



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

Issued by the Chief Inspector

Name of designated centre:	16 Sion Hill Road
Name of provider:	ChildVision Company Limited by Guarantee
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	30 May 2024
Centre ID:	OSV-0002094
Fieldwork ID:	MON-0034892

About the designated centre

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

16 Sion Hill Road is a designated centre operated by ChildVision CLG. This designated centre provides a residential service for vision impaired young adults, both male and female, including young adults who are vision impaired with additional disabilities. The primary and main aim of a residential placement in the centre is to facilitate access to appropriate education provision and to prepare for and transition to a later life lives as independently as possible within each young person's capacity. 16 Sion Hill Road provides social care and support consistent with maximising the young person's educational attainment and holistic development. The centre provides a nurturing environment prefaced on promoting positive social interactions and on a culture of dignity, respect and acceptance. The centre provides meaningful opportunities to exercise choice and to contribute to community living, and support in achieving self-identified individual goals and personal ambitions utilising personal plans to monitor and evaluate progress. The centre is located in a mature residential area, close to amenities and public transport. The premises consists of a two-storey house. It has four bedrooms for residents (one of which is a shared bedroom for two people), a very large bathroom with a separate laundry area, and communal areas including a kitchen, a sitting room, and a dining room. Residents have access to a garden at the rear and side of the house. The centre has capacity for five residents. The centre is managed by a full-time person in charge, and the staff skill-mix comprises social care workers.

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 30 May 2024	10:00hrs to 16:30hrs	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.

The inspector found that the centre was operating at a good level of compliance which met the requirements of most of the regulations inspected. Residents told the inspector that they were happy and felt safe living in the centre, and it was clear that they were in receipt of person-centred care and support which was upholding their dignity and autonomy. However, some improvements were required to the premises and fire safety precautions.

There were four residents living in the centre, and one vacancy. The residents had busy lives and attended various educational programmes and courses during the day. These were primarily delivered on the provider's main campus, and included orientation and mobility training, life skills, horticulture, and exercise programmes. However, some residents also attended external courses, such as computer skills. Three residents chose to speak with the inspector at different times during the inspection that suited them.

One resident spoke to the inspector on the phone. They told the inspector that they felt safe and liked living with their housemates as they could "relate to each other". They described the staff as being 'brilliant' and said that they listened to residents, and went "over and beyond" to help them. They liked the food provided in the centre, and enjoyed cooking. They said that they had choice and control in their lives, and that there were no restrictions on them in the centre. For example, they spent their own money as they wished. They also travelled independently to and from the centre, following training from a mobility instructor. They were currently doing a community-based course. As part of the course, they had recently gone on an overseas excursion with their classmates, which they really enjoyed. They told the inspector that being as independent as possible was very important to them. They were planning on leaving the centre later in the year, and their ultimate goal was to live on their own in their home town. They told the inspector that they were supported with this goal by different services, and reviewed the progress of their goals at 'link' meetings.

Another resident told the inspector that the centre was a "fun" and "very nice place", and that the staff were "very nice". They said that staff did most of the cooking, based on a weekly menu, and they were happy with this arrangement as they liked the meals and had their favourite meal often. They liked their educational programmes, and in the evenings, they liked listening to music, meditating, and bowling. They said that the premises was comfortable and provided enough space. They got on well with their housemates, and said that they could talk to staff if they

had any concerns. They had participated in fire drills, and pointed out the assembly point to the inspector. They said that there were no restrictions in the centre, and that their friends could visit them if they wished.

Another resident was attending a course graduation on the morning of the inspection, and spoke with the inspector when they returned to the centre in the afternoon before then going to the cinema with friends. They said that the staff were "kind", helpful, "good fun to be around", and easy to talk to. They were familiar with all the staff working in the centre, including relief staff, and said that there was always enough staff on duty. They said that the housemates got on well, and were planning on visiting a popular tourist attraction in the city centre together in the coming weeks. They liked the food in the centre, and could choose their meals. They sometimes liked to shop for groceries, and was doing a cookery programme, which they enjoyed. They had participated in fire drills, and knew the evacuation procedures. They enjoyed exercising their independence. For example, they travelled to the centre on public transport, and self-administered their own medicines. They felt safe, and said that there were no restrictions on them in the centre. They had completed human rights training, and said that their rights were always respected in the centre. They also knew the details of the provider's external advocate.

