



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

Issued by the Chief Inspector

Name of designated centre:	Brambles
Name of provider:	St Catherine's Association CLG
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	23 January 2024
Centre ID:	OSV-0001851
Fieldwork ID:	MON-0038471

About the designated centre

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

Brambles designated centre is a children's respite service operated by St. Catherine's Association in County Wicklow. The centre has a capacity for up to four children from six to 18 years of age and provides short break respite services to children with intellectual disabilities. The centre is managed by a person in charge who is supported by a deputy manager who also engages in the day-to-day management and operation of the centre. The staff team includes social care workers and social care assistants. The premises consists of a large bungalow with a kitchen and dining area, a sensory room, a sitting room, five bedrooms (includes one staff bedroom), a laundry room and two bathrooms. Outside the house there is an enclosed garden space with large swings.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 23 January 2024	13:00hrs to 18:30hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection carried out to assess ongoing regulatory compliance in the designated centre. The centre operates as a respite service for children with intellectual disabilities. The inspection was completed in the afternoon and evening so that the inspector could observe the quality of care in the centre and meet with the children who were attending for respite.

Overall, the inspector found that the residents were in receipt of good quality, child-centred care which was delivered by a competent and familiar staff team. However, the premises of the designated centre was in need of refurbishment and upkeep. This had been known to the provider and consistently highlighted in a number of previous inspections but had not been addressed in a comprehensive and timely manner. The inspector saw, and was told, that the premises issues were presenting risks to the safety of residents in the centre. This will be discussed further in the next two sections of the report.

The designated centre was located in a rural setting in County Wicklow and was close to towns and public amenities. On arrival to the centre, the inspector saw that it was located beside two other of the provider's designated centres. A large wooden fenced gate was seen to obstruct the view of the entryway of the centre. This gate was locked with both a key lock and a magnetic keypad. The inspector was told that the gate and locks were required to ensure the safety of the children attending respite. However, the wooden gate did not present a homely, welcoming or child-friendly entry to the respite house.

The inspector was greeted by staff on duty and the person in charge. The staff team informed the inspector of the children who were due to stay in respite that night and of their plan of activities for when the children returned from school. An introductory meeting was completed with the person in charge and a walk-around of the designated centre was then completed.

The person in charge informed the inspector that the premises was awaiting refurbishment to a number of areas, including the flooring, the kitchen and the bathroom. The inspector saw, on a walk-around of the centre, that the house was decorated in a child-friendly manner with murals on the walls and ready availability of toys and sensory equipment. However, the flooring in the hall and some bedrooms was damaged.

The inspector was also told that the flooring in the kitchen was of a type that became very slippery when wet and that this presented a risk of trips, slips and falls for children attending the centre. To mitigate this risk, a restrictive practice had been implemented which limited the children's access to the outside garden and play equipment when the garden was wet. This inspection found the poorly maintained premises were impacting on the management of risk in the centre and further impacting on the quality of service and experience of children attending the

centre. These matters will be discussed further in the quality and safety section of the report.

The inspector saw that each resident had their own individual bedroom. They also had access to a communal bathroom, a kitchen, sitting room and sensory room. On the walk-around, the inspector saw that bedroom doors did not have automatic door closers. The person in charge outlined that they were aware of this risk and had escalated it to the provider level. However, there was no time-bound plan in place to address this risk. This will also be discussed in the quality and safety section of the report.

In the early afternoon, the three children returned from school and some of them chose to speak to the inspector in more detail about their hobbies, interests and their views on the respite centre. The residents were supported to have a preferred snack at the kitchen table. The inspector saw that the staff on duty were responsive to residents' communication and supported them in a gentle and kind manner. The inspector noted that staff supported the children to maintain their autonomy and independence by assisting or gently prompting them to make snacks or to settle into their bedrooms.

