Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Dunavon
Name of provider:	Sunbeam House Services CLG
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	04 April 2024
Centre ID:	OSV-0001707
Fieldwork ID:	MON-0034203

About the designated centre

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

Dunavon is a designated centre operated by Sunbeam House Services CLG. The centre provides residential services to seven adults (both male and female) who have severe and profound learning disabilities and complex medical issues. Most residents also have a physical disability.
The centre is located in Co. Wicklow and in close proximity to a large town. Residents are supported by staff to access local amenities such as shops and restaurants. The premises comprises of a large two-storey building. Each resident has their own bedroom, decorated to their individual choice and there is a number of other communal rooms/sitting rooms for residents to avail of.
The centre is managed by a full-time person in charge. The staff skill-mix comprises nurses, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 4 April 2024	09:55hrs to 18:10hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre and to help inform a decision on the provider's application to renew the registration of the centre. The inspector used observations, conversations with staff, interactions with residents, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre.

The inspector found the centre was operating at a good level of compliance with most of the regulations inspected. However, some improvements were required, particularly in relation to the fire precautions, to ensure that any associated risks were addressed.

The centre comprised a large two-storey building close to a small town with many amenities and services. There were two vehicles available in the centre for residents to access their local community and beyond. The premises provided adequate communal space, including dining and living rooms. There was also a large back garden for residents to use, however it required some upkeep to make it a more inviting space. Each resident had their own bedroom, and they were decorated to their individual tastes. They also contained specialised mobility equipment required by residents, such as hoists.

Aspects of the premises were institutional in aesthetic, and the inspector observed that some upkeep was required. For example, not all of the facilities were accessible to residents, and maintenance was required in some areas. However, the premises were clean and comfortable, and efforts had been made to make it homely for residents.

The inspector observed restrictive practices implemented in the centre. The person in charge told the inspector about the rationale for the restrictions and the arrangements for their review. However, the inspector found the oversight of the restrictions required improvement.

The inspector observed some good fire safety precautions in the centre, such as fire detection and fighting equipment. However, overall, the inspector found that the precautions required more consideration and improvements to ensure that they were fit for purpose. For example, some fire doors required replacement, and not all staff had completed training in using specific aids to evacuate residents in the event of a fire.

The premises, restrictive practices, and fire safety are discussed further in the quality and safety section of the report.

On the day of the inspection, residents were supported by staff to engage in different activities in the centre and the community. For example, residents visited family, went shopping, went walking, dined out, used the indoor swing, visited a pet

farm, and did crafts. Their activities were planned based on their individual needs, abilities, and wishes. The inspector met all six residents at different times during the inspection.

The residents had complex communication means. Individual communication passports had been prepared by the staff team on each residents' individual communication means, such as using manual signs, visual aids, and gestures. The person in charge told the inspector that they planned to further enhance the communication supports provided to residents. For example, the provider's speech and language therapy services were due to visit the centre later in the month to review one resident's communication assessment.

Most residents did not engage with the inspector after being briefly introduced to each other. However, one resident was keen to spend time with the inspector. They communicated through eye contact, facial expressions, gestures, some words, and visual aids. A staff member supported them to communicate with the inspector. The resident indicated to the inspector that they were happy living in the centre and with the care they received from staff. They showed the inspector pictures of their family, and told the inspector that they kept in contact with their family through visits and phone calls. They also showed the inspector pictures of different activities that they enjoyed, such as fishing. They used a lap belt on their wheelchair, and told the inspector that the belt prevented them from falling. They also told the inspector that they would prefer an overhead hoist in their bedroom as their current manual hoist took up space.

The inspector read surveys that staff had completed on behalf of the residents, in advance of the inspection, on what it was like to live in the centre. The surveys noted that residents felt safe in the centre, were happy with the services and facilities, and could make choices and decisions. The inspector did not have the opportunity to meet any residents' representatives, however, did read a recent compliment from one resident's representative on the care provided by staff to their family member.

The inspector heard very loud vocalisations from some residents during the morning and early afternoon of the inspection, and was concerned that the noise may disturb other residents. The person in charge told the inspector that the vocalisations did not impact on other residents as there was sufficient space in the centre for residents to spend time apart. However, this matter requires ongoing and considerate monitoring to ensure that any potential adverse impact on residents is identified and responded to.

