



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

Issued by the Chief Inspector

Name of designated centre:	Red House
Name of provider:	The Rehab Group
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	17 January 2024
Centre ID:	OSV-0002650
Fieldwork ID:	MON-0033372

About the designated centre

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

Red House is a large, single-storey, purpose-built facility located outside a city. It is registered to provide overnight respite and day support services to up to five autistic children at any one time. It is a regional service covering a geographical area that includes three counties. The aim of the service is to provide a safe environment which is a home from home. The service is provided to children aged from six to 18 years and is open 325 nights each year.

The centre includes five resident bedrooms and a number of communal facilities including bathrooms, a large day room, a dining room, kitchen, playroom, and sensory room. There is also a playground and a large garden on the grounds of the centre.

Children are supported by a staff team which includes care staff, a team leader, and the person in charge. Staffing is provided to meet the individual assessed needs of the child or children staying in the centre at the time.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	1
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 17 January 2024	10:15hrs to 18:00hrs	Caitriona Twomey	Lead

What residents told us and what inspectors observed

This designated centre was last inspected on behalf of the Chief Inspector of Social Services (the chief inspector) in May 2022. This announced inspection was completed to monitor the provider's implementation of the compliance plan it submitted following that inspection, and also to assess other areas of regulatory compliance. The findings of this inspection will inform the chief inspector's response to the provider's application to renew the registration of the centre for another three-year period. On arrival the inspector was greeted by the team leader and shortly afterwards met with the person in charge. These members of the management team facilitated the inspection.

Red House is a single-storey building located on a campus operated by the provider on the outskirts of a city. It is registered to provide overnight respite and day support services to up to five autistic children at any one time. 13 children were accessing the service at the time of this inspection with two more attending the service for the first time later that week. Management advised of the provider's intention to increase the number of children accessing the service over the following 12 months. It was explained to the inspector that there were two children who accessed the service alone and that other children attended in small groups. Although registered to accommodate five residents, the inspector was told that due to the assessed needs of the children accessing the service, no more than three stayed overnight at one time.

Management explained the day support service provided in the centre. The inspector was told that all children visited the centre before they stayed overnight. This supported them to get to know members of the staff team and to become comfortable in the centre. Management advised that these visits also helped with the identification of groups of children that may be compatible to stay in the centre together. Management advised that some children may visit the centre twice a week for up to four months before staying overnight, while for others this process may be quicker. This process was individual to each child and was based on ongoing assessments and reviews involving management, the staff team, family members, and where possible the child. It was explained that a small number of children had not made the move to overnight stays and continued to visit the centre during the afternoons, typically for two to three hours at a time.

The inspector was informed that some premises works had been completed since the last inspection of the centre completed on behalf of the chief inspector. This included the replacement of flooring in a number of rooms and replacement of some bathroom fittings. Painting was also planned in the months following this inspection. Management also advised of their intention to contact a local art college about the possibility of a mural for the day room. Members of the management team accompanied the inspector as they walked around the premises. The centre was observed to be clean, bright, and spacious. It was minimally decorated which allowed for the physical environment to be adapted based on the needs and

preferences of whoever was staying in the centre at the time. Communal areas had a variety of comfortable, well-maintained seating options including couches, chairs, and bean bags. Toys, activities of interest, televisions, and wireless internet were also available to residents. There was also a large playroom that was fully furnished with large soft padding, and a separate sensory room. This room had a variety of equipment and the inspector was told that the provider was awaiting the delivery of a sensory pod to further enhance this space. There was also a large enclosed outdoor space available to the children who stayed in this centre. This included a playground and a large garden area. Management advised that part of the garden was being redeveloped with a trampoline, swing, and raised planting beds. There was also an outdoor patio area with a picnic table to be used in warmer weather

Throughout the building there were some mirrors and toys attached to walls. These added a homely and child-friendly feel to the centre. There were five single-occupancy bedrooms for children to stay in. Each room had a different colour floor and this colour was also painted on the bedroom door. There was storage available in each bedroom for children's belongings. There were a number of bathrooms available for use. Due to the facilities available residents could choose to have a bath or a shower. The bathrooms were noted to be clean and well maintained.

