



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

Issued by the Chief Inspector

Name of designated centre:	150 Gracepark Road
Name of provider:	ChildVision Company Limited by Guarantee
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	10 October 2024
Centre ID:	OSV-0002092
Fieldwork ID:	MON-0036505

About the designated centre

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

This designated centre is operated by ChildVision CLG. It is located near a busy vibrant town in north county Dublin. It provides residential and educational support for six young people (18 years or younger, with the exception of those completing their final year of second level education) with a visual impairment and additional disabilities. The primary aim of the centre is to facilitate access to appropriate education provision and to prepare for and transition to a later life lived as independently as possible within each young person's capacity. The centre provides social care and support consistent with maximising residents' educational attainment and holistic development.

The centre comprises a large two-storey house which consists of an open-plan kitchen and dining room, sitting room, a study room, a staff office, bedrooms, bathrooms, laundry facilities, and a large garden. The centre is managed by a full-time person in charge, and the staff skill-mix comprises social care workers. The person in charge reports to a Director of Social Care who is a named person participating in the management (PPIM) of the centre. Nursing support is available to residents if required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 10 October 2024	12:20hrs to 18:45hrs	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 residents and staff, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre.

Overall, the inspector found that the centre was operating at a high level of compliance which exceeded the requirements of some of the regulations inspected. Residents told the inspector that they were happy and felt safe in the centre. It was clear that they were in receipt of person-centred care and support which was upholding and promoting their rights, and that was in line with the objectives of the service.

The centre could accommodate six residents aged 18 years or younger, with the exception of young people completing their final year of second level education. On the day of the inspection, there were four residents and two vacancies. They attended school during the day, and in the evenings enjoyed different social and leisure activities. They were happy to speak with the inspector at different times during the inspection.

They were all very positive about the centre; and described it as being "fun" and like a "second home". They spoke about how being there helped them to learn and develop life skills to live more independently in the future. They said that their bedrooms were comfortable, there was enough space in the house, and the food was nice. They got on well with their housemates, and said that they received enough help and support from staff. They each had a 'link' worker in the centre, who helped them to plan personal goals such as learning new skills. In their spare time they liked to bake, study, play music, play different sports, and attend social clubs. One resident liked to write fiction, and had been supported to publish their own book in Braille format which was in the provider's main library.

The residents said that they had enough choice and control in their lives, including over their finances. For example, they used debit cards which they managed themselves to purchase items. The text on one resident's debit card was in Braille so that they could read it. They had no concerns, but said that they could speak to staff, the Director of Social Care, or an external advocate if they were worried. They said that they felt safe in the centre, and told the inspector that they had participated in fire drills. They could receive visitors, and they used smart devices to keep in contact with their family and friends. One resident was due to share their bedroom with another resident, and told the inspector that they were happy to share as they already knew the new resident.

In advance of the inspection, residents completed surveys (some received help from their family) on what it was like to live in the centre. Their feedback was very

positive and similar to the verbal feedback they gave to the inspector. For example, the surveys indicated that residents felt safe, had choice and control in their lives, got on with their housemates, could receive visitors, and were happy with the services available to them. The survey comments included that the staff were "always warm, welcoming, and with open arms", and that the food was "like home-made takeaway".

The inspector found that effective arrangements were in place to support residents to communicate their wishes and make decisions about the centre and the care and support they received there. For example, in addition to daily consultations, residents had regular 'link' meetings where they reviewed their goals, and attended house meetings. The inspector viewed a sample of the minutes of these meetings, which are discussed further in the quality and safety section of the report.

The provider's annual review and six-monthly unannounced visit reports of the centre had also given residents and their representatives the opportunity to express their views on the service provided in the centre. The feedback received from the most recent unannounced visit report and annual review was very positive. For example, the comments included that staff are "caring, reliable, responsible" and "helpful, kind, funny". One resident's family described the centre as a "second home".

The inspection was facilitated by the person in charge. They demonstrated a clear understanding of the service provided to residents, and were committed to ensuring that their rights were promoted. They told the inspector that the residents got on well, and they had no safeguarding concerns. They also spoke about how they ensured that residents sharing a bedroom were safeguarded. For example, sharing was risk assessed, and the residents concerned were consulted with to ensure that they were comfortable to share. The person in charge also planned to install a partition in one of the shared rooms to give residents more privacy.

