

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:	Unannounced
Date of inspection:	30 July 2025
Centre ID:	OSV-0001707
Fieldwork ID:	MON-0044843

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 five adults with intellectual 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 busy town. Staff support residents to participate in meaningful activities that personalised to them. 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, a deputy manager and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Wednesday 30 July 2025	09:45hrs to 17:50hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the regulatory monitoring of the centre. The inspector used observations, engagements with residents, conversations with 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 good governance and management systems were in place, and that residents were in receipt of safe care and support. However, some improvements were needed to enhance aspects of the service, including the quality of the service, in relation to the premises, fire safety precautions, and residents' health, personal and social care assessments and plans.

As part of the inspection, the inspector also assessed aspects of the provider's implementation of their organisation's improvement plan which was a response to an overview report published in February 2025. From speaking with the management team, as well as a review of documentation and observations on the day, the inspector found that there was sufficient evidence to demonstrate satisfactory levels of progress on the implementation of the provider's organisation improvement plan.

The centre comprises 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 individual bedrooms and adequate communal space, including dining and living rooms. There was also a large back garden with lovely views of the countryside, and a seating area at the front door for residents to use. There was specialised mobility equipment available to residents, such as hoists and an accessible bath.

Aspects of the premises were institutional in aesthetic, and the inspector observed that some upkeep was required. For example, not all of the rooms were accessible to residents, some of the hallways were narrow, 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 residents' bedrooms were decorated to their tastes and needs, and family photos were displayed in some of the living rooms.

The inspector observed some good fire safety precautions in the centre, such as fire detection and fighting equipment. However, some precautions required improvement. For example, the inspector observed two fire doors held open in a manner not in line with fire safety best practice guidelines and a recent fire safety audit recommended the installation of replacement fire doors and signage. The premises and fire safety is discussed further in the quality and safety section of the report.

Five residents lived in the centre. On the day of the inspection, one resident was not present as they were receiving medical treatment. The other residents watched television, listened to music, and went into the local town. The inspector met them at different times during the day. The residents had varied needs, and communicated using different means. Individual communication passports had been prepared by the staff team on each residents' individual communication means. Three residents did not engage with the inspector or express their views. One resident briefly engaged with the inspector. They spoke about members of their family, and showed the inspector some of their personal belongings.

There were no family members or representatives present on the day of inspection, but the inspector read two recent documented compliments which commended the staff for the care they provided and described them as being kind to residents. The provider had also consulted with residents and their families as part of the recent annual review of the centre. Their feedback was positive, and indicated that residents had choice in their lives, and were content and well cared for in their home.

The inspector met and spoke with different members of staff during the inspection, including the person in charge, the deputy manager, the senior operations manager, a nurse and a social care worker.

The management team spoke kindly and compassionately about residents as they described their individual personalities and needs. They said that residents were happy, safe and well cared for, and that the safeguarding arrangements were effective. They complimented the staff team, and said that they knew the residents well and implemented their care plans and associated interventions. They were satisfied with the availability of multidisciplinary team services, the staffing arrangements, and residents' access and opportunities for social and leisure activities. For example, residents enjoyed spending time with family, walks, going to parks, eating out, beauty and massage treatments, and petting farms. Although the building required some maintenance, they said that the large spaces suited the residents, and that this was contributing to a reduction in behavioural incidents.

A social care worker told the inspector that residents received good quality and safe care in their home. They described how staff deficits had impacted on residents' activities, but that these issues had improved, and generally the relief and agency staff working in the centre were consistent.

Overall, the inspector found there were effective governance and management systems in place and that residents were safe living in the centre. Residents did not express their views to the inspector, but written feedback from their representatives indicated that they were happy with the care and support residents received. However, the inspector found that there were aspects of the service that needed improvement. These matters are discussed 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

In February 2025, HIQA published an overview report of governance and safeguarding in designated centres operated by the provider. The report incorporated the findings of 34 inspections carried out in 2024; and focused on five regulations (Regulation 5: Individualised assessment and personal plans, Regulation 7: Positive behaviour support, Regulation 8: Protection, Regulation 15: Staffing, and Regulation 23: Governance and Management). The provider was found to be not-compliant under those regulations.