Some areas requiring maintenance, repair, or replacement were identified. As was found previously the surfaces of some sensory equipment in the centre were damaged. Damaged surfaces were also observed on the kitchen counter, in the utility room, and in the staff office. Given this damage it would not be possible to clean these surfaces effectively. It was also noted that there was mould in the seal around a window and door in the dining area. Management were aware of this and had made a request for maintenance workers to address it. The inspector also identified that a number of fire doors did not close fully. This and other findings regarding the fire safety arrangements in the centre are outlined in more detail in the 'Quality and safety' section of this report. Some environmental restrictions that had not been notified to the chief inspector, as is required by the regulations, were also identified.

All children who accessed services in the centre attended school. When the inspector arrived the children who had stayed the previous night had already left the centre. There was one child due to stay that night. It was explained to the inspector that staff collected this child from school and supported them to engage in an activity before returning to the centre. As a result this resident was only returning to the centre as the inspector left that evening. They greeted the inspector from the vehicle and were smiling. There were no other opportunities to spend time with residents during this inspection.

As this inspection was announced, feedback questionnaires for residents and their representatives were sent in advance of the inspection. Four were returned to the inspector. The feedback included in these was very positive indicating a very high level of satisfaction with the service provided. All respondents praised the staff team with many describing them as amazing and referencing how well they knew the children who accessed the service. The contact between those working in the centre and relatives was also highlighted, with respondents referencing the level of contact

and also that any information that they shared was taken on board. Respondents referenced how happy children were to spend time in the centre. More than one referenced that they would be lost without the service. This feedback was consistent with other feedback documented in various reports such as the annual review and unannounced visit reports. It was documented that family members had expressed their trust in the staff team, describing that that they were put at ease, and referencing the efforts made to make the centre as 'like home' as possible. Again the staff team were highly praised, with one respondent reporting that they 'just get it' and another calling them 'most supportive'. Compliments received had also been documented. Those received in the previous 12 months related to the support provided by the staff team. On one occasion this was specific to the support provided during one resident's first stay in the centre.

As well as spending time in the centre and speaking with staff, the inspector also reviewed some documents. When the provider applied to renew the registration of the centre they were required to submit some supporting documentation. This included the centre's statement of purpose and a guide about the centre prepared for residents. Both of these required minor revisions to ensure their accuracy. This was completed during the inspection. Other documents reviewed included the most recent annual review, and the reports written following the three most recent unannounced visits to monitor the safety and quality of care and support provided in the centre. These reports will be discussed further in the 'Capacity and capability' section of this report. The inspector read records of staff training and rosters. They also looked at a sample of residents' individual files. These included residents' assessments and personal plans. Fire safety, risk management, and medication management practices in the centre were also reviewed. The inspector's findings will be outlined in more detail in the remainder of this report.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

Overall, good management systems and practices were in place. The provider adequately resourced and staffed the centre. Information was collected and used to improve the quality of the service provided. Management systems ensured that all audits and reviews, as required by the regulations, were completed. Although improvement was required regarding the notification of certain incidents to the chief inspector, the provider had taken steps to address this prior to the inspection. It was demonstrated throughout the inspection that the management team were very responsive to any issues raised and had effective systems in place to ensure that the children who spent time in this centre received a high quality service.

There was a clearly-defined management structure in place that identified lines of accountability and responsibility. Care staff reported to the team leader, who reported to the person in charge, who reported to one of the persons participating in management. There had been a change to a member of the management team in the previous six months. This person had previously worked in the centre and demonstrated a very good understanding of the children who spent time in the centre and the management arrangements in place.

The person in charge was employed on a full-time basis and fulfilled this role for two designated centres. Both centres were located on the same campus and they dedicated the majority of their working week to this centre. They demonstrated a proactive and responsive approach to managing the centre and clearly knew each of the children and their support needs well. The person in charge and team leader were both based in the centre and worked during the Monday to Friday working week. The provider also had an on-call system in place whereby staff could contact a manager at any time. These arrangements provided staff with opportunities for management supervision and support.