In advance of the inspection, residents had completed surveys (some residents were supported by staff and their families to complete the surveys) 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 in the centre. The comments included "I like having my own room and it is quite spacious", "I am very happy", "it is my second home", and staff "are very supportive and respectful".

The inspector found that effective arrangements were in place to support residents to communicate their wishes, and to 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 was positive, residents indicated that they were happy in the centre; and their representatives complimented the care provided by staff. Comments captured as part of the annual review included "staff in Sion Hill are always very professional but in an extremely caring and thoughtful way".

The inspection was facilitated by the person in charge. The person in charge demonstrated a good understanding of the residents' individual personalities and needs. For example, they told the inspector about the residents' educational goals,

interests, preferences, and the health and social care interventions they required while in the centre, such as administration of medicine. They said that residents were happy, safe, and had choice and control in how they spent their time in the centre. For example, on the evening of the inspection, some residents were going out for dinner and drinks with friends.

They told the inspector about how residents' autonomy and independence was promoted. For example, residents were encouraged to cook their own meals (with support as required), grocery shop independently, administer their own medicines (following appropriate assessment), received training to use public transport, and could spend their own money as they wished. They had completed human rights training, and spoke about how it had reaffirmed the positive practices in the centre and the importance of informing residents of their rights. For example, residents' right to vote in national elections was recently discussed with them.

They also spoke about the fire safety precautions, and expressed some concerns in relation to the outstanding works required to the fire safety systems.

Two social care workers spoke with the inspector together. They said that staff were committed to ensuring that residents had an enjoyable and "fun" experience in the centre that was like a "home from home". They gave examples of how residents were supported to make decisions about their care and support. For example, they were present at multidisciplinary review meetings and were supported to plan individual goals. They had no concerns, and felt well-supported by the person in charge. There were no safeguarding concerns, however they were aware of the procedures for responding to and reporting any potential concerns. They were also aware of the supports required by each resident to evacuate the centre in the event of a fire.

The inspector was shown around the premises by the person in charge. The house was observed to be very homely, clean, comfortable, and nicely decorated. Residents' bedrooms were decorated to their tastes, and there was sufficient communal space for them to receive visitors. The rear garden also provided an inviting space for residents to use. The kitchen was well-equipped, and the inspector observed a good selection and variety of food and drinks for residents to choose from. The inspector also observed information on residents' rights and advocacy services in the communal areas of the house. Some improvements to the premises were required. For example, installation of a ramp at the front of the door as recommended in a 2022 fire safety assessment.

The inspector observed some good fire safety precautions, such as fire alarms and fire-fighting equipment. However, some improvements were required. For example, two fire doors did not fully close when released, and some actions from a 2022 fire safety assessment were outstanding. The premises and fire safety are discussed further in the quality and safety section of the report.

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.

Overall, the inspector found that there were effective management systems in place to ensure that the service provided in the centre was appropriate to residents' needs, consistent, and effectively monitored. The provider had also ensured that the centre was resourced in line with the statement of purpose.

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. The person in charge was based in the centre to support their oversight of the care and support provided to residents. The person in charge demonstrated a good understanding of the residents' personalities and personal preferences, such as their interests, likes and dislikes. The person in charge reported to a Director of Social Care, and there were effective arrangements for them to communicate with each other.

The registered provider 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 local audits were carried out in the centre. Actions identified from audits and reports were monitored by the management team.

The staff skill-mix consisted of social care workers. The person in charge was satisfied that it was appropriate to the assessed needs of the current residents. They were also complimentary of the rapport that staff had built with residents. 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 the recent staff rotas, and found that they clearly showed the staff working in the centre and the hours they worked.

The provider had also established an effective complaints procedure that was in an accessible format to residents.

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge was found to be suitably skilled and experienced. They also possessed

relevant qualifications in social care and management.