The person in charge and service manager were satisfied with the quality of care and support residents received in the centre, which they described as 'person-centred' and 'brilliant'. They said that there were adequate arrangements to meet residents' needs. For example, sufficient staffing levels and access to multidisciplinary team services as required. They were aware that parts of the premises required upkeep, but told the inspector that residents were happy in their home. They had no safeguarding concerns, and told the inspector that the number

of incidents in the centre had reduced in recent times.

The person in charge told the inspector about the activities residents enjoyed, such as visiting family, eating out, shopping, day trips, beauty and sensory treatments, art and crafts, and attending sporting matches. Activities were planned on a weekly basis with input from residents' key workers and an activity coordinator. However, the plans were flexible, and could change depending on residents' preferences and presentations. Some residents also enjoyed going on hotel breaks which were organised by their key workers. However, other residents were less active, and preferred to spend most of their time within the centre instead of accessing their community.

A social care worker told the inspector that residents appeared happy in the centre and received a good service that met their needs. They told the inspector that residents had sufficient opportunities to access community activities. They were knowledgeable on the content of residents' safeguarding plans and on the application of restrictive practices in the centre. They had no concerns for residents' safety, and felt confident in raising any potential concerns with the management team.

The person in charge and social care worker had both completed human rights training, and told the inspector that they found the training useful in understanding the practical application of human rights principles and on the importance of staff advocating for residents with communication difficulties.

Overall, the inspector found that the provider and management team were implementing arrangements to meet residents' assessed needs and to ensure that they were safe in the centre. However, improvements were required to aspects of the service provided in the centre, such as the maintenance of the premises, and fire safety systems.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The provider had implemented management systems to ensure that the service provided to residents in the centre was safe, consistent, and appropriate to their needs.

The provider had also ensured that the centre was well-resourced. For example, staffing arrangements were appropriate to residents' needs, and vehicles were available for resident to access their wider community. However, the arrangements for ensuring that all staff were up to date with their training requirements, and for

the development of some Schedule 5 policies required improvement.

The provider and person in charge had implemented management systems to ensure that the centre was effectively monitored. Annual reviews and six-monthly reports, and a suite of audits were carried out, and actions were identified to drive quality improvement.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and found to be suitably skilled, experienced, and qualified for their role. They were supported in the management of the centre by a deputy manager. The person in charge reported to a senior services manager, and there were effective systems for them to communicate.

The staff skill-mix and complement was appropriate to the number and assessed needs of residents. The management team were satisfied with the staffing arrangements, and told the inspector that the staff team were experienced and knew the residents and their individual needs well. There were no vacancies in the complement, and there were effective arrangements to ensure continuity of care for residents.

Staff were required to complete relevant training (as outlined in the statement of purpose) as part of their professional development and to support them in their delivery of appropriate care and support to residents. However, the training records viewed by the inspector showed that not all staff had completed all required training, which posed a risk to the care and support they provided to residents.

There were effective arrangements for the support and supervision of staff working in the centre, such as formal appraisal meetings. Staff spoken with told the inspector that they were satisfied with the support they received, and felt confident raising potential concerns with the management team. Staff could also contact an emergency on-call service if outside of normal working hours.

The provider had submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules. For example, insurance contracts and the statement of purpose.

The person in charge had ensured that incidents occurring in the centre were notified to the Chief Inspector of Social Services in accordance with the requirements of regulation 31.

The inspector reviewed a sample of the written policies and procedures prepared by the registered provider on the matters set out in Schedule 5, and found that the policy on the safeguarding of residents required revision as it was insufficiently detailed.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge had been in their role since 2019, and was based in the centre. They demonstrated good knowledge of the residents' individual needs and personalities.

They were found to be suitably skilled and experienced for their role, and possessed relevant qualifications in social care and management.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the staff skill-mix, comprising the person in charge, deputy manager, nurses, social care workers, care assistants and a domestic staff, was appropriate to the number and assessed needs of the residents living in the centre.

There were no vacancies in the complement. Staff leave was covered by regular relief staff and the provider's staff worked additional hours to ensure that residents received continuity of care and support.

The person in charge maintained planned and actual staff rotas. The rotas showed the staff on duty in the centre during the day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were required to complete a suite of training as part of their professional development and to support them in the delivery of appropriate care and support to

residents.

The training included safeguarding of residents, safe administration of medication, first aid, epilepsy care, people handling, supporting residents with modified diets, management of aggression, hand hygiene, and fire safety. Some staff had also completed on-line human rights training.