Staff meetings took place monthly in the centre and were included in the staff roster. Each member of the staff team also received one-to-one supervision every three months. These arrangements provided staff with opportunities to raise any concerns they may have about the quality and safety of the care and support provided to residents. A record of meeting minutes was made available to the inspector. These minutes were comprehensive and referenced a wide range of topics discussed. It was also evident that matters raised were followed up.

The staff team was comprised of care staff, a team leader, and the person in charge. There were two staff vacancies at the time of this inspection and recruitment was underway to fill these positions. Management advised that they were able to fill any vacancies with members of the current staff team, including management if required. Staffing levels in the centre varied based on the assessed needs of the children staying in the centre at any one time. The inspector was told that there would be a minimum of two staff in the centre by day, with one waking staff and one staff member completing a sleepover shift at night. A review of the rosters indicated there were often more than two staff by day, and that at times both staff completed waking night shifts. From their review, the inspector assessed that staffing was routinely provided in the centre appropriate to the number and assessed needs of the residents.

Staff spoken with were positive about the management support available and referenced the 'open door' approach in the centre. They advised that they would be comfortable to raise any issues and that regular staff meetings supported communication between all members of the staff team. They clearly knew the children who attended the service very well and spoke with the inspector about how their knowledge of the children's preferences and assessed needs helped them to identify possible activities of interest in the centre and local community.

The provider had completed an annual review and twice per year unannounced visits to review the quality and safety of care provided in the centre, as required by

the regulations. The annual review in respect of 2023 had been completed and involved consultation with residents and their representatives, as is required by the regulations. This feedback was referenced in the opening section of this report. It was noted that the information in this review regarding safeguarding concerns was not accurate. Management acknowledged this and advised that they would follow up with the author.

Unannounced visits by a representative of the provider had taken place in November 2022, May 2023, and again in November 2023. The purpose of these visits is to report on the safety and quality of care and support provided in the centre and to put a plan in place to address any concerns identified. There was evidence that the majority of actions to address areas requiring improvement had been progressed or completed. Repeated findings most often related to outstanding premises works. These had been addressed by the time of this inspection. It was noted in these reports that there had been discussion about the reporting of some restrictive practices used in the centre. It was a finding of this inspection that not all restrictive practices used in the centre had been notified to the chief inspector as is required by the regulations. These included a locked cupboard, the secure storage of knives, restricted access to soap for one resident, and the routine practice of locking bedroom windows to prevent children leaving the centre without staff knowledge. It was also identified in an unannounced visit that not all injuries sustained by children when in the centre had been notified, as required. The person in charge had contacted the inspector about this prior to the inspection and had submitted a number of retrospective notifications regarding these incidents.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to register this centre in line with the requirements outlined in this regulation.

Judgment: Compliant

Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities

The registered provider had paid the annual fee outlined in this regulation.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and had the skills,

qualifications and experience necessary to manage the designated centre. They were knowledgeable about the residents' assessed needs and the day-to-day management of the centre.

Judgment: Compliant

Regulation 15: Staffing

The number of staff was appropriate to the number and assessed needs of the residents, the statement of purpose, and the size and layout of the designated centre. Children received continuity of care and support from a consistent staff team. Staff personnel files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The staff team had recently attended all trainings identified as mandatory in the regulations. They had also attended a range of other training in line with the residents' assessed needs and recent developments in social care practice.

Judgment: Compliant

Regulation 22: Insurance

The registered provider ensured that insurance against injury to residents was in place.

Judgment: Compliant

Regulation 23: Governance and management

There were strong management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. The management structure ensured clear lines of authority and accountability. The provider had sufficiently resourced the centre to ensure the effective delivery of care and support. There was also evidence of learning between different centres operated by the

provider.