After their snack, one child went to their bedroom to relax. The inspector saw that they were comfortable and were using sensory toys and their electronic device. Another child sat at the kitchen table and completed their homework with the support of staff. The inspector saw that staff encouraged the child and gave them plenty of positive reinforcement while doing their homework. This child told the inspector that they liked coming to respite. They said that the centre had nice treats and that they enjoyed going on activities and outings. The child spoke about previous respite outings to the circus, the beach and into town.

Later in the afternoon the children went bowling and for a virtual reality gaming experience supported by staff. The children seemed to enjoy their outing, with one child telling the inspector on their return that they had gotten a strike in the bowling game. When they returned, they were seen to be relaxed and comfortable. The children chose to use their devices to watch preferred videos and shows in their bedrooms or the kitchen while dinner was being made.

The children were offered a choice of dinner by staff and the inspector saw that food was prepared that was in line with their preferences. Some children communicated that they wanted specific cutlery or plates and this was made available to them.

Overall, the inspector saw that the respite house was offering a child-centred, good quality service to the children who stayed there. However, the known premises issues were impacting on the safety of care and were presenting risks to the safety of the residents. This will be discussed further in the next section of the report.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

Overall, the inspector found that there were effective local management arrangements, however improvements were required at the provider level in order to address premises issues and to respond to centre-specific risks in a timely manner.

There were effective local management arrangements in the centre with clearly defined roles and responsibilities. The staff team were in receipt of regular support and supervision from a local team lead and the person in charge. There was a high level of compliance with mandatory and refresher training. Staff had also completed additional training in areas as required by residents' assessed needs which was enhancing the quality of the service provided.

However, the inspector found that the provider had failed to respond to known premises risks in a timely manner and had not completed actions as they had set out to do in previous compliance plans submitted to the Chief Inspector. The inspector was not assured that the provider could address known risks in a timely manner in order to ensure the safety of residents and to comply with the Regulations.

Regulation 15: Staffing

The centre was staffed by a suitably skilled and qualified staff team. A planned and actual roster was maintained which showed that staffing levels were in line with the statement of purpose. There was a very low reliance on relief or agency staff which was supporting continuity of care for residents. The inspector saw that there were sufficient staff on duty to meet the needs and number of residents on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

A training matrix was maintained which showed that there was a very high level of compliance with mandatory and refresher training. All staff were up-to-date in training in key areas such as Children First, Safeguarding and Fire Safety.

Staff had also completed additional, non-mandatory training in areas required to meet residents' assessed needs. For example, staff had completed training in

assistive technology, communication and human rights.

Staff were also in receipt of regular supervision and support from local management.

Judgment: Compliant

Regulation 23: Governance and management

While the inspector was assured that the local management arrangements were effective in identifying risk and in escalating risk to the provider level, it was found that the provider had not responded in a timely manner to known risks and that this was having a negative impact on the safety of care in the centre.

Upkeep to premises had been identified on HIQA inspections as an area requiring improvement since 2018. The provider had committed to addressing premises issues through their compliance plan responses. However, premises upkeep remained outstanding at the time of the current inspection.

These premises issues were presenting a risk to the safety of care for the residents and, due to the risk of injury, had resulted in the implementation of a restrictive practice. The premises issues and the risks posed by them were identified across many of the provider's six-monthly audits, annual reviews and their risk register. However, there was a failure to comprehensively complete the required premises works in a timely manner in order to ensure the safety of care for residents.

Judgment: Not compliant

Quality and safety

This section of the report details the quality of the service and how safe it was for the children who attended the designated centre. Overall, the inspector saw that the residents were in receipt of good-quality, child-centred care from a staff team who were well-informed and trained regarding their individual assessed needs. However, there were a number of risks to the safety of care. These risks related to the premises and fire containment.

A sample of residents' files were reviewed along with their individual assessments and care plans. The inspector saw that each child had a comprehensive and detailed assessment which was used to inform care plans for each assessed need. Care plans were written in a child-centred manner and referenced children's preferences including their need for comfort and reassurance when on respite. Consideration was given to children's age and their developmental requirements in writing their

personal plans. It was also evident that care plans were informed by the child's family and by relevant multi-disciplinary professionals.