The training records viewed by the inspector showed that most staff were up to date with their training requirements. However, there were some deficits which posed a risk to the quality and safety of care provided to residents in the centre. For example:

- One staff was overdue refresher training in people handling (this training was scheduled for November 2024).
- Three staff required training in supporting residents with modified diets.
- 15 staff required training in personal outcomes (the local management team were awaiting provision of the training from the provider before they could schedule staff to attend it).

The inspector also found deficits in staff completion of positive behaviour support and fire safety training. These matters are discussed further in the quality and safety section of the report under the respective regulations.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance against injury to residents and other risks in the centre including property damage.

Judgment: Compliant

Regulation 23: Governance and management

There were good management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. The inspector found that the centre was generally well-resourced to ensure the delivery of effective care and support. For example, the staffing arrangements were appropriate to residents' needs, and vehicles were available to facilitate residents to access their community.

There was a clearly defined management structure with associated lines of authority and responsibilities. The person in charge was full-time and based in the centre. They were supported in their role by a deputy manager. For example, the deputy manager organised staff training and carried out audits. The person in charge

reported to a senior services manager. There were effective arrangements for the management team to communicate and escalate information. For example, the management team met regularly and the senior services manager visited the centre.

The provider and local management team carried out a suite of audits, including comprehensive unannounced visit reports and annual reviews (which had consulted with residents and their representatives), and audits on health and safety, and medication management. The audits identified actions to drive quality improvements.

There were effective arrangements for staff to raise any concerns. Staff spoken with told the inspector that they could easily raise concerns with the person in charge or senior services manager.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose had recently been revised to ensure that it was accurate and sufficiently detailed.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that incidents, as detailed under this regulation, which had occurred in the centre were notified to the Chief Inspector. For example, the inspector reviewed a sample of the records of incidents that had occurred in the centre in the previous 24 months, such as allegations of abuse, outbreaks of infection, and use of restrictive practices, and found that they had been notified in accordance with the requirements of this regulation.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector reviewed a sample of the written policies and procedures prepared by the registered provider on the matters set out in Schedule 5, including the policies on the provision of intimate care, the provision of behavioural support, medication

management, and the prevention, detection and response to allegations of abuse.

The policies had been reviewed in the previous three years. However, the inspector found that the policy on the prevention, detection and response to allegations of abuse was not sufficiently detailed. The provider was aware that the policy required more consideration. However, they had not yet revised it.

Judgment: Substantially compliant

Quality and safety

The inspector found that residents' welfare and safety was maintained by a good standard of care and support in the centre. However, improvements were required in relation to the oversight of restrictive practices, maintenance of the premises, and in particular, the fire safety precautions.

The premise comprised a large two-storey building with gardens. The size and layout of the premise presented an institutional aesthetic in some areas. For example, some of the rooms were not accessible to residents and were unused. However, efforts had been made to make it more homely for residents. For example, their bedrooms were personalised to their tastes, and the sitting rooms were comfortable. The premises were observed to be clean, however, some maintenance and upkeep was required. The premises provided sufficient private space for residents to receive visitors.

The inspector observed some good fire safety systems. For example, the fire panel was addressable, and the fire detection and fighting equipment, and emergency lights had recently been serviced. Staff also carried out regular checks of the fire equipment and systems.

The person in charge had ensured that individual evacuation plans had been prepared for each resident, and they were tested as part of scheduled fire drills. Arrangements had also been made to support residents to evacuate the centre in a timely manner. For example, some downstairs bedrooms had double exit doors for ease of exit, and a flashing light connected to the fire alarm was installed in the bedroom of a resident with a hearing impairment.

However, there were some risks to the effectiveness of the fire safety precautions. For example, some of the fire doors required replacement (as first noted in a fire safety risk assessment carried out in 2021), not all exit routes had been tested as being safe to use, not all staff had received training in using specific evacuation aids, and the fire evacuation plan required an amendment. Deficits in the fire safety systems had been noted in recent annual reviews and unannounced visit reports, including the report from October 2023 which found the associated regulation to be 'not compliant'.

The inspector also observed that two 'half' doors were locked at times using a key. During the inspection, the local management team agreed that a device such as a 'thumb lock' could be trialled to potentially replace the use of the key to eliminate the risk of a delayed evacuation in the event of a fire.

Some residents required support to manage their behaviours of concern. Written positive behaviour supports plans had been prepared for staff to follow on the interventions and strategies to be in place. However, the inspector found that not all staff had received positive behaviour support (as referenced in the statement of purpose) which posed a risk to their knowledge, skills, and effective response to behaviours of concern.

