



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

Issued by the Chief Inspector

Name of designated centre:	Pine Lodge
Name of provider:	Lotus Care Limited
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	01 May 2024
Centre ID:	OSV-0008685
Fieldwork ID:	MON-0042000

About the designated centre

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

Pine lodge provides support for up to four children aged between six and 18 years old. The provider has outlined in their statement of purpose that they can provide care and support for children with an intellectual disability, autism, attention deficit hyperactivity disorder and obsessive compulsive disorder. Pine lodge is a five bedroomed house in a rural area of County Kildare. It is a short drive from a number of towns and there are three vehicles available to support children to attend school and activities of their choice in the community. There are four resident bedrooms, two of which have ensuite bathrooms. There is also a bedroom identified for sleepover staff and a staff office. There are a number of communal areas including a living room with a play area, a dining room and a large kitchen. There is a large front and back garden. Children are supported 24/7 by a staff team comprising of a person in charge, a team leader, a deputy team leader, social care workers and healthcare assistants.

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
Wednesday 1 May 2024	09:00hrs to 17:30hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

From what residents told us and what the inspector observed this was a well-run centre where young people were well supported and cared for. A number of young people told the inspector of social services they were happy and felt safe living in the centre. They were supported by a staff team who they were familiar with, and who were familiar with their care and support needs. The house was warm, clean and homely. The provider was completing audits and reviews and picking up on areas of good practice and areas where improvements were required. Areas identified where further improvements were required on this inspection related to staff training and risk management.

The designated centre consists of a large detached house in a rural area of County Kildare. According to the provider's statement of purpose care and support can be provided for up to four children with an intellectual disability. There were three young people living in the centre at the time of the inspection and the inspector of social services had an opportunity to meet and speak with two of them in the centre, and to speak with one of them on the phone.

Pine lodge is a dormer house with a kitchen, dining room, living room, staff office, two bathrooms and a resident bedroom downstairs. Upstairs there are three resident bedrooms, a staff sleepover room and a main bathroom. Two of the resident bedrooms upstairs have an ensuite bathroom. There is a large front and back garden. There are electric gates to the front of the property as it leads to a busy main road. There are three vehicles to support young people to go to school, meet their family and friends and spend time in their local community.

The three young people attended school on the day of the inspection. Their schools were over an hour from the centre and staff supported them to get to and from school daily. The inspector had the opportunity to meet and speak with two young people when they returned from school, and to speak to one of them on the phone as they had plans after school and would not be returning to the centre until late.

There was a warm and welcoming atmosphere in the house. Each of the three young people told the inspector they were happy and felt safe in their home. Young people got to choose their bedrooms as they transitioned to the centre. They were also involved in decorating and furnishing them if they so wished. For example, one young person who had just moved in brought the inspector to see their bedroom. They said "I love my room" and spoke about picking the colours for the walls and the posters that were on display. They spoke about how important the shelving unit was to display the large collection of LEGO they had made, which they wanted to display. They then showed the inspector their walk in wardrobe and some of the soft toys of their favourite characters from a television show. They also showed the inspector pictures of the important people in their life.

Another young person also showed the inspector around the living room and their

bedroom. They showed them their games console, some board games, and their favourite possessions in their bedroom. They told the inspector they were well supported by staff and said "they are very good and we have fun". They also said they "felt safe" and were "happy" living in the centre and would feel comfortable talking to any of the staff team if they had any worries or concerns.

Young people also spoke about taking part in the upkeep of their home during the inspection. One young person spoke about cleaning their bedroom and another spoke about cooking and baking. One young person had a goal to cook for everyone once a week, and staff supported with the cooking if they didn't feel like it. One staff reported that the young people did not like pre-prepared meals but rather liked their meals cooked "from scratch". There was a wide variety of ingredients for cooking and baking in the house and two young people told the inspector they would go to the shops if they needed anything further.

One young person went out with a staff member after school and came back and modelled the clothes they had got when they were out. They were observed laughing and joking with staff and then playing a game in the back garden which involved staff trying to find them as the clothes they were dressed in meant they were hard to spot in the garden.