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. There were no vacancies in the complement. However, regular relief staff were used to cover staff leave, which ensured that residents received good continuity of care and support

Residents told the inspector that they knew the staff working in the centre, and were very satisfied with the care and support they provided.

The person in charge maintained planned and actual staff rotas. The inspector viewed the recent rotas for March, April, and May 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.

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, administration of medication, human rights, manual handling, first aid, infection prevention and control, management of challenging behaviour, and fire safety. Staff had also completed training in additional areas, such as advocacy and the Assisted Decision-Making (Capacity) Act, 2015. The training records viewed by the inspector showed that staff were up to date with their training requirements.

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 every six to eight weeks. Staff told the inspector that they were satisfied with the support and supervision they received.

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

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 well-resourced in line with the statement of purpose. For example, the staffing arrangements were appropriate to the residents' needs.

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 of Social Care, who in turn reported to a Chief Executive Officer (CEO). The CEO had commenced in their role in March 2024, and had visited the centre to introduce themselves and meet the residents. 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.

The provider had implemented good systems to monitor and oversee the quality and safety of care and support provided 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, incident management, safeguarding of residents, and medicine administration. The inspector found that quality improvement actions identified from the audits were being monitored by the management team to ensure progression. However, some fire related improvement actions were found to be outstanding, and are discussed in quality and safety section of the report.

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 also attended 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 was in written text format and Braille to make it accessible to residents. 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 had been prepared in an easy-to-read format and was readily available in the centre.

Making complaints and advocacy, including external advocacy services, had also been discussed at residents' meetings to support their understanding of the topic, and there was information on the kitchen notice board about the external advocate. There were no open or recent complaints, however residents told the inspector that they were aware that could make a complaint if they ever wished to and they were aware of the external advocate's details.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of care and support in the centre. Residents told the inspector that they felt safe, and were happy in the centre and with the services provided to them. The provider, person in charge and staff team were promoting and supporting residents to exercise their rights and achieve their personal and individual goals. However, the inspector found that the fire safety precautions in the centre required improvement to mitigate the risk of fire.

Residents had active lives, and were supported to make decisions about their care and support, and on the running of the centre. 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. For example, residents attended meetings concerning them and were supported to plan personal goals. They also attended house meetings to discuss topics concerning the centre. Residents told the inspector that they felt that their rights were respected in the

centre, and the inspector observed a restriction-free environment.

There were no safeguarding concerns. However, the provider had adequate arrangements to ensure that any potential concerns were identified, reported and responded to.

The inspector also found that there were appropriate practices and systems for the management of medicine. For example, residents' medicines were observed to be securely stored, and the provider's nursing team carried out medication audits to ensure that the practices in the centre were appropriate. However, a minor improvement was required to the provider's policy to better specify the frequency of medication stock control checks.

The premises comprised a large two-storey house located in a busy Dublin suburb close to many amenities and services. The house comprised four resident bedrooms, and communal spaces, including a sitting room, a dining room, a utility room, a kitchen, and bathrooms. There was sufficient space for residents to receive visitors. There was also a large rear garden, and a staff office. Overall, the house was found to be homely, comfortable, and nicely decorated. However, some minor upkeep was required internally, and an external ramp, as recommended in a 2022 report, had not yet been installed.

The kitchen was well-equipped for residents to store and prepare food, and there was a good selection of food and drinks for them to choose from. Residents told the inspector that they liked the food in the centre, and were supported to purchase, prepare, and cook food as they wished.

The inspector observed some good fire safety precautions. There was fire detection and fighting equipment, and emergency lights, and it was regularly serviced to ensure it was maintained in good working order. Staff also completed regular checks of the equipment and fire precautions. The person in charge had also prepared up-to-date individual evacuation plans which outlined the supports residents required to evacuate the centre. Staff and residents spoken with were familiar with the evacuation procedures.

However, overall, the fire safety precautions were not sufficient and required improvement. For example, a fire safety assessment in 2022 identified deficits in the precautions, and some of these matters remain unresolved. These matters are discussed in further detail under the relevant regulation.