They told the inspector about their concerns regarding the provider's 'freeze' on the use of relief staff, and they had developed a 'contingency plan' to minimise any impact on residents. This matter is discussed further under regulation 15.

The inspector spoke with two social care workers. They told the inspector that residents were happy, and received a 'child-focused' service that developed their independence skills. For example, residents received education and guidance on mobility skills, travel training, and household chores. One of the social care workers had recently completed a 'skills teaching' course to enhance the development of residents' skill teaching programmes. The social care workers told the inspector that residents were consulted with about their care and support, and chose their personal goals, activities, and daily menu. There were no restrictive practices, and staff had completed human rights training to help inform their practices. They said that they found the training useful to reflect on positive practices in the centre.

They had no concerns for residents' safety, but said that they easily raise potential concerns with the person in charge or Director. They had completed relevant safeguarding training, and demonstrated understanding of the procedure for

preventing, reporting, and responding to safeguarding concerns.

The inspector was shown around the premises by the person in charge. The inspector observed a homely, open and relaxed environment. For example, the house was warm and comfortable, there was an appetising aroma of home cooking at dinner time, and staff and residents engaged in a warm and familiar manner. The house was well maintained and spacious with sufficient living space, and a large back garden. There was an array of facilities available to residents, including musical instruments, computers, communication devices, games, exercise equipment, and modified kitchen appliances for ease of use. The inspector also observed information on advocacy, the upcoming HIQA inspection, safeguarding, 'house rules', and complaints on display in written text and Braille for residents to read.

The inspector observed good fire safety precautions, such as fire alarms and fire-fighting equipment. However, the fire containment measures required improvement to ensure that they were effective. The premises and fire safety are discussed further in the quality and safety section of the report.

Overall, the inspector found that residents were very happy in the centre, and were in receipt of a high quality and safe service. They were being supported to achieve their educational and personal goals to equip to live more independently as they moved into adulthood.

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

This announced inspection was carried out as part of ongoing regulatory monitoring of the centre, and to help inform a decision following the provider's application to renew the registration of the centre. The provider's application contained the required information, including the centre's statement of purpose, residents' guide, and insurance certificate.

Overall, the inspector found that effective management systems were in place to ensure that the service provided to residents in the centre was safe, consistent, and appropriate to their needs.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, based in the centre, and found to be suitably skilled, experienced, and qualified for their role. The person in charge was promoting a human-rights based approach to care, and had a good understanding of residents' individual needs and personalities. The person in charge reported to a Director, and there were effective arrangements for

them to communicate with each other.

The registered provider and person in charge had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and six-monthly reports, and a suite of audits had been carried out in the centre. Actions identified from audits and reports were monitored by the person in charge to ensure that they were progressed.

The provider had established an effective complaints procedure that was in an accessible format to residents. Residents were aware of the complaints procedure, and told the inspector that they were satisfied with how previous complaints were resolved.

The staff skill-mix consisted of social care workers, and it was appropriate to the assessed needs of the current residents. There were no staff vacancies. The inspector viewed a sample of staff files, and found that they met the requirements of Schedule 2. The inspector also viewed the recent staff rotas, and found that they clearly showed the staff working in the centre and the hours they worked.

There were arrangements for the support and supervision of staff working in the centre, such as management presence and formal supervision meetings. Staff also attended team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents.

The inspector viewed staff team meeting minutes from September to October 2024. The minutes recorded discussions on incidents, risk management, fire safety, safeguarding, infection prevention and control, staffing, management updates, premises issues, personal plans, and residents' rights. The meeting minutes were detailed and gave a clear overview on the operation of the centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider 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, the residents' guide and statement of purpose.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge was in their role since 2015, and was found to be suitably skilled and experienced. They also possessed relevant qualifications in social care, education

and management.

The person in charge had a clear understanding of the service to be provided to residents, and demonstrated good knowledge of relevant best practice. They were ensuring that residents received a quality and safe service where their human rights were at the fore.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix of social care workers was appropriate to the number and assessed needs of the residents in the centre. Residents told the inspector that they liked the staff working in the centre, and were satisfied with the care and support they provided.