As previously mentioned, the inspector had an opportunity to speak to one young person on the phone during the inspection. They were very complimentary towards care and support and their home, and towards the person in charge and staff team. They described care and support in the centre as "excellent", and said that "everyone has the craic and fun". They said they were "happy" living in the centre. When speaking about staff they said they would "rate them over 100 out of 10 if they could". They said that if they had any problems they would tell any member of the staff team. They spoke about their involvement in the upkeep of their home and some of their recent achievements which they were proud of. Staff were supporting the young people to be aware of their rights and ten staff had completed training on applying a human rights based approach to health and social care.

Throughout the inspection young people were observed chatting with staff. Staff were observed to be very familiar with their communication preferences and to pick up and respond to their verbal and non-verbal cues. Young people appeared very comfortable in their presence. During the afternoon, the inspector observed one young person spending time with staff in the office and they were online looking up places to go on holidays during the summer months. They looked at places where they could try different activities such as zip lining and other adventure sports.

Throughout the inspection kind, caring, warm and respectful interactions were observed between young people and staff. Staff were observed knocking before entering rooms in the centre and young people could lock their bedrooms if they choose to. One young person who liked to keep their bedroom locked showed the inspector their key and then opened their bedroom to put their stuff away after school. The five staff who spoke with the inspector took every opportunity to speak with the inspector about young peoples' talents and how they liked to spend their time. They spoke about the importance of encouraging each young persons'

independence in relation to things like shopping, cooking, preparing their lunch for school, cleaning their rooms and doing their homework. They also spoke about the efforts they team were making to ensure they were engaging in activities they find meaningful activities, supporting them to develop their goals, and to further develop their hobbies.

There was information in an easy-to-read format on areas such as, safeguarding, complaints, and infection prevention and control (IPC). There was a folder with resident meetings and the inspector reviewed the minutes of these between February and April 2024. There had been ten meetings between these dates and the agenda items included areas such as, the best part of the week, what enjoyed most, activity planning, menu planning, the upkeep of the house, safety, complaints, sharing and kindness, car safety and fire safety. Some of the activities which residents indicated that they enjoyed in the resident meetings reviewed included, mini golf, going to a theme park, swimming, meeting and spending time with their friends, going for walks, visiting a lake, birthday celebrations, and going for meals and snacks.

Two young people completed, or were assisted to complete questionnaires on "what it is like to live in your home" in advance of the inspection. In these questionnaires young people indicated they were happy with their home, what they do every day, the staff that support them, the people they live with and their opportunities to have their say. Examples of comments in their questionnaires included, "get different dinner when pasta is on the menu", "can use landline if wish to make a call", "choose the menu and go shopping to purchase items on the menu", and "I prep and cook some meals and desserts". They also included comments such as "staff are very supportive and I am feeling down or upset", and I am "very happy living in pine lodge", and "get on with everyone". One young person stated "my room is nice and big and I got to choose my room", and "my privacy is respected and I have my own key".

The inspector reviewed a compliment given by a young person's family member which included the following "thank you for being so good to him, all of you". In addition the inspector had an opportunity to review a provider feedback form completed by a young person in April 2024, they were complimentary towards staff and following "they support me through the highs and lows. I learn a lot like stranger danger, money, cooking, and hygiene". When asked about feeling safe in the centre, they answered "yes always". When asked to rate the service they answered "10, I wish I could score higher", and stated "would talk to staff if worried".

In summary, young people were keeping busy and had things to look forward to. They were provided with supports to develop and maintain relationships with the important people in their lives and to participate in activities in accordance with their interests. There were a number of committed and motivated staff supporting young people. The provider was aware of the areas where improvements were required and these included staff training and risk management.

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

relation to the governance and management arrangements in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was the first inspection in this centre and was completed to monitor the provider's compliance with the regulations. Overall, the findings of this announced inspection were that the leadership and management in the centre were effective at ensuring that children were in receipt of a good quality and safe service. The provider was aware of areas where improvements were required, particularly relating to staffing training and risk management. The inspector had an opportunity to speak with the three young people living there, the person in charge, the team leader and three staff members during the inspection.