Children in this centre accessed a variety of health care professionals in line with their assessed needs. The inspector saw that the designated centre was often a positive support in facilitating attendance at health care appointments for children. The person in charge had ensured that children could be supported to attend clinical appointments while attending the respite service and had consulted with families and received their consent for this.

All staff in this centre were up-to-date in relevant safeguarding training. The inspector saw that the person in charge and staff team had implemented strategies to support children to understand about safeguarding and how to protect themselves in a child-centred manner. There were posters displayed in communal areas which informed children of their rights and of who they could talk to if something was wrong. Children in this house were also supported to understand the difference between public and private spaces to further safeguard them.

There were, however, a number of risks to the safety of care in the centre. The inspector found that, while residents were in receipt of good quality care which was meeting their assessed needs, the premises issues were overall presenting a risk to the safety and well-being of the residents. Specific premises issues will be set out under Regulation 17 and Regulation 28. However, overall, the inspector saw that there were a number of areas for improvement, in particular to the flooring of the centre and to the fire containment measures.

The premises issues were resulting in a number of orange-rated risks being put on the centre's risk register. For example the risk of injury as result of inadequate fire containment measures was rated orange. The risk of children being injured due to lack of non-slip flooring and the impact on safe access and egress was also rated orange. However, there was no definitive, time-bound plan in place for these risks setting out when they would be adequately controlled for. This required review by the provider to ensure that risks to the safety of the residents were comprehensively controlled for.

Regulation 17: Premises

There were a number of areas of the centre which required upkeep and which were impacting on the quality and safety of care. These included:

- Flooring in the kitchen was not suitable for the environment and posed a risk of slips and falls
- Flooring was damaged in a number of areas including in the hall and in residents' bedrooms
- Flooring was stained throughout the house and was unsightly
- The bathroom required upkeep as some of the tiles were cracked and could not be effectively cleaned. Additionally, some of the furniture in the bathroom

was not promoting accessibility for residents

- Kitchen cabinets were damaged and could not be effectively cleaned
- The inspector was told that the centre's windows were not effective in retaining heat and that the centre could be very cold by night
- The entrance to the designated centre was not welcoming or child-friendly

Judgment: Not compliant

Regulation 26: Risk management procedures

There were a number of moderate to high level risks on the centre's restrictive practices register which were implemented as a result of premises and fire containment issues. It was not demonstrated that the provider had adequately controlled for these risks and that all control measures, when implemented, were proportionate.

For example, the person in charge had identified that residents' bedrooms did not have door closers in order to contain fire. The person in charge had escalated this risk to the provider in December 2023 however at the time of inspection, there was no time-bound action set out to control for the risk.

Another risk assessment was implemented with regards to the unsafe flooring in the kitchen. This was also risk-rated orange. However, there was no clear time frame for when flooring would be replaced.

In the interim, the control measure implemented was to introduce a restrictive practice whereby residents could not access the garden when it was wet in order to reduce the risk of falls. This was impacting on the quality of care to the residents. The inspector was told that many of the residents enjoyed water play and active play in the garden.

Therefore, limiting these activities was impacting on the quality of their stay and was not a proportionate control measure.

Judgment: Not compliant

Regulation 28: Fire precautions

There was a known risk whereby residents' bedrooms doors were not fitted with door closers.

The inspector was told that many of the children who attended the centre preferred to sleep with their doors open for reassurance during the night.

This posed a risk to the safety of the residents as the inspector was not assured that there were effective measures in place to contain fire and smoke in the centre.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

A sample of residents' files were reviewed on the inspection. The inspector saw that residents had an up to date and comprehensive assessment of need on their files which informed detailed and person-centred care plans. The assessment of need was informed by the residents' family members and relevant multi-disciplinary professionals.