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. Some of their friends had recently visited for dinner.

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' education programmes.

The house was observed to be clean, homely, and nicely furnished. The communal space included a large sitting room, a dining room, a kitchen, bathrooms and a utility room. There was also a large mature garden at the rear of the house for residents to use if they wished to. Residents' bedrooms provided enough space for their belongings, and were decorated to their tastes. Some bedrooms also had en-suite facilities.

The premises were found to be appropriate to the needs of the residents in the centre at the time of the inspection. Residents told the inspector that they were happy with the premises, and the facilities it provided. The premises also reflected residents' personalities and interests. For example, the inspector saw residents' musical instruments and nice photographs of residents on display, and there was a machine for residents to transcribe information into Braille. Since the previous inspection of the centre in September 2022, parts of the premises had been upgraded. For example, the windows had been replaced. However, further improvements were required, such as:

- There was a large crack in a wall in the downstairs hall.
- The veneer on some of the kitchen cabinets had detached in places.
- A ramp at the front door instead of steps was recommended in a 2022 fire assessment, however had not yet been installed.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to be involved in the purchase, preparation and cooking of their meals as they wished.

The inspector observed a good selection and variety of food and drinks, including fresh food, in the kitchen for residents to choose from. The kitchen was also well-equipped with cooking appliances and equipment. Residents told the inspector that they chose their menu on a weekly basis, but could change their mind. The weekly

menu had been prepared in Braille for residents to read, and there were also different recipes on the kitchen notice board for them to try. Some residents liked to cook as part of their independent living goals, and staff provided guidance as required. For example, cookery programmes were discussed with residents during their 'link meetings'. Some of the kitchen appliances had also been modified to make them easier to use. For example, raised stickers were stuck to the air fryer to help residents cook at the right temperature, and there was a 'talking' jug that assisted residents to make hot drinks.

Residents were also supported to shop for groceries if they wished to. For example, some residents had received training on walking to and navigating the local supermarket.

Residents did not require any modified or specialised diets. However, healthy eating was promoted in the centre for their wellbeing. Staff spoken with were aware of the residents' food likes and dislikes.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured that a residents' guide 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 written text format.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented some good fire safety precautions in the centre. However, the inspector found that works were required to ensure the effective containment of smoke and fire and to allow for the safe evacuation of residents. Some of these works identified in 2022, and remained outstanding. Therefore, the effectiveness of the fire safety precautions to protect residents from the risk of fire in the centre was compromised.

The inspector read a fire assessment of the premises, carried out in 2022 by an external party and reviewed again in December 2023, which outlined the following areas for improvement:

- Fire doors required certification.
- The gap between the sitting room door and its frame was too wide.
- The chimneys required sealing.
- The seals around two bedroom doors was damaged.
- The office door required a self-closure device.
- Additional lighting was required at a side exit.
- Extra sockets were required in the office.
- A ramp at the front of the door was recommended (as noted under Regulation 17: Premises).

The inspector was told by the provider that they had received quotes for the required works, and were committed to undertaking them. However, they had not yet secured the required funding.

The person in charge also told the inspector that residents found the front door difficult to unlock from the inside, and the recent unannounced visit report had recommended that the lock be changed.

In addition to the matters above, the inspector also observed:

- Two fire doors (including a residents' bedroom door) did not close fully when released.
- The exit doors from the dining room to the garden were key operated. However, there was no key within the room to open the door, which posed the risk of a delayed evacuation through this door. The person in charge told the inspector that the door was not used during evacuations, however, they agreed that the lock should be changed to not require a key.

Regular fire drills were carried out to test the effectiveness of the fire plans. The inspector found that a drill reflective of a night-time scenario had not been carried out in the previous 12 months. However, staff and residents spoken with were familiar with the evacuation procedures.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed the medicine practices related to two residents living in the centre, and found that the practices, including the practices for the storage and administration of medicines, were appropriate and in line with the provider's associated policy.

Residents were supported to maintain their autonomy in managing their medicines. Some residents self-administered their own medicines while others required staff assistance to do so. Residents self-administering their own medicines had received guidance from the provider's nursing team.