An annual review and unannounced visits to monitor the safety and quality of care and support provided in the centre had been completed, as is required by this regulation. There was evidence that where issues had been identified, actions were completed to address these matters. Management presence in the centre provided all staff with opportunities for management supervision and support. Staff meetings and individual supervision meetings were regularly taking place. These arrangements provided staff with opportunities to raise any concerns they may have about the quality and safety of the care and support provided.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were clear admission criteria in place to access the service provided in this designated centre. Each prospective resident and their family member or representative was provided with an opportunity to visit the designated centre. Residents had multiple opportunities to visit the centre prior to staying overnight. Of the sample reviewed by the inspector, there were recent written service agreements in place.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the centre's statement of purpose. This is an important document that sets out information about the centre including the types of service and facilities provided, the resident profile, and the governance and staffing arrangements in place. This document met the requirements of this regulation. Some revision was required to ensure that all of the information included, for example room descriptions and sizes, was accurate and consistent with other information available in the centre. This was addressed during the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

Not all injuries to residents were notified to the chief inspector within the required time lines. Not all restrictive practices used in the centre had been notified, as is

required.

Judgment: Not compliant

Regulation 34: Complaints procedure

An effective complaints procedure was in place. No complaints had been made since the previous inspection completed on behalf of the chief inspector.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of care provided was of a high standard. Children received a very personalised service tailored to their assessed needs and preferences. The findings of this inspection indicated that children enjoyed spending time in the centre and were safe while there.

As outlined in the opening section of this report, the centre was well-equipped with recreational spaces, facilities, and activities for children to enjoy. As well as the playground in the grounds of the centre, children also visited a number of playgrounds and parks in the local community. They also enjoyed takeaways and visits to local cafés and restaurants. Children continued to attend school while staying in the centre during term time and in the majority of cases residential staff dropped and collected them.

The inspector reviewed a sample of the assessments and personal plans in place for the children who stayed in the centre. These were first developed in advance of a child's first overnight stay and were reviewed regularly following their admission to the service. There was also an annual review involving children's representatives or family members. Personal plans provided information about the children and guidance on the support to be provided by staff. There was evidence that these plans were reviewed several times a year by each child's assigned key worker or members of the management team. Information was available regarding children's interests, likes and dislikes, the important people in their lives, any medical or other diagnoses, their respite routines, and daily support needs including communication abilities and preferences, personal care, healthcare and other person-specific needs such as mealtime or behaviour support plans. Some files also included visual supports to be used to support children to understand their daily routine or to make choices. It was noted that each section of the residents' plans included an accessible document that summarised the key information.

Residents who required one, had a recently reviewed behaviour support plan in

place. These plans were comprehensive and outlined proactive approaches to prevent or reduce the likelihood of an incident occurring, and also response plans to be implemented if required. Some of these response plans included the use of restrictive practices. The guidance for staff was very clear on when these could be used and also when it was not safe to do so.

The inspector reviewed the medication management processes in place in the centre with staff. Medication audits took place regularly in the centre. Any findings or learning from these audits were discussed at staff meetings. Medicines were stored in a secure area. There were clear processes in place regarding the receipt, prescribing, storing, disposal and administration of medicines. Records were maintained of medicines received and returned at the beginning and end of each resident's stay. Current prescriptions were available for reference and were used to inform individual medication plans. One of these required review to ensure that it was worded accurately. Protocols had been developed to guide staff regarding the use of PRN medicines (those taken as the need arises). Recently reviewed protocols were also available regarding the administration of emergency medicines to those who were prescribed them for the treatment of epilepsy.

The inspector also reviewed a sample of risk assessments. There was evidence that these had been recently reviewed. Risk assessments were specific to each resident and identified hazards in the centre. It was identified that some of the risk assessments required review to ensure they were reflective of the risks posed by identified hazards, including possible injuries to children. For example, the impact of a resident ingesting plastic personal protective equipment was rated as moderate. It was also noted that a risk assessment completed regarding one resident's use of the service vehicle did not reflect a decision to temporarily suspend this activity or the high-rated risks that had informed this decision. It was also noted that not all control measures in place to mitigate against identified risks, for example locking bedroom windows to reduce the likelihood of residents leaving the centre without staff knowledge, were documented in associated risk assessments.

