 31st March 2024

(or sooner if possible)

4. The Person in Charge in conjunction with the Individuals' Multi-Disciplinary Team shall ensure appropriate therapeutic supports such as but not limited to, psychology and behavioural support are available to all Individuals where required, to support them in any potential safeguarding impacts or concerns they may have.

Due Date: 29th March 2024

(or sooner if possible)

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(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	29/03/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	01/02/2024
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are	Substantially Compliant	Yellow	22/03/2024

	available for inspection by the chief inspector.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/03/2024
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.	Not Compliant	Orange	31/03/2024