Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	The Children's Sunshine Home (operating as LauraLynn Children's Hospice)
Name of provider:	The Children's Sunshine Home
Address of centre:	Dublin 18
Type of inspection:	Unannounced
Date of inspection:	12 May 2026
Centre ID:	OSV-0003282
Fieldwork ID:	MON-0049879

About the designated centre

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

The Children's Sunshine Home is a voluntary health care organisation which provides respite care to children and residential care to adults with complex health needs. The service operates on a 24 hour 7 day a week basis, ensuring residents are supported by nursing staff at all times. The centre provides residential services to six adults and respite care for up to five children (at any one time). The centre is staffed with nurses, health-care assistants, administration assistants and allied healthcare professionals. The centre comprises of two units, one for children and one for adults. There is a restaurant and activity rooms on site. There are three playgrounds available on the grounds, two of which have been adapted and made accessible for people with physical disabilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11

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
Tuesday 12 May 2026	16:00hrs to 19:30hrs	Jennifer Deasy	Lead
Wednesday 13 May 2026	10:00hrs to 15:45hrs	Jennifer Deasy	Lead
Tuesday 12 May 2026	16:00hrs to 19:30hrs	Raymond Lynch	Support
Wednesday 13 May 2026	10:00hrs to 15:45hrs	Raymond Lynch	Support

What residents told us and what inspectors observed

This inspection was an unannounced inspection scheduled to monitor ongoing regulatory compliance. Two inspectors visited the centre over the course of two days and spent time observing the care and support provided. Inspectors spent time with residents and children, and spoke with their families and staff team. Observations of care, conversations with key people and a review of documentation were used to inform judgments on the quality and safety of care. Overall, this inspection found that residents were in receipt of a very high standard of care which was ensuring their assessed needs were being met in a person-centred manner.

The designated centre is located in South County Dublin and comprises of two buildings. One building provides care and support to six adult residents, and the other building is a respite service for children with disabilities and complex medical needs. The respite service provides care to over 50 children with up to five children staying there at any one time. On the first day of inspection, three children were staying in the respite service, and on the second day four children were staying there.

The centre was seen to be very clean, warm and well-maintained on arrival. Each building was decorated in an age-appropriate manner and was designed and laid out to be suitable to meet the residents' needs. The children's respite service was colourful and accessible and provided opportunities for children to play, relax and to be entertained. The adult residential service had been further enhanced since the last inspection with the addition of a new kitchen. This provided space for food to be prepared in the adults' home. Each adult resident's bedroom was decorated in line with their individual preferences. There was sufficient storage for all residents' belongings and inspectors saw that care was taken to protect residents' personal items.

Inspectors were told that there were plans for adult residents to transition to a new service in the near future. The provider set out that the purpose of this was to ensure that adult residents were better connected with their local community. The provider set out that a decongregation project was underway with a new service provider appointed and a property acquired for the adults. A transition plan was underway at the time of the inspection and it was expected that the adults would be supported to move to their new home in 2027. A family member of an adult resident reported that they were not happy with the decision to close the adult service; however, they were aware of the transition plan and told the inspector that a family member was nominated as part of the transition committee. They told an inspector that the service provided currently was "ideal" and that their loved was in receipt of "great care".

Inspectors also spoke with three family members of children who availed of the respite service. Overall, the feedback from family members was that they were very

happy with the care provided to their children. One family member said "the care is very good here, I have no concerns and my daughter is safe and very well looked after". They also said that the staff were very good and approachable and that their daughter had everything that she needed on their respite breaks. They reported that the service goes beyond just offering respite breaks but also provides support to parents when needed. They finished up by saying that their daughter loved their breaks in the centre and that they had no worries about her, when on respite with this service.

Another family member said that they "take good care of my son on his respite breaks". They had no complaints about the service and that the staff team were very flexible and make things easy for parents. They said that they can video call their son when he is on his respite breaks, that they could speak with staff if they needed anything and that "staff were very welcoming".