There were clearly defined management structures and staff were aware of the lines of authority and accountability. The person in charge was supported by a team leader and a deputy team leader. The person in charge was additional to the staffing compliment in the centre, and the team leader worked as part of the staffing compliment once per month but was additional to the staffing compliment the rest of their rostered hours. They were also supported by the person participating in management ,who was the director of services. There was an on-call manager available to the young people and staff out of hours.

The provider had systems to monitor the quality and safety of service provided for young people. The provider had developed policies, procedures and guidelines to guide staff practice. They were completing area-specific audits and had completed a recent unannounced six-monthly audit. They also had plans to complete an annual review of care and support in the centre. Through a review of documentation and discussions with staff the inspector found that provider's systems to monitor the quality and safety of care and support were being utilised effectively at the time of the inspection. They were being used to identify areas of good practice and areas where improvements were required.

There was one staff vacancy at the time of the inspection and the provider was in the process of recruiting to fill this vacancy. Staff who spoke with the inspector were motivated to ensure the young people using the service were happy and safe in their home. They spoke about the supports in place to ensure that the staff team were carrying out their roles and responsibilities to the best of their abilities. These included supervision with their managers, training, and opportunities to discuss issues and share learning at team meetings. Young people were very complimentary towards the staff team when speaking with the inspector and in the questionnaires they completed in advance of the inspection.

Regulation 14: Persons in charge

The inspector reviewed the Schedule 3 information for the person in charge and found that they had the qualifications and experience to fulfill the requirements of the regulations. They were also identified as person in charge of another designated centre and had systems to ensure oversight and monitoring in this centre. They were present in the centre on week days and formed part of the provider's on-call arrangements at the weekends.

Young people were very familiar with them and appeared very comfortable and content in their presence and complimentary towards them when speaking with the inspector. Staff were also complimentary towards the support they provided to them. The person in charge was self-identifying areas for improvement in line with the findings of this inspection and had plans to implement the required actions to bring about these improvements. They had a clear focus on quality improvement initiatives.

Judgment: Compliant

Regulation 15: Staffing

The provider had a recruitment policy which detailed the systems they employed to ensure that staff had the required skills and experience to fulfill the job specifications for each role. The person in charge showed the inspector the online system for onboarding staff which contained a list of documentation required prior to them commencing employment such as garda vetting, photo identification, proof of qualifications, two references, and pre-employment medicals.

The registered provider had recently recruited to fill a number of vacancies and the person in charge showed the inspector online interviews scheduled to fill the remaining one staff vacancy in the days after the inspection.

The inspector reviewed planned and actual rosters from January to April and planned rosters for May 2024 and found that they were well maintained. The rosters demonstrated that as the provider successfully recruited to fill staff vacancies, the reliance on agency and relief staff decreased. For example, 27 shifts were filled by agency staff in January 2024 and the planned rosters for May 2024 showed that four shifts needed to be covered by relief or agency staff.

A young person included the following comment in a feedback form for the registered provider that they completed in April 2024, "most agency is gone which I like", they also commented positively about an agency staff who was working regularly in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix in the centre and four staff files with their certificates of training. The majority of staff had completed training listed as mandatory in the provider's policy; however, one staff required fire safety training, and nine staff required food safety training. Seven staff were booked onto first aid training, and one staff was scheduled to do manual handling training just after the inspection. In addition to the trainings identified as mandatory by the provider, staff had completed a number of additional trainings such as, applying a human rights based approach to health and social care, supporting decision making in health and social care, a number of IPC related trainings, autism awareness, restrictive practices, supervision and interview skills, and bespoke documentation training run by the provider.

From a review of staff training records, ten of the eleven staff working in the centre had completed training on applying a human rights based approach in health and social care. The inspector spoke with a member of the management team about this training. They spoke about how this training had supplemented what they learned in college on the subject. They spoke about the importance of ensuring children's dignity and choices were respected and how important it was to encourage and support children and young people to be as independent as possible in their daily lives. The spoke about how it renewed their focus on discussing residents' rights and advocacy at supervision meetings with staff.