The report included an organisation improvement plan from the provider that outlined its actions to address the poor findings and to come into compliance. This inspection formed part of the Chief Inspector's overall assessment of the provider's implementation of the provider's plan and its effectiveness in driving improvements. There had been a number of quality improvements made in the centre which demonstrated effective progress on the provider's implementation of the improvement plan and how it was impacting positively on the quality of life for the resident living in this centre.

The inspector found that there were good management systems in place to ensure that the service provided to residents living in the centre was appropriate and operated in line with the centre's statement of purpose. For example, staffing arrangements were adequate and residents could avail of the provider's multidisciplinary team services.

The management structure was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, supported in their role by a deputy manager and met the requirements of regulation 14. They had ensured that incidents in the centre were reported to Chief Inspector of Social Services in line with the requirements of Regulation 31. The person in charge reported to a senior operations manager, and there were effective arrangements for them to communicate, such as formal meetings. The senior operations manager also visited the centre often as part of their oversight arrangements. The person in charge and deputy manager told the inspector that they could easily raise any concerns to the senior operations manager.

The provider and person in charge had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and comprehensive six-monthly reports, as well as various audits had been carried out in the centre to identify areas for quality improvement. The inspector found that actions for improvement were being monitored and implemented.

The skill-mix and complement was appropriate to the assessed needs of the current residents. A review of the recent staff rotas showed that overall there was sufficient numbers of staff on duty. Staff leave was covered by relief and agency staff, and there was an induction folder to help inform them on their responsibilities.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. Key worker training had recently been rolled out by the provider, and some staff in the centre had already completed it. The deputy manager told the inspector that the training was very resident focused and would help improve how key workers supported residents with their personal goals.

There were effective arrangements for the support and supervision of staff working in the centre, such as management presence and support, and formal supervision meetings. Staff could also contact an on-call service for support outside of normal working hours.

Staff could attend team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The inspector read a sample of the 2025 minutes, including the April 2025 ones. They noted discussions on HIQA, risks, audit findings, restrictive practices in which staff were also reminded to use a human right-based approach, residents' goals, records, safeguarding plans, complaints, fire safety, the premises, assisted decision-making, and other matters.

Members of the provider's multidisciplinary team also attended team meetings on occasion; for example, the behaviour support specialist attended a March 2025 meeting to discuss residents' rights and use of restrictive practices.

Regulation 14: Persons in charge

The person in charge was full-time and based in the centre. They had commenced in their role in September 2024, and had previous experience working as a person in charge in other centres operated by the provider. They were suitably skilled for the role, and possessed relevant qualifications in nursing and management.

Judgment: Compliant

Regulation 15: Staffing

The staff skill-mix comprised nurses, social care workers and healthcare assistants. There were no vacancies. Five staff worked during the day, and two worked at

night; a nurse was on duty at all times. These arrangements were deemed appropriate to the number and assessed needs of the residents living in the centre.

The inspector reviewed the May, June and July staff rotas and checked a sample of the days to see if appropriate staffing levels were maintained. The rotas showed that there was a sufficient number of staff on duty, except for one day when a staff member was on sick leave. Regular relief and agency staff covered staff leave to ensure continuity of care for residents. The deputy manager maintained an induction folder for new staff to read to ensure that they were informed on the residents' care and support needs, and the operation of the centre. The folder contained relevant information on the residents' needs, accessing the provider's reporting system, emergency contacts, and how to access policies and procedures.

The inspector did not review staff Schedule 2 files during this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were required to complete training as part of their professional development and to support them in the delivery of appropriate care and support to residents. The inspector reviewed the most recent training log with the deputy manager. It showed that staff had completed training in relevant areas including safeguarding of residents, manual handling, positive behaviour support, fire safety, first aid, and epilepsy management. Some staff required refresher training which was booked for them to attend. Most staff, including the deputy manager, had also completed key worker training. The deputy manager told the inspector that the rest of the staff would be scheduled to attend the training.

Staff received good support and supervision in their roles. The deputy manager and person in charge were based in the centre to provide informal supervision, and the person in charge provided formal supervision. Some staff were overdue formal supervision meetings, but it was being arranged by the person in charge.