Inspectors spent the first evening observing the care provided in each service. One inspector spent time in the adult residential service and the other spent time in the children's respite service. In the adult service, the inspector met with the person in charge who explained to the inspector that plans were progressing to support the transition of these residents to a new service provider and, it was envisaged that this would happen in 2027.

The premises were observed to be warm, bright, spacious, clean and suitably decorated. The inspector met with all six residents. The residents communicated mainly through non-speaking means. Staff were observed to understand the needs of the residents, and support them in a caring and respectful manner at all times. The inspector noted that the residents were supported to look their best and were well-groomed, ensuring their personal dignity,

Some of the residents liked soft music and sensory lighting and the inspector observed that this created a relaxing and calming environment that the residents appeared to enjoy. One resident invited the inspector into their room. They appeared in very good form and, had a very good sense of humour. The inspector observed that this resident enjoyed having banter with staff and enjoyed being in their company. They loved wrestling and watching comedies and, had been to a wrestling event in Belfast. Their room was also observed to be decorated to their individual style and preference.

The inspector also met with another resident in their room and they too appeared in good form. Staff were observed to be kind and caring in their interactions with this resident and, the resident appeared content in the company and presence of the staff member. Their room was also observed to be decorated to suit their individual style. Another resident and staff member were met with briefly going for a walk and although they did not speak directly to the inspector, they also appeared in good form

Staff explained to the inspector that in the evening time after day service, some of the residents liked to have a rest before their evening meal. They also said that a volunteer was coming into the centre to read stories and play music for the

residents. All six residents attended this session and the inspector observed this activity for a short time. They appeared to really enjoy this and were seen to be smiling and engaged in the story. A staff member explained to the inspector that it was a type of interactive storytelling which engaged the residents and was personalised to them. The inspector got to speak for a short time with the storyteller and they explained that they had been volunteering in the service for many years and enjoyed spending time with the residents. They were observed to have a very positive rapport with them and, the residents were observed to be smiling, happy and content in the company and presence of this volunteer.

All residents attended a day service and the clinical nurse manager explained that while there, the residents got to engage in recreational and social activities of their preference and choosing. Residents were also supported to go to places of interest such as food markets, the beach swimming and have lunch out, go to hotels and attend music shows.

The inspector saw written feedback from a family on the quality and safety of care provided in the residential service. This feedback was from the whole family and it was very positive and complimentary. The wanted to "thank all the staff for the wonderful care that they provided to their son and brother when they were in hospital" expressing gratitude by saying the staff team were "truly wonderful people".

Another inspector spent the first evening observing the care and support provided to the three children who were staying in the respite service. The children were all seen to be very relaxed and comfortable in the service. They communicated through non-speaking ways and staff were seen to be very responsive to the children's communications. For example, one child laughed when watching their favourite cartoon and staff were seen to respond positively and comment on the cartoon to engage the child further in an interaction. Another child coughed at one point, and when staff responded, the child smiled and appeared to enjoy the interaction. The atmosphere of the centre was very relaxed. Staff were seen seen to hold the children's hands, to chat to them and engage them in play.

Staff were seen to consult with the children, offer them choices and obtain their consent for procedures. For example, staff asked children if they were ready for food, or if they wanted to avail of other activities such as the sensory room. Medications and non-oral feeds were administered in a manner which protected children's dignity and privacy. Care was also taken to protect children's dignity in the provision of intimate care.

Written feedback on the children's respite service from four family members was also viewed by the inspectors. Families reported that "staff were kind and caring". One family member wrote that they felt "blessed and privileged for the wonderful care their son receives in the service". Another family member said "how wonderful the staff team are, my daughter really enjoys her time on respite". They also said that "staff were empathetic and caring" and were were so grateful for the respite breaks. Finally, they reported that it was very comforting and reassuring for them to

know that their daughter was "so well cared for and looked after on their respite breaks".