There were no vacancies in the complement. The person in charge maintained planned and actual staff rotas. The inspector viewed the recent rotas for September and October 2024, and found that they clearly showed the names of the staff working in the centre during the day and night, and the hours they worked.

The provider had implemented a 'freeze' on the use of relief staff to cover staff leave from September to December 2024. This posed a potential risk to the continuity of care for residents. However, permanent staff from the centre and other designated centres were approved to work additional hours, and the person in charge had prepared a contingency plan that would allow minimal staffing levels in certain circumstances. The Director was also developing a revised rota that would provide additional flexibility to cover staff leave.

The inspector reviewed two staff Schedule 2 files. The files were well maintained and contained the necessary information, such as photographic evidence of identity, vetting disclosures, and evidence of qualifications and training.

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 adults and children, administration of medication, human rights, manual handling, first aid, autism awareness, infection prevention and control, management of challenging behaviour, and fire safety. The training records viewed by the inspector showed that staff were up to date with their training requirements. Some staff had completed additional training to enhance

their skills and to benefit the service provided to residents. For example, a social care worker had completed train-the-trainer training in therapeutic behaviour support, which they would use to educate the staff team in the centre.

The person in charge provided informal support and formal supervision to staff. The person in charge was based in the centre, and formal supervision was carried out in line with the provider's policy. The inspector reviewed the supervision records of three staff, and found that they were up-to-date and well maintained. Staff told the inspector that they felt well supported, and praised the person in charge on their management of the centre.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had effected a contract of insurance against injury to residents and other risks in the centre including property damage.

Judgment: Compliant

Regulation 23: Governance and management

Overall, there were good management systems in place to ensure that the service provided in the centre was safe and effectively monitored. The inspector also found that the centre was resourced in line with the statement of purpose. For example, the staffing complement was appropriate to residents' needs, and the premises were well maintained.

There was a clearly defined management structure in the centre with associated lines of authority and accountability. The person in charge was full-time and based in the centre. They reported to a Director, who in turn reported to a Chief Executive Officer. There were good arrangements for the local management team to communicate and escalate any concerns. For example, the person in charge attended weekly meetings with the Director, and the Director regularly visited the centre to meet residents and staff.

The provider had implemented good systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews and six-monthly reports (which consulted with residents and their representatives) were carried out, along with a suite of audits by the person in charge and members of the provider's multidisciplinary team on areas, such as care plans, health and safety matters, fire safety, incident management, medicine administration, and infection prevention and control. The inspector found that improvement actions identified

from the audits were being monitored by the management team to ensure progression.

There were effective arrangements for staff to raise concerns. Staff spoken with told the inspector that they could easily raise any concerns with the management team. In addition to the support and supervision arrangements, staff attended weekly team meetings which provided a forum for them to raise any concerns.

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. It had been recently updated, and was readily available in the centre to residents and their representatives.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had implemented an effective complaints procedure for residents, which was underpinned by a written policy. The inspector viewed the policy and found that it outlined the processes for managing complaints, the relevant persons' roles and responsibilities, and information for residents on accessing advocacy services.

The procedure was readily available in the centre, and information on complaints and advocacy had been prepared in an easy-to-read written format and Braille to make it more accessible to residents. Advocacy and complaints were regular topics discussed at residents' house meetings, and residents were encouraged to raise any concerns.

Residents told the inspector that they had no complaints, but were aware that they could make a complaint if they wished to, and knew about the external advocate available to them. The inspector read one recent complaint from a resident regarding their bedroom furniture. The complaint was resolved, and the resident concerned told the inspector that they were satisfied with the outcome; the furniture was replaced.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a high standard of care and support in the centre. Residents told the inspector that they were happy in the centre and with the service provided to them, and had no concerns for their safety. The provider, person in charge and staff team were promoting and supporting residents to exercise their rights and achieve their personal goals. However, the inspector found that the fire containment measures in the centre required improvement to better mitigate the risk of fire.