There were a number of restrictive practices implemented in the centre, including environmental and physical restrictions. There were arrangements to ensure that restrictions were applied in line with evidence-based practice. However, it was not demonstrated to the inspector during the inspection that all restrictions had been referred to the provider's human rights committee, in accordance with the provider's policy, for approval.

There were appropriate arrangements to safeguard residents from abuse, such as training for staff in the detection, prevention, and response to abuse. The inspector found that previous safeguarding concerns had been appropriately managed.

Regulation 11: Visits

Residents could freely receive visitors in the centre and in accordance with their wishes. The premises provided suitable communal facilities and private space for residents to spend time with visitors such as their family members.

Judgment: Compliant

Regulation 17: Premises

The centre comprised a large two-storey building. The building had a spacious front driveway for cars to park, and a large back garden offering nice views of the countryside.

The building contained individual bedrooms, sitting rooms, a large kitchen, dining rooms, sensory rooms, a craft room, offices, a laundry room, storage rooms, a medication room, and bathrooms. The first floor was primarily used by one resident who preferred larger spaces. While the size and layout of the centre provided large space for residents, it was not conducive to a ‘home-like’ environment and parts of the premises were not accessible to residents. For example:

- Several of the bathrooms were not accessible to residents and were unused (however, there were other accessible bathrooms).
- The kitchen had a catering-style layout and design with a hatch into a dining room.
- There was exposed piping in some of the bedrooms and communal spaces.

However, efforts had been made to make the premises more homely. For example, the residents' bedrooms were decorated in accordance with their tastes and preferences, and the sitting room furniture was comfortable. Easter decorations and a resident's artwork were also displayed in one of the dining rooms. The person in charge also told the inspector that the provider's occupational therapy department were involved in the plans to upgrade the sensory room.

The premises were very clean, and generally well-maintained. However, some upkeep and renovation was required. For example:

- Repainting was required in areas, such as the walls in a dining room, and the ceiling in a storage room.
- In one bathroom, there were two exposed nails in the shower, a long wire was hanging from the ceiling, and some tiles around the bath were chipped. In a small bathroom, primarily used by staff, some tiles around the window and on the floor were damaged.
- The veneer on some of the kitchen cupboards had detached in places.
- Flooring was slightly damaged in areas, such as the medication room.
- The back garden area required attention, such as repainting of the exterior walls.

The inspector observed that residents had been provided with specialised mobility equipment, such as hoists and height-adjustable baths. There were arrangements, such as scheduled servicing, to ensure that the equipment was maintained in good working order. However, one ceiling hoist was awaiting repair since January 2024, and a manual hoist was being used in the meantime. One resident also told the inspector that they would prefer a ceiling hoist in their bedroom instead of a manual hoist as it would take up less space.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While the registered provider had implemented some good fire safety precautions in the centre, improvements were required to ensure that they were effective.

Fire doors were fitted throughout the centre to prevent the spread of smoke and fire. The inspector released a sample of the doors, including bedroom doors, and found that they closed fully. However, a fire safety risk assessment, carried out by an external company in 2021, recommended that the fire doors be upgraded to

ensure that they were fully effective. This matter was highlighted in subsequent audits carried out by the provider, such as unannounced visit reports, annual reviews, and health and safety reports. Some doors had been upgraded since then. For example, plates were fitted to the bottom of some doors which had been damaged from contact with wheelchairs. However, 16 fire doors still required upgrading. The management team told the inspector that these works would be completed by October 2024.

The inspector found that the fire evacuation drawings (which had recently been revised) for the centre, did not fully align with associated information displayed beside the fire panel, which posed the risk of causing confusion.

The inspector also found that not all evacuation routes had been tested and deemed safe to use. For example, there were two external metal slides on the first floor that were identified as potential evacuation routes. There was a staircase beside one slide. The person in charge told the inspector that the slide without a staircase would only be used as a last resort if the other routes (such as external and internal stairs) were not safe to use. However, this detail was not specified in the fire evacuation plan. Furthermore, the inspector was informed that the slides had not been tested in recent years to ensure that they were safe to use. For example, to ensure that they were sturdy enough to hold a person's weight.

Staff were required to complete fire safety training. However, staff training records showed that 10 staff had not yet completed training in using specific evacuation aids which posed a risk to effective evacuation of residents in the event of a fire. The person in charge told the inspector that the training would be completed by the end of June 2024.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Arrangements were in place to support residents with behaviours of concern. Written behaviour support plans had been prepared by the provider's behaviour support service. The plans outlined the strategies to be in place to support residents to manage their behaviours.