The senior operations manager also visited the centre regularly and met staff. The inspector found that they provided great support to staff. For example, they had organised counselling for staff following recent bereavements in the centre and sent communications offering their support and praise of the staff team's professionalism and the care and support they provided to residents. The person in charge and deputy manager told the inspector that they could easily raise concerns with the senior operations manager and felt listened to.

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 generally the centre was well-resourced in line with the statement of purpose. For example, the staffing levels were appropriate and residents could access multidisciplinary team services.

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 reported a senior operations manager. The person in charge was supported in their role by a deputy manager. There were arrangements for the management team to communicate, including formal meetings and informal communications.

The provider and person in charge had implemented good systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews (which consulted with residents), six-monthly unannounced visit reports, and audits on medication, housekeeping, fire safety, and health and safety were carried out. The audits identified actions for improvement where required. The inspector found that improvement actions were being implemented. For example, the accessible bath was fixed after an audit identified a leak.

On review of documentation and from speaking with the management team, the inspector also found that a number of the provider's plans for bringing Regulation 23: Governance and management, into compliance, across their centres, had been completed or partially completed in this centre with evidence of good progress being made. For example:

- The senior operations manager was completing frequent unannounced visits to the centre.
- The senior operations manager and person in charge were having quarterly governance assurance meetings.
- The person in charge had completed training on using the national safeguarding portal.
- Some staff had completed key worker training, and others were being scheduled to attend it.
- The senior operations manager had completed PPIM training.
- An induction folder was in place.
- Medication audits were being carried out.

Judgment: Compliant

Regulation 31: Notification of incidents

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

The person in charge had ensured that all adverse incidents and accidents (including allegations of abuse, injuries to residents, and use of restrictions) in the designated centre, required to be notified to the Chief Inspector of Social Services, had been notified as required by this regulation.

Judgment: Compliant

Quality and safety

The inspector found that residents' safety was maintained by a good standard of care and support. However, improvements were required to aspects of the quality of the services, including the maintenance and review of residents' health and social care files, and to ensure that specific behaviours displayed by residents were assessed. The fire safety precautions also required improvement, and the premises required some attention.

Assessments had been completed to inform written care plans on residents' health, personal and social care needs. Some of the assessments and plans required better evidence of review to ensure that they were up to date, sufficiently detailed, effective, readily available, and informed by relevant parties.

Positive behaviour support plans were developed for residents, where required. The plans were up to date and readily available for staff to follow. A recent health and safety audit had noted a reduction in the number of behavioural incidents in the centre. However, one resident's specific behaviour required more consideration to determine a potential function.

Communication care plans were also in place, and they outlined the residents' individual communication means for staff to understand and in turn support residents to communicate their needs and wishes.

There were effective safeguarding policies and arrangements in the centre. Safeguarding concerns were appropriately reported, and effective measures were put in place to protect residents.

The premises comprised a large two-story building. The layout and design of parts of the building did not contribute to a homely aesthetic. However, efforts had been made to make it homelier, and overall it was seen to be clean, comfortable, and well equipped. There was also sufficient facilities and space for residents to receive visitors. Some upkeep was needed to the maintenance of the building, but did not appear to pose a significant risk to residents.

The provider had improved the fire safety precautions since the previous inspection. However, a recent fire safety audit identified that further improvements were needed. The inspector also observed practices that required improvement, such as the incorrect arrangements for holding open fire doors.

Regulation 10: Communication

The residents living in the centre communicated using individual and multi-modal means. Their means included vocalisations, body language and gestures, some words, and use of visual aids such as pictures.

The inspector reviewed two residents' communication care plans. They outlined the residents' communication means for staff to understand and ensure that residents received appropriate support to communicate their wishes and needs.

Within the centre, residents had accessed to various communication means, including televisions and the Internet. Some residents also used smart devices for keeping in contact with their family and streaming entertainment.

Judgment: Compliant

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 which was overall institutional in aesthetic and layout. The building had a spacious front driveway for cars to park, and a large back garden offering nice views of the countryside. The back garden patio area had been recently cleaned to make it more accessible for residents. At the front of the house, there was also a seating area with nice plants and flowers for residents to use.