Fire safety arrangements were also reviewed. Systems were in place and effective for the maintenance of the fire detection and alarm system, fire fighting equipment, and emergency lighting. Staff were also completing regular visual checks of some of this equipment and escape routes. The centre's emergency exits were outlined on a floor plan of the centre on display beside the fire panel. When walking around the centre these exits were easily identified by an illuminated sign above them. It was noted that one exit did not have this sign. This exit could be easily missed in the event of a fire as other illuminated signs indicated that you go elsewhere to exit the building. Management committed to following this up with the fire safety contractors.

Of the sample reviewed, each resident had a recently reviewed personal emergency evacuation plan (PEEP) to be implemented if required. Evacuation drills had taken place regularly in the previous 12 months, with some occurring when residents were in bed with night-time staffing arrangements in place. The location of the fire was included in drills. This ensured that staff and residents were familiar with all of the centre's evacuation routes. It was noted that there was no evacuation time recorded

for four of these drills. Where times had been noted, records indicated that drills had been completed within a timeframe assessed as safe by the provider.

As referenced in the opening section of this report when walking around the centre it was identified that not all fire doors in the centre closed fully, including the door to the room where laundry equipment was stored, a high-risk area for fire. As a result they may not serve as effective containment measures if required in the event of a fire. It was also noted that a television was installed in a lobby that formed part of the protected fire escape route. This required review by a competent person to ensure that it did not result in the creation of inner rooms in parts of the centre. Management advised that they had arranged for fire safety personnel to come to the centre the day after the inspection to review these matters.

Regulation 11: Visits

Residents were free to receive visitors and both communal and private spaces were available to facilitate this. However, given the nature of the service provided in the centre, children did not typically have visitors.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access and opportunities to engage in activities in line with their preferences, interests and developmental needs. Activities and opportunities for play were available in the centre and the local community. At the time of this inspection management were awaiting the delivery of a sensory pod to further enhance the sensory room in the centre. Each child was provided with opportunities to be alone in line with their age and assessed needs. Children were supported to attend school while staying in the centre.

Judgment: Compliant

Regulation 17: Premises

The centre was designed and laid out to meet the needs and objectives of the service and the number and assessed needs of residents. Rooms were of a suitable size and layout, and included suitable storage arrangements. A number of indoor and outdoor recreational spaces were available to the children who stayed in the centre.

Works had been done to the premises, including new flooring in a number of rooms, since the last inspection completed on behalf of the chief inspector. However further works were required to address areas that required maintenance. These included mould evident in seals around a door and window in the dining area, and a number of damaged surfaces in areas including the kitchen, staff office, and laundry room. As identified previously the surfaces of some sensory equipment were also damaged. It would not be possible to effectively clean these surfaces in their current condition. Some of these works were planned at the time of this inspection.

Judgment: Substantially compliant

Regulation 20: Information for residents

The inspector reviewed the guide prepared by the provider in respect of the designated centre. This met the majority of the requirements of this regulation, however it was not clear if there were any costs associated with staying in the centre. A revision to clarify this was completed during the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a system in place for the assessment, management and ongoing review of risk. Risk assessments had been completed in respect of each child who accessed the service provided in the centre. Although generally of a good standard some required review to ensure that the risk ratings were reflective of the current risk posed by the hazards identified, and that all control measures in place to mitigate against identified risks were included.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire detection and alarm systems, emergency lighting, and fire fighting equipment were available in the centre. These were regularly serviced by external contractors. Staff were also competing regular fire safety checks.

Each resident had a personal emergency evacuation plan (PEEP). Regular evacuation drills had taken place. It was noted that an evacuation time was not recorded for all drills. Where it was documented, drills had been completed within a

time assessed as safe by the provider.