The inspector reviewed a sample of supervision records for four staff. The agenda was resident focused and varied. From the sample reviewed, discussions were held in relation to areas such as staff's roles and responsibilities, child protection, keyworking, areas for development, training, and leave. Each staff who spoke with the inspector stated they were well supported and aware of who to raise any concerns they may have in relation to the young people's care and support, or the day-to-day running of the centre. They spoke about the provider's on-call system and the availability of the person in charge and team leader by phone out-of-hours.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure which was detailed in the provider's statement of purpose. Staff who spoke with the inspector were aware of the reporting structures, and of their roles and responsibilities. The provider had systems for oversight and monitoring including a number of audits. From a review of audits completed in the centre in 2024 and the six-monthly unannounced visit by

the provider, there was evidence of follow-up to show that the required actions had been complete.

The inspector reviewed management and staff meetings in the centre for 2024, and a sample of staff handover logs for April 2024. Agenda items were varied and areas such as, internal communication, keyworking, fire, supervision, training, incidents, safeguarding, complaints, risk, activities and vehicles were discussed regularly. There inspector reviewed eight weekly reports completed by the person in charge and team leader which were sent to the management team. These reports were detailed in nature and provided opportunities for the provider to become aware of areas of good practice and areas where improvements were required in the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider's admissions policy was available and reviewed by the provider. The inspector reviewed documentation relating to three young people's admissions to the centre and found that their admissions had been completed in line with the provider's policy. They had an admissions folder which contained a pre-admission risk assessment which reviewed presenting risks, young people's strengths and vulnerabilities, impact of living with peers and any potential risks.

Detailed transition plans were developed and young people and their representatives had an opportunity to visit the centre prior to moving in. From a review of these plans, it was evident that young people's admissions were completed at a pace that suited them.

Each young person had a contact of care which contained the required information.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was available in the centre and reviewed by the inspector during the inspection. It contained the required information and had been reviewed and updated since the centre opened.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the incidents reports in the centre for 2024 and found that the person in charge had ensured that the Chief Inspector of Social Services was notified of the required incidents in the centre in line with the requirement of the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required under schedule 5 of the regulations were available for review in the centre. They were all in place and had been developed in 2023 and had a review date identified in 2026.

Judgment: Compliant

Quality and safety

Overall, the inspector found that young people appeared comfortable and content in their home. They were attending school and had opportunities to part in activities in their local community. They were making decisions about how they wished to spend their time. They lived in a warm, clean and comfortable home where they had opportunities to decorate and furnish it in line with their wishes and preferences and to take part in the upkeep of their home. The provider was in the process of reviewing risk registers and assessments at the time of the inspection to ensure they were reflective of presenting risks and the control measures in place.

Through a review of documentation and discussions with young people and staff, it was evident that young people, staff and visitors were protected by the risk management, fire safety and IPC policies, procedures and practices in the centre. There were detailed risk management, fire safety and IPC policies in place. Work was ongoing to ensure that that risks were identified, assessed, managed and reviewed. There was a system for responding to emergencies. Staff had completed training in fire prevention and emergency procedures and young people were supported to become aware of fire safety procedures. When speaking with the inspector one young person described how they would evacuate the house in the event of an emergency. Fire equipment was serviced and maintained. Fire safety checks were completed regularly and this was recorded.

Young people were protected by the safeguarding and protection policies, procedures and practices in the centre. Staff had completed training and were found to be knowledgeable in relation to their roles and responsibilities should there be an

allegation or suspicion of abuse. Each of the three young people told the inspector they felt safe living in the centre and were aware of who to speak to if they had any worries or concerns.

Regulation 11: Visits

Visiting arrangements were detailed in the provider's visiting policy, the statement of purpose and the residents' guide. These documents were all available for review in the designated centre. They detailed how visits were facilitated, unless the visit posed a risk, or if the child did not wish to receive visitors.

Through a review of documentation and discussions with the young people and staff it was clear that they were being supported to visit and be visited by the important people in their life. The inspector reviewed weekly resident meeting minutes for 2024 and found that young people's plans to meet and speak with their family and friends were regularly discussed.

Judgment: Compliant

Regulation 17: Premises

Two young people showed the inspector around their home once they came home from school. Earlier in the day the inspector completed a walk around the premises with the person in charge and team leader. The provider had ensured that the premises was designed and laid out to meet the number and needs of young people. It had four registered beds and there was three young people living there at the time of the inspection. There were a number of communal spaces and spaces to ensure they could receive visitors in private. The house was found to be clean and well maintained. Plans were in place to complete further works in the garden.