The building contained individual bedrooms, sitting rooms, a large catering style kitchen, dining rooms, sensory rooms, a craft room, offices, a laundry room, storage rooms, a staff room, a medication room, and bathrooms.

While the size and layout of the centre provided large spaces for residents, it was not conducive to a 'home-like' environment and parts of the premises were not utilised by residents, such as unused bathrooms. Some of the hallways were also narrow. Efforts had been made to make the centre homelier. For example, residents' bedrooms were personalised to their tastes, and pictures meaningful to residents were displayed in areas they commonly used.

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.

The premises were very clean, and generally well maintained. However, some upkeep was required in parts of the building, for example:

- The bubble machine in the sensory room was not working
- Repainting was needed in some rooms and around door frames
- The kitchen required upgrade (this was noted in the recent annual review)
- Skirting boards and door frames were damaged in areas from contact with wheelchairs
- There was water damage staining on the ceiling in one of the storage rooms

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had implemented some good fire safety precautions in the centre, and made improvements to the systems since the previous inspection such as testing the evacuation slides to ensure that they were safe to use. However, some improvements to the precautions were outstanding.

There was fire detection and fighting equipment, and emergency lights, and it was regularly serviced to ensure that it was maintained in good working order. Staff also completed daily checks of the equipment and escape routes. The fire panel was addressable. However, associated guidance with information on the names of the different fire zones required updating.

Fire doors were fitted throughout the centre to prevent the spread of smoke and fire. However, the inspector observed a door into a sitting room, and a door into a staff room held open in an incorrect fire compliant manner. This practice comprised the purpose of the doors which was to contain smoke and fire and required a more appropriate hold open arrangement.

A recent fire safety audit by an external service also identified that improvements were needed, including replacement of four fire doors, additional signage, and refitting of some doors. The provider had submitted a business case for the works, and was awaiting a response.

The inspector viewed two resident's individual evacuation plans. They outlined the supports they required to evacuate the centre. Fire drills were carried out to test the effectiveness of the fire plans, a night-time scenario drill was due by the end of July 2025.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs had been assessed to inform the development of support plans. The inspector reviewed two residents' assessments and plans. Some improvements were required to the maintenance of these files to ensure that they were up to date and effectively reviewed, particularly in relation to social goal plans.

For example:

- A resident's assessment of need, dated May 2025, referred to a specific medication even though the medication had been discontinued in January 2025.
- A sensory plan noted that a resident enjoyed concerts; however, staff told the inspector that they had not attended a concert in over 12 months.
- One resident's goals included to go on day trips; however, the progress records noted activities such as 'walks' in the local community. It was unclear how these activities would constitute as a day trip.
- Another resident's goal from 2023 regarding their home environment was too limited in detail to provide a clear description of the goal. The resident also had a goal from March 2025 regarding the purchase of a barbecue. The person in charge told the inspector the centre was gifted a second-hand barbecue six weeks ago; however, it had not been used. It was unclear why the barbecue had not been used since then.

Overall, improvements were required to demonstrate that residents' assessments and plans were subject to a thorough review. The management team told the inspector that the provider's key worker training would positively contribute to these improvements.

Additionally, one resident's intimate care plan was not readily available; it was sourced by the deputy manager on the provider's electronic information system as the inspection concluded. This matter required improvement to ensure that care plans were readily available for staff to refer to.

Judgment: Substantially compliant

Regulation 6: Health care

There were systems in place to routinely assess and plan for residents' health care needs. There were also good arrangements to meet residents' health care needs; for example, nurses worked in the centre to oversee the health care interventions. However, improvements were needed to the development of health care plans and to demonstrate that residents were supported to participate in health screening programmes.

The inspector reviewed two residents' health care assessments, plans and records. They reflected input from health care and multidisciplinary services involved in the residents' care, such as general practitioners and physiotherapists.

For one resident, there was an absence of some specific health care plans, such as a mental health care plan. Additionally, the resident's oral health care plan, dated July 2024, did not reflect a recommendation from a dental surgeon regarding the use of specific products; and staff also told the inspector that the care plans interventions were not been fully implemented. A specific skin and tissue care assessment was also required due to an associated risk for the resident.