Each child also had a detailed "all about me" guide which staff used to assist them in planning for children's stays in respite. This document reminded staff of residents' likes and preferred activities and allowed them to prepare activities and ensure there were foods in the house which the child enjoyed.

Judgment: Compliant

Regulation 6: Health care

Children attending this respite centre accessed a variety of health care supports in line with their assessed needs. These included occupational therapy, speech and language therapy and psychology.

Staff in this centre supported children to attend health care appointments through the respite centre where appropriate and when consent was given by parents to this.

Judgment: Compliant

Regulation 8: Protection

All staff in this house had completed mandatory training in Children First and safeguarding. Staff were aware of their safeguarding roles and responsibilities.

Where safeguarding concerns had been identified, a referral had been made to the relevant statutory authorities and safeguarding plans had been implemented.

There were measures in place to ensure that children attended respite who were

compatible with each other.

Children were provided with education while in respite in order to protect themselves.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Brambles OSV-0001851

Inspection ID: MON-0038471

Date of inspection: 23/01/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>It is acknowledged that the premises issues identified through internal provider audits and regulatory inspections were not responded to within a reasonable timeframe while the Provider progressed long term property developments for respite services, as previously outlined to the Regulator, in circumstances where funding was not available to address these issues and external processes outside of provider control have been considerably delayed. Notwithstanding the aforementioned, this compliance plan sets out St Catherine’s Association commitment to remedy the issues with the premises in coming months, while also reviewing our processes and systems to ensure they are robust and that such issues do not arise again.</p> <p>1. St Catherine’s Association recently restructured our Board Committees to ensure effective governance and oversight of activity. The Audit and Risk Committee met on 21st February 2024 and considered the current processes and systems in place for the identification, assessment and mitigation of risk at all levels within the organisation. It was determined that the current Quality, Safety, and Risk Management policy required review in light of service developments and to incorporate recent regulatory feedback following inspections. This policy review is currently underway and will consider the following:</p> <ul style="list-style-type: none"> a. A complete review of the risk escalation process between local and senior management and the Board of Directors. b. The risk escalation pathway between local and senior management will be specifically focused on moderate and high rated risks (moderate risk rating 6 to 12, red risks 15+), to ensure the process is robust in triggering appropriate action. A timeframe for senior management response to escalated risks will be inserted to ensure the process moves to mitigate issues of concern within a reasonable period. The revised policy will be presented to the Audit and Risk Committee of the Board for consideration at their next meeting by 30th April 2024. c. Subject to any changes / amendments required, the revised policy will be presented to the Board for formal approval at their meeting on 1st July 2024. 	

d. In the interim, review of changing and emerging risks will feature as an ongoing agenda item on Head of Operations weekly meetings with Persons in Charge. Where there is an increase in risk presenting or new risk identified that requires escalation, Residential / Respite Managers will escalate to the Head of Operations for review and action. This may include onward referral to other Departments, Senior Managers, or CEO. To be in place no later than 4th March 2024.

e. Residential / Respite Managers should also utilize monthly Service Review Meetings with CEO and Senior Management Team to identify any significant change in risks presenting that requires further action to mitigate and / or resolve outside of the existing processes in place. To be complete by 31st March 2024.

2. On foot of the inspection, provider audits, local management escalation and health and safety review, an external fire safety consultant has been contracted to conduct a full fire safety review of all SCA DCDs with Brambles being prioritized for the first visit on 28th February 2024.

a. The full fire reviews are being conducted by external consultant on the 28th February and 1st March 2024. Magnetic door closers are already installed on a number of fire doors within Brambles. The additional closers for the bedroom doors will be considered and specified by the fire safety consultant on the 28th February 2024. Once the door closers for the bedroom doors are specified by the fire safety consultant, the qualified installers will be informed and required to purchase and schedule the specified closers for installation. There is a minimum of an 8-week lead time for this work to be completed once the installers are contracted. To be completed no later than 26th April 2024.