Overall, while a minor issue was identified with restrictive practices, systems were in place to meet the assessed needs of the residents living in the service and the children availing of respite breaks. The inspectors observed staff supporting the residents and children in a professional, person-centred and caring manner at all times over the course of this two-day inspection. They were attentive to the needs of the residents and children and, the residents and children were observed to be relaxed, happy and comfortable in the company and presence of staff. Additionally, feedback from a number of family members on the quality and safety of care provided in the centre was exceptionally positive and complimentary.

The next two sections of the report outline 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 care provided to the residents and children.

Capacity and capability

This section of the report describes the governance and management arrangements of the centre and describes how these impacted on the quality and safety of care. This inspection found that there were clearly defined governance systems which were effective in ensuring a very high standard of care. Residents were provided with support from a consistent and highly qualified staff team which ensured continuity of care. There were comprehensive procedures to ensure that all staff, including volunteers, working in the centre were suitably trained and performance managed to exercise their professional and personal responsibilities.

There was an internal management structure appropriate to the size, purpose and function of the centre. Each service was overseen by a clinical nurse manager who reported to a person in charge. Leadership was demonstrated by management at all levels and there was clearly a commitment to continuous improvements in the residential service. Leaders demonstrated that they understood the needs of residents and had directed sufficient resources to ensure the suitable care and support of all residents.

information governance arrangements were implemented to ensure that the service complies with legislation and used best available evidence to support the provision of person-centred, safe and effective residential care. Regular audits were completed at local level, by the provider, and by external independent stakeholders to drive service improvement.

A review of a sample of rosters indicated that there were sufficient staff on duty to meet the needs of the residents and children as described by one of the clinical

nurse managers. A stable and consistent staff team supported continuity of care and promoted positive attachments. Staff spoken with understood their roles and responsibilities and were knowledgeable of the reporting lines and policies and procedures to be followed.

A training and development programme was available to staff to ensure that they maintained their competence in relevant areas. All staff, including volunteers, completed training in the prevention, detection and reporting of abuse. Additionally, from a sample of training records viewed, the inspectors found that all staff and volunteers were provided with training to ensure they had the necessary skills to respond to the needs of the residents and children.

Staff members' performance was formally appraised and a written record of this was maintained. Volunteers also had clearly defined roles and responsibilities and were in receipt of regular supervision.

These oversight systems were effective in ensuring a very high standard of care was being delivered.

Regulation 14: Persons in charge

The person in charge was a qualified nursing professional who had effective oversight of the service.

They had systems in place for the day-to-day management of the designated centre and, for the supervision and management of staff.

They were supported in their role by three clinical nurse managers and, were aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Judgment: Compliant

Regulation 15: Staffing

Inspectors reviewed the rosters for both the children's respite house and the adult residential service. Inspectors saw that planned and actual rosters were maintained for each service. The rosters showed that the staff qualifications and levels were in line with the statement of purpose and with the needs, and number of residents, on any particular day. The children's respite roster was completed in co-ordination with a respite co-ordinator which ensured that there were sufficient staff available to meet individual children's needs.

The roster review also demonstrated that there were very low numbers of relief or agency staff utilised in the centre. For example, in the children's respite centre, only three shifts were filled by relief staff in the month from April-May 2026. This was effective in ensuring continuity of care for the children.

A review of the residential rosters also informed that there were adequate staff on duty as described by the clinical nurse manager to meet the assessed needs of the six residents. Staff knew the residents well and were aware of their care plans and how best to support them.

A review of the Schedule 2 files for all staff (in the respite and residential service) working on day one of this inspection informed that all staff had references, a valid An Garda Siochana vetting disclosure and identification on file.

Where agency staff were used, the centre had a mandatory compliance check list in place. This ensured that all agency staff had completed training in Children First, safeguarding of vulnerable adults. person moving and handling, cardio-pulmonary resuscitation/basic life saving, and infection prevention and control. Additionally, agency staff also had to have proof of registration (for nursing staff), proof of qualifications (for non-nursing staff), proof of identity and two references on file. A local induction checklist was also completed with agency staff before commencing shift.

Judgment: Compliant

Regulation 16: Training and staff development

There was a very high level of compliance with mandatory and