The provider had implemented effective systems and arrangements to ensure that the centre operated in line with a human rights-based approach to care and support. Residents had active lives, and were supported to make decisions about their care and support, and on the running of the centre. For example, residents attended individual link meetings to plan their personal goals. They also attended house meetings to discuss topics concerning the centre. Information was provided to residents in their preferred format to make it accessible to them. Residents told the inspector that they felt that their rights were respected in the centre, and that there were no restrictive practices in the centre.

Residents attended school while they resided in the centre. Within the centre, they were encouraged and supported to gain life skills to live more independently in accordance with their abilities. Residents determined how they spent their leisure time; and they told the inspector about the recreation activities they enjoyed, such as attending sports clubs and playing games, musical instruments, and sports.

There were no safeguarding concerns. However, the provider had arrangements to ensure that any potential concerns were reported and responded to, such as staff training and the implementation of a child safeguarding statement.

The premises comprised a large two-storey house located in a busy suburb close to many amenities and services. The house comprised residents' bedrooms, and communal spaces, including a sitting room, a study room, a utility room, an open-plan kitchen and dining room, and bathrooms. There was also a large rear garden, and a staff office. There was sufficient space for residents to receive visitors. The house was found to be homely, comfortable, clean, and nicely decorated. There was also specialised equipment and aids available to residents as they required, such as communication devices, exercise machines, modified cooking appliances, and computers.

The inspector observed good fire safety precautions. For example, there was fire-fighting equipment throughout the house, and staff had received fire safety training.

Residents had also received fire safety education, and were aware of the evacuation procedures. Staff completed daily fire safety checks, and contractors serviced the fire equipment and emergency lights. However, improvements were required to the fire containment measures to ensure that the fire doors were fit for purpose and

met the associated requirements.

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 their visitors. Residents told the inspector that they could receive visitors, such as friends, as they wished.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access and control of their own belongings while in the centre. Personal possession logs were prepared at admission that recorded residents' belongings, and were updated as required. Residents were supported to decorate their bedrooms if they wished to, and there was sufficient storage for their belongings. For example, the bedrooms had wardrobes, and the inspector observed personal items such as posters, musical instruments and smart devices used by residents. There were laundry facilities in the centre, and residents were supported by staff to develop skills to launder their own clothes.

Residents mostly controlled their own finances, and mainly used their own debit cards instead of cash. Occasionally, cash belonging to residents was stored by staff (the last time was in June 2024). The inspector observed secure facilities for storing cash, and records were maintained of cash received and returned to residents.

The provider had prepared a written policy on residents' personal property and money. The inspector found that minor amendments were required to enhance the policy. For example, the policy did not refer to possession logs, and there was a minor discrepancy in the practice of recording when cash was returned to residents.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider had ensured that residents had sufficient access to facilities for recreation, and opportunities to participate in activities in line with their interests,

capacities, and wishes.

Residents were supported to engage in social, leisure, and educational activities in line with their assessed needs, personal preferences, and the overall main purpose of the centre; to support residents' educational objectives. The centre was close to many services and amenities such as schools, and there was also a vehicle for residents to use.

Residents attended schools during the day, and had control over how they spent their free time in the evenings. For example, they liked to attend social clubs, classes, and play sports. On the evening of the inspection, the residents had attended a local social club. During the previous summer, residents had enjoyed an overnight holiday together that was facilitated by staff from the centre.

Residents' interests and skills were encouraged. For example, an avid writer was supported to publish their own book in Braille. They were also encouraged to maintain and develop daily living skills in the centre, such as cooking, writing, personal care, and self-protection.

Residents were supported to maintain personal relationships while they were in the centre. For example, residents' families and friends were welcome to visit the centre, and residents had smart devices to keep in contact with them.

Judgment: Compliant

Regulation 17: Premises

The centre comprised a large two-story house in a busy suburb close to many amenities and services, such as shops, public transport links, and the residents' schools.

The premises were found to be appropriate to the needs of the residents in the centre at the time of the inspection. Residents also told the inspector that they were happy with the premises, and the facilities it provided. They said that the house was comfortable and provided enough space. The house were observed to be clean, homely, and nicely furnished. The communal space included a large sitting room with games for residents to play with, a study room with computers and educational equipment, and an open-plan kitchen and dining room. There was also a large rear garden with a trampoline.