3. The opening of Kilcoole, an alternative bespoke respite hub, remains the organisation's long term objective and while major refurbishment works within Brambles DCD have been identified by the Regulator and by the Provider Audits, these require substantial additional funding not allocated under our Service Level Agreement. However, SCA are committed to carrying out interim works and a minor capital funding submission to the funder was made on the 29th January 2024 to achieve this.

While approval for the minor capital funding has not been received to date, SCA will carry out a schedule of works within existing resources such as the replacement of flooring throughout the premises and refurbishment of the kitchen.

In order to carry out this extensive amount of work, all contractors will need to be coordinated for the same period of time and SCA will require a planned closure of the premises at a time that will have the least impact on the individuals supported. Work will take approximately two weeks from commencement. Due to planned bookings and the onset of the Easter holidays and prior special requests commitments, which is a crucial time for individuals and their families availing of this service, the works will need to be scheduled for completion by the end of May 2024. To be completed 31st May 2024

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

1. St Catherine's Association commit to refurbishing the main entrance gate with a child friendly laser graphic. Resident views will be sought through children's meetings to determine a design which reflects their ideas and input. Resident input into design to be completed by 23rd March 2024. Installation of laser graphic on gate to be completed 26th April 2024

2. St Catherine’s Association commit to refurbishing the bathroom. Specifically, the cupboards and counter to the side of the toilet will be removed as they are not needed and repair work will be completed, increasing accessibility for residents. The tiles in the shower will also be replaced with PVC wall paneling. This work can be completed with minimal disruption to service. To be completed 31st March 2024

3. St Catherine’s Association commit to replacing the flooring throughout the premises and refurbishment of the kitchen within existing resources while awaiting additional funds from submissions to the funder.

Prior to works being completed resident views will be sought and considered through the children’s meetings forum. Residents will be supported in the decision-making process through an array of social stories and visual and tactile choice boards. Resident input into materials/design to be completed by 8th April 2024.

Risk Assessment will be completed to ensure all proposed works do not negatively impact upon the safety ,quality of care and lived experience of all children supported within the DCD

In order to carry out this extensive piece of work, all contractors will need to be coordinated for the same period of time and SCA will require a planned closure of the premises at a time that will have the least impact on the individuals supported. Work will take approximately two weeks from commencement. Due to planned bookings and the onset of the Easter holidays which is a crucial time for individuals and their families availing of this service, the works will need to be scheduled for completion by the end of May 2024. To be completed 31st May 2024

4. St Catherine’s Association have commissioned an independent energy audit to be completed within this centre by a specialist external consultant / firm on the 29th February 2024. Auditing of all the windows within the centre will comprise part of this audit. Once recommendations are received, the organisation will be applying for any grants that are available to offset the cost of the recommendations. SCA, within existing resources while awaiting additional funds, will carry out the window refurbishment, based on the recommendations of the independent audit to be completed no later than by 30th September 2024.

Regulation 26: Risk management procedures	Not Compliant
---	---------------

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

1. St Catherine’s Association Quality, Safety & Risk Management Policy is currently in the review process and the recommended wording will be included in the revised draft. Subject to any changes / amendments required by the Audit and Risk Committee of the Board, the revised policy will be presented to the Board for formal approval at their meeting on 1st July 2024.

2. St Catherine’s Association recently restructured our Board Committees to ensure

effective governance and oversight of activity. The Audit and Risk Committee met on 21st February 2024 and considered the current processes and systems in place for the identification, assessment and mitigation of risk at all levels within the organisation. It was determined that the current Quality, Safety, and Risk Management policy required review in light of service developments and to incorporate recent regulatory feedback following inspections. This policy review is currently underway and will consider the following:

- a. A complete review of the risk escalation process between local and senior management and the Board of Directors.
- b. The risk escalation pathway between local and senior management will be specifically focused on moderate and high rated risks (moderate risk rating 6 to 12, red risks 15+), to ensure the process is robust in triggering appropriate action. A timeframe for senior management response to escalated risks will be inserted to ensure the process moves to mitigate issues of concern within a reasonable period. The revised policy will be presented to the Audit and Risk Committee of the Board for consideration at their next meeting by 30th April 2024.
- c. Subject to any changes / amendments required, the revised policy will be presented to the Board for formal approval at their meeting on 1st July 2024.
- d. In the interim, review of changing and emerging risks will feature as an ongoing agenda item on Head of Operations weekly meetings with Persons in Charge. Where there is an increase in risk presenting or new risk identified that requires escalation, Residential / Respite Managers will escalate to the Head of Operations for review and action. This may include onward referral to other Departments, Senior Managers, or CEO. To be in place no later than 4th March 2024.
- e. Residential / Respite Managers should also utilize monthly Service Review Meetings with CEO and Senior Management Team to identify any significant change in risks presenting that requires further action to mitigate and / or resolve outside of the existing processes in place. To be complete by 31st March 2024.

3. On foot of the inspection, provider audits, local management escalation and health and safety review, an external fire safety consultant has been contracted to conduct a full fire safety review of all SCA DCDs with Brambles being prioritised.

- a. The full fire reviews are being conducted by external consultant on the 28th February and 1st March 2024. Magnetic door closers are already installed on a number of fire doors within Brambles. The additional closers for the bedroom doors will be considered and specified by the fire safety consultant on the 28th February 2024. Once the door closers for the bedroom doors are specified by the fire safety consultant, the qualified installers will be informed and required to purchase and schedule the specified closers for installation. There is a minimum of an 8-week lead time for this work to be completed once the installers are contracted. To be completed no later than 26th April 2024.
- b. St Catherine's Association commit to implementing time-bound, SMART actions on all identified additional control measures. SMART goals will form an integral part of weekly reviews between the Person-In-Charge and the Head of Operations, while also being agenda-ed for discussion between the Person-In-Charge and the Senior Management Team as part of monthly Service Review Meetings. Complete as of 1st March 2024.

4. St Catherine's Association commitment to replace existing flooring is detailed under Regulation 17 Premises. St Catherine's Association will need to implement a planned closure to facilitate these works, and due to this, a time period which would have minimal impact on respite service provision has been chosen. 31st May 2024

5. St Catherine’s Association Quality, Safety & Risk Management Policy outlines that where a risk is identified and control measures are deemed necessary, SCA will endeavour to ensure that such measures do not adversely impact the quality of life of the individual. The Person-In-Charge will continue to ensure that the management of risk in relation to individuals who use the service is proportional to the risk identified. St Catherine’s Association commit to considering all control measures in line with SCA Restrictive Practices Policy moving forward to ensure that any restriction, deemed necessary, is the least restrictive option available, and is implemented for the minimum duration needed to control the risk. 1st July 2024

Regulation 28: Fire precautions	Not Compliant
---------------------------------	---------------

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. On foot of the inspection, the provider audits, local management escalation and health and safety review, an external fire safety consultant has been contracted to do a full fire safety review of all SCA DCDs with Brambles being prioritised.
 - a. The full fire reviews are being conducted by external consultant on the 28th February and 1st March 2024. Magnetic door closers are already installed on a number of fire doors within Brambles. The additional closers for the bedroom doors will be considered and specified by the fire safety consultant on the 28th February 2024. Once the door closers for the bedroom doors are specified by the fire safety consultant, the qualified installers will be informed and required to purchase and schedule the specified closers for installation. There is a minimum of an 8-week lead time for this work to be completed once the installers are contracted. To be completed no later than 26th April 2024.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	26/04/2024
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.	Not Compliant	Orange	30/09/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is	Not Compliant	Orange	01/07/2024

	safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.	Substantially Compliant	Yellow	01/07/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	01/07/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	26/04/2024