The inspector observed that residents' individual medicines were clearly labelled and securely stored. The inspector viewed the residents' recent medication administration sheets and records. They contained the required information, as specified in the provider's policy, such as the residents' name, allergies, photograph, and medicine names and dosages. The records indicated that residents had received their medicines as prescribed. For example, at the prescribed time.

There were arrangements to ensure the safe delivery of medicine administration. For example, staff had received training on the safe administration of medicine. There were also arrangements for the monitoring of medicine practices. For example, medication audits and 'spot checks' were carried out by the provider's nursing team. Where required, actions for improvement were completed.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the registered provider and person in charge had implemented effective systems to safeguard residents from abuse. For example, 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 easily refer to.

Where required, intimate care plans had been prepared (with agreement from the respective residents) and outlined the individual supports residents required to ensure that staff delivered care 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, and the inspector saw that they had control in their lives and were being supported to be active participants in making decisions about their lives and in the running of the centre. For example:

- Residents attended their multidisciplinary team review meetings and had input in the development of their care plans. The inspector reviewed two residents' plans, and found that they were written using professional and person-centred language.

- Residents were supported to choose, plan and achieve individualised personal goals, such as using learning skills to live more independently. For example, learning to cook, manage finances, travel independently, and self-care. Residents reviewed their goal progress at regular meetings with their 'link' staff. The meetings also provided an opportunity for them to discuss any potential concerns.
- Residents attended house meetings, usually once per month. The inspector reviewed the meeting minutes from March 2024 to May 2024, and found that a wide range of topics were discussed to support residents' understanding of their rights. For example, voting in the local and European elections was discussed at the May meeting, and advocacy, including external advocacy services, was discussed at the March meeting. Residents were also encouraged to raise any potential concerns at these meetings.
- Residents were encouraged to contribute to the running of the centre. For example, they did household chores, such as laundry, cooking, and cleaning.
- One of the residents in the centre sat on the provider's 'student representative' forum. They brought potential issues from the centre to the forum, which was attended by the Director of Social Care.
- Residents chose how they spent their leisure time. For example, they liked to meet friends and attend social clubs in the evenings, as well as relax in the centre. They also told the inspector that they had control over their own money.
- Key information had been prepared in formats accessible to residents. For example, the inspector observed the residents' guide and information on decision-making in Braille in the dining room, and the weekly menu in Braille in the kitchen. Some residents preferred information, such as their goal plans, to be emailed to them so that they could listen to the content on their smart devices.

Staff had also completed human rights training to inform their practices. Staff told the inspector about how they applied their learning to enhance the rights of residents. For example, it reaffirmed the importance of involving residents in decisions affecting them.

The provider had recently established a human rights committee with staff and resident representatives, as well as external members, to strengthen and oversee their systems for promoting residents' rights.

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	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 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for 16 Sion Hill Road OSV-0002094

Inspection ID: MON-0034892

Date of inspection: 30/05/2024

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Remedial work to address the crack in the wall and the veneer on the kitchen cabinets will be undertaken over the summer period. The issue of the ramp arises from an assessment made in respect of a young person with particular mobility needs. This young person is no longer resident in the centre and has not been for the last year. Respectfully, it is the opinion of our architect that the addition of a ramp to the centre is unnecessary.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The following work will be completed as a matter of urgency:</p> <ul style="list-style-type: none"> • extra sockets will be installed in the office and a self-closure device will be fitted to the office door • additional lighting will be installed at a side exit • chimneys will be sealed • damaged seals around two bedroom doors will be replaced • the gap between the sitting room door and its frame will be remediated • two doors (including a fire door) identified as not closing fully will be adjusted to ensure full closure • the fire doors will be certificated • the front door lock will be changed to ensure greater ease of use <p>the locking mechanism on sliding patio doors in the dining room will be replaced with one which does not require a key.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/08/2024
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is	Substantially Compliant	Yellow	30/08/2024

	accessible to all.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	12/09/2024
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	12/09/2024
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	12/09/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	12/09/2024