Assistive aids and equipment was also available to residents including mobility aids and communication devices.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured that a residents' guide ('handbook') was available to residents in the centre. The guide contained information on the services and facilities provided in the centre, visiting arrangements, complaints, accessing inspection reports, and residents' involvement in the running of the centre.

The guide was available in different formats to make it accessible for residents. For example, it had been prepared in Braille, as well as paper versions. It had also been discussed with residents during link sessions to ensure that they understood it.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety precautions in the centre. However, improvements were required to ensure that the containment measures were fully effective.

There was fire detection and fighting equipment, and emergency lights, and these were regularly serviced to ensure that they were maintained in good working order. Staff also completed regular checks of the equipment and fire precautions.

The inspector observed that the fire doors closed properly. However, a December 2023 fire risk assessment identified actions for improvement, including the requirement to certify the fire doors. The majority of the actions had been completed, but the doors had not been certified. The provider told the inspector that they had plans to upgrade the doors and have them certified in October 2024.

The person in charge had prepared up-to-date individual evacuation plans which outlined the supports that residents required to evacuate the centre. The plans had been discussed during a September 2024 staff team meeting to ensure that staff were familiar with them. Regular fire drills, including night-time scenario drills, were carried out to test the effectiveness of the fire plans. Staff had completed fire safety training, and staff spoken with were familiar with the evacuation procedures.

Residents had also received fire safety education, and told the inspector that they were aware of the procedures.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector found that residents were safe in the centre, and that the registered provider and person in charge had implemented systems to safeguard them from abuse. Child and adult safeguarding policies had been prepared, and the inspector observed the provider's 'child safeguarding statement' on display in the hall. Where residents shared bedrooms, the arrangements had been assessed to identify any potential safeguarding risks. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns, and staff spoken with were aware of the safeguarding procedures.

Residents told the inspector that they felt safe in the centre. They were being supported to develop skills and knowledge for self-protection. For example, they had received education on Internet safety, and the importance of privacy and having respect for others was discussed at house meetings.

Where required, intimate care plans had been prepared and outlined the individual supports residents required to ensure that staff provided support in a manner that respected residents' dignity and bodily integrity.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider and person in charge had ensured that the centre was operated in a manner that respected residents' disabilities and promoted their rights.

Residents told the inspector that they could exercise their rights, were involved in the operation of the centre, and could make decisions about the care and support they received. The inspector found positive examples of how residents' rights were promoted, such as:

- Residents were supported to plan and achieve individualised personal goals, such as learning skills to live more independently. Residents reviewed their goals at meetings with their 'link' staff. During these meetings, they also discussed other relevant topics such as advocacy, the student handbook, staffing, and how the residents were settling into the centre.
- The inspector reviewed the residents' house meeting minutes from March to October 2024, and found that a wide range of topics were discussed to support residents' understanding of their rights. For example, advocacy, human rights, and raising concerns were discussed. The admission of a new resident had also been discussed with them during an October meeting.
- There was a 'student representative' forum for residents to raise potential issues with the Director.
- The provider had established a human rights committee with staff and external members, as well as resident representatives including a resident from the centre.

- Kitchen appliances were modified to make them more accessible to residents as part of the independence skills programmes. For example, a special kettle was available for residents to make hot drinks, and the air fryer was modified for residents to learn how to safely cook meals.
- Residents had active lives, and chose how they spent their leisure time. They also told the inspector that they had control over their own money.
- Key information had been prepared in different formats to be accessible to residents. For example, the inspector observed information on complaints, safeguarding, and advocacy in written text and Braille in the communal living areas. Some residents preferred to receive information electronically, and this was facilitated.
- Staff completed human rights training to inform their practices and understanding of residents' rights. The person in charge had also attended a human rights webinar in September 2024 and shared their learning at a recent staff team meeting.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for 150 Gracepark Road OSV-0002092

Inspection ID: MON-0036505

Date of inspection: 10/10/2024

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Each of the relevant fire doors will be addressed to ensure that they are upgraded to give a 30min rating, and that they are certified by a competent person. Work is scheduled to commence early December for completion in January 2025.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	30/01/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/01/2025