The escape routes to be followed were documented and on display in the centre. This document outlined a number of designated emergency exits. However when walking around the centre it was noted that one exit did not have an illuminated sign over it. It was also noted that other illuminated signs in place may result in staff or residents passing this exit, preventing their escape through the nearest exit.

Two doors were also observed not to close fully. One of these was to the utility room where laundry equipment was stored, making it a high-risk area for fire. These doors would not serve as effective containment measures if required in the event of a fire.

The installation of a television in one lobby area required review by a competent person to assess if it posed a fire safety risk and resulted in some rooms becoming inner rooms, whereby access to these rooms was through another room.

Management committed to addressing these matters and arranged for fire safety professionals to attend the centre the following day.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had ensured that appropriate practices relating to the ordering, prescribing, storage, disposal and administration of medicines were implemented in the centre. Medicines were stored securely. There were systems in place to ensure that staff had access to current information regarding any medicines prescribed. Records indicated that medicines were administered in keeping with available prescriptions.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident's health, personal, and social care needs were assessed prior to admission and reviewed at regular intervals thereafter. Personal plans were in place and recently reviewed. These plans were very specific to each child and clearly outlined the support to be provided. The provider had recently reviewed their approach to personal development goals and were now noting and reviewing specific goals linked to each individual stay.

By tailoring the physical environment and the staff support provided to each child, the provider ensured that the centre was suitable to meet the needs of each

resident who stayed in the centre.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were well met in the centre. There was an annual assessment of children's healthcare needs which was regularly reviewed. Staff had sufficient guidance to support residents' identified healthcare needs while they stayed in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required one, had behaviour support plans in place. The sample reviewed by the inspector included proactive approaches to prevent or reduce the likelihood of an incident occurring, and also responses to be implemented if required. As referenced in Regulation 16, all staff had recently completed training in the management of behaviour that is challenging including de-escalation and intervention techniques.

It was found that although recognised as restrictive by the provider, not all restrictions used in the centre had been notified. This finding is reflected in Regulation 31.

Judgment: Compliant

Regulation 8: Protection

There were no safeguarding concerns in the centre at the time of this inspection. There was evidence that previous concerns had been addressed in line with the provider's and national child protection and welfare policies. All staff had received training in relation to safeguarding both children and adults, and the prevention, detection, and response to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Each child received a service tailored to their individual needs, preferences and requests. Staff maintained regular contact with representatives and families during and between stays. Children were encouraged to exercise choice and control during their stays, for example choosing their bedroom, activities, outings, and meals.

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
Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities	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 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Red House OSV-0002650

Inspection ID: MON-0033372

Date of inspection: 17/01/2024

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 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: <ul style="list-style-type: none"> • PIC will ensure that all required notifications are submitted in a timely manner to the chief inspector going forward. • All restrictive practices will be reviewed in line with the providers Restrictive practice policy and in conjunction with the behavioural therapist and those of which are deemed restrictive will be reported accordingly. This will be completed by 30/01/2024 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The following works will be completed by 30/06/2024: <ul style="list-style-type: none"> • Mould will be removed from around the door and window in the dining room. • Damaged surfaces will be replaced in the kitchen, staff office and laundry room. • Damaged surfaces in the sensory room will also be repaired. 	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none"> • Risk assessments have been updated to ensure risk ratings are reflective of the current risk posed. All control measures in place to mitigate the existing risk have been identified on the individual risk assessments. This was completed on 18/01/2024. 	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> • Evacuation times will be recorded on all drills going forward. • An additional illuminated sign will be installed in the hallway, this will be completed by 	

30/02/2024

- The two doors that were not fully closing have been reviewed and adjustments have been made to ensure they are working as an effective containment measure. This was completed on 18/01/2024
- The television in the lobby was reviewed by a competent fire person and was not deemed as a fire safety risk. Therefore no further action was required at this time. This was completed on 18/01/2024

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	30/06/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	18/01/2024
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	29/02/2024

Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	18/01/2024
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	30/01/2024
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	18/01/2024