The management team told the inspector that one resident could not avail of a specific national screening programme due to their mobility and the accessibility of the screening equipment. Staff said that they carried out associated checks. This matter required risk assessment and clear protocols to ensure that these measures were discussed with the resident's general practitioner and consented to by the resident.

Overall, improvements were required to ensure that residents' assessments and plans were subject to a robust review and that associated interventions were clearly documented and implemented.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Generally, the provider had ensured that where residents required behavioural support, suitable arrangements were in place to provide them with this. However, one resident's behaviour required further assessment to try and determine its function.

Staff had completed relevant behaviour support training to help them respond to behaviour that is challenging and to support residents to manage their behaviour.

The provider's behaviour specialist team were also available to provide guidance and direction; for example, they had attended a team meeting earlier in the year to discuss the use of restrictive practices.

The inspector reviewed three residents' support plans. They were up to date and readily available to guide staff practice. However, the inspector read in one resident's files that the resident engaged in a specific behaviour with an unknown function. The local management team told the inspector that the behaviour began approximately three years. This matter required more consideration to ensure that the behaviour has been fully assessed to try and determine a potential function which in turn would inform the best possible behaviour support plan for staff to follow to support the resident.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider and person in charge had implemented good systems to safeguard residents from abuse. These systems were underpinned by the provider's safeguarding policy.

Staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns, and there was guidance for them in the centre to refer to. The person in charge had also attended additional training with other managers on reporting concerns to the national safeguarding office.

The most recent safeguarding incident was in November and involved an interaction between two residents. The incident had been appropriately reported and notified, and effective actions had been put in place to reduce the likelihood of the incident happening again. There was good oversight of corresponding safeguarding plans; and they were discussed at staff and management team meetings.

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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Dunavon OSV-0001707

Inspection ID: MON-0044843

Date of inspection: 30/07/2025

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
Outline how you are going to come into compliance with Regulation 17: Premises: An estimate for repair of bubble machine has been submitted to accounts department on the 05th of September 2025 and awaiting approval. To be completed by 31st December 2025. The Provider has arranged for all work to be carried out on the repainting of some rooms, door frames, skirting boards and the ceiling. To be completed by 30th November 2025. A Business Case will be submitted for funding for a new kitchen. To be completed by 31st March 2026.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Guidance with information on the names of the different fire zones was updated on the 01st of September 2025. Completed 01st September 2025 All staff have been informed in a Team Meeting not to leave any doors open using wedges or any other means of devices. Completed 06th August 2025 The Provider is currently waiting funding for the replacement of four fire doors. Completed by 31st December 2025. Additional signage will fitted downstairs on the 09th of September 2025. Completed by 09th September 2025.	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The PIC has updated the assessment of needs and removed the reference to medication. Completed 01st September 2025 The PIC has now ensured that the residents have meaningful goals such as concerts and pantomimes. Completed by 31st October 2025. The PIC reviewed all residents' goals and meaningful activities. A schedule has been put in place for each Resident. Completed 05th September 2025. A Barbeque is taken place for all residents and families on the 07th of September 2025.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: The PIC has reviewed the residents' health care plans which include an update of their mental health plan and their oral health care plan. Completed 07th August 2025 The PIC will contact the Community Health Nurse for an assessment of skin integrity and tissue care for Resident. Completed by 05th September 2025. The PIC has contacted residents GP and no follow up needed for screening. Risk assessment and support plan in place. Completed 02nd September 2025	
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 made a referral to the Behavioral Support Therapist for resident to be assessed. Completed by 31st December 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 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	31/03/2026
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	31/03/2026
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	01/09/2025
Regulation 28(2)(c)	The registered provider shall	Substantially Compliant	Yellow	09/09/2025

	provide adequate means of escape, including emergency lighting.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2025
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	01/09/2025
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances,	Substantially Compliant	Yellow	31/10/2025

	which review shall assess the effectiveness of the plan.			
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	05/09/2025
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	02/09/2025
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	31/12/2025