Judgment: Compliant

Regulation 20: Information for residents

The provider had produced a residents' guide which was available for review in the centre. The inspector found it contained the required information as set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management policy was available and reviewed by the inspector. It contained the required information as set out in the regulations.

The inspector reviewed documents to demonstrate that staff were completing regular car checks which involved internal and external checks of the vehicle. Records showed the cars were serviced and maintained as required.

The inspector reviewed incident reports for eight incidents which occurred in the centre up to April 2024. There was an incident register in place and a copy of incident reports were maintained in the staff office. There was evidence to demonstrate that each of the eight incidents had been reviewed and followed up on by the management team and that that learning as a result of these reviews was leading to a review of the required documentation and shared with the team as seen in staff meeting records reviewed.

The inspector reviewed the general risk register and the three young people's individual risk registers. The local management team were in the process of reviewing the risk rating on a number of risk assessments and on the risk registers at the time of the inspection because the control measures were proving effective in reducing some of the presenting risks and therefore the risk ratings on some of these was not reflective of the presenting risks. For example, one young person had eight risks identified on their risk register and for four of these it was not evident why they had a high risk rating due to the control measures in place. These four risks were red rated but control measures included 1:1 staffing supports during the day and a waking and sleepover staff at night. In addition, there had been no recorded incident reports relating to these risks since the young person moved into the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Through a review of documentation and discussions with staff the inspector found that each young person had a detailed personal emergency evacuation plans which clearly outlined the supports they may require to safely evacuate in the event of an emergency. The inspector also observed emergency evacuation procedures on display.

There were records to demonstrate regular visual inspections by staff of escape routes, fire doors, emergency lighting and fire-fighting equipment since the centre opened. The inspector observed gaps at the side and bottom of one fire door. Light could be seen from the corridor outside the room when the door was closed. During

the inspection the provider arranged for the hinges to be adjusted and just after the inspection they had it reviewed and further adjusted by the company who service their fire equipment. Picture evidence to demonstrate this was sent to the inspector after the inspection.

Staff spoke about activating and checking the fire alarm weekly and documentation relating to this was maintained and reviewed. The inspector also viewed service and maintenance records for emergency lighting, the alarm system and fire fighting equipment for the centre for 2023 and 2024 and found that they had all been serviced and maintained in line with regulatory requirements.

There had been two fire drills completed in late 2023 once the centre began operating, and two to date in 2024. Detailed records of these drills were maintained and these were viewed by the inspector. Learning from drills was leading to repeat drills, or the review and update of the required information. Three staff and one young person spoke with the inspector about fire safety and evacuations procedures specific to this centre. Staff had access to and had completed fire safety training. Work was ongoing to ensure that each staff member had taken part in a fire drill.

Judgment: Compliant

Regulation 8: Protection

From a review of the staff training matrix 100% of staff had completed safeguarding and protection training. The inspector also reviewed a sample of four staff certificates of this training.

The inspector spoke with five staff, including members of the local management team about safeguarding and protection. They were each aware of their roles and responsibilities should there be an allegation or suspicion of abuse. There had been two allegations of abuse since the centre opened and the documentation relating to these was reviewed by the inspector. The provider's and national policy were followed and safeguarding plans were developed and reviewed as required.

The provider had a safeguarding policy which was available for review in the centre. There was also an intimate care policy and each young person had an intimate care plan in place. The child safeguarding statement for the centre was developed on display on a notice board in the centre.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Pine Lodge OSV-0008685

Inspection ID: MON-0042000

Date of inspection: 01/05/2024

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • Food safety to be completed with all staff. Training day due on 12.06.24. Completed by all staff on 12.06.24. • Outstanding First Aid training was completed on 02.05.24. • Applying Human Rights Based Approached Modules 1-4 was completed since date of inspection. • Fire training scheduled for 05.07.24. • Training Matrix is updated monthly or as required. 	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none"> • A full risk management review to take place within the service. This will be completed by 14.06.24. • Review of all risk ratings within the service completed. • Review of all mitigating strategies for risk within the service to be completed by 14.06.24. 	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	05/07/2024
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.	Substantially Compliant	Yellow	14/06/2024