However, not all staff had received up-to-date positive behaviour support training as recommended in the statement of purpose. The staff training records showed that some staff had completed this training in 2018, however there had been no refresher training or training for new staff since then. The person in charge told the inspector that the provider's positive behaviour support team would be visiting the centre later in the month to provide guidance to the staff team.

There were several restrictive practices implemented in the centre, including environmental, physical, and rights restrictions. The person maintained a restrictive practice register noting each restriction in place and the rationale for use. The

person in charge was endeavouring to minimise the use of restrictions in the centre. For example, they had requested input from the provider's multidisciplinary team services to explore the use of assistive technology to replace the use of certain restrictions.

The inspector was not assured during the inspection that the provider had sufficient oversight of the use of all restrictions (such as, the use of an audio monitor, a fluids restriction, and a chest harness) in the centre as it was not demonstrated that they had been referred to the provider's human rights committee for approval, in accordance with the provider's policy. However, the person in charge submitted information following the inspection, which showed that the use of the audio monitor and a fluids restrictions had been reviewed by the committee prior to the inspection, and that the person in charge had referred the use of the harness to the committee after the inspection.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse.

Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns, and there was guidance in the centre for them to refer to. The procedures had also been discussed with staff at a recent staff meeting to refresh their knowledge on the matter. Staff spoken with during the inspection were aware of the safeguarding procedures.

The inspector found that safeguarding incidents in the centre had been appropriately reported, responded to, and managed. For example, they had been reported to the appropriate parties, and safeguarding plans were prepared outlining the measures to protect residents.

The person in charge had ensured that intimate care plans were available to guide staff in supporting residents in a manner that respected their dignity and bodily integrity.

The provider's organisational safeguarding policy was not sufficiently detailed or comprehensive to adequately reflect key areas as set out in the National Safeguarding of Vulnerable Adults policy and procedures. It was not demonstrated that the provider was undertaking a considered review of the policy to ensure it reflected required best practice and National guidance.

This finding is addressed under Regulation 4: Written Policies and Procedures.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Dunavon OSV-0001707

Inspection ID: MON-0034203

Date of inspection: 04/04/2024

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: • The PIC arranged for the three outstanding staff to be trained in supporting residents with modified diets. Completed 23/04/2024 • The PIC has arranged for refresher training for one outstanding staff in people handling skills. Completion date: 13/06/2024 • The PIC has registered fifteen outstanding staff members for training in personal outcomes. Completion date: 19/11/2024	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The Provider is currently reviewing the Safeguarding Policy. Completion date: 31/05/2024	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

The kitchen has a catering-style layout and design with a hatch into a dining room. This kitchen hatch is part of the fire integrity of the building and will be reviewed at the same time as the fire doors. Completion date: 30/09/2024

Two exposed nails in Resident's shower, and a long wire hanging from the ceiling to be removed. Seating area in the back garden to be power-hosed.
Completion date: 30/09/2024

Walls in the dining Room and Ceiling of small store room under stairs to be painted. Damaged tiling will be replaced in two bathrooms. Completion date: 30/09/2024

Flooring damage in the medication room will be repaired. Completion date: 30/09/2024

Damaged doors on some of the kitchen cupboards will be repaired.
The outside of the premises will be painted. Completion date: 30/09/2024

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Cosmetic work and repairs to fire doors completed, checks carried out on closers. Completed 28/03/2024

Fire Evacuation Drawings to be delivered and checked against fire panel room identifications. Completion date: 31/05/2024

The PIC has identified one staff member to become a trainer and, in turn, to train the remaining staff in the unit in the use of a Ski Pad (fire evacuation aide). Completion date: 28/05/2024.
All staff will be trained. Completion date: 30/06/2024.

Fire Evacuation Slides to the rear of the Premises will be examined and tested by a Structural Engineer to ensure their safety during use.
Completion date: 30/06/2024

Some Fire Doors recommended for replacing. Completion date: 30/09/2024

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
The PIC has referred all restrictive practices to the Provider's Human Rights Committee. Completed 16/04/2024

The Provider is arranging a training workshop to be delivered by Behavioural Support Specialist. Completion date: 01/12/2024

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 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	19/11/2024
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.	Substantially Compliant	Yellow	30/09/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good	Substantially Compliant	Yellow	30/09/2024

	state of repair externally and internally.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	30/09/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/06/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	30/06/2024
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	30/06/2024
Regulation 04(3)	The registered	Substantially	Yellow	31/05/2024

	provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Compliant		
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	01/12/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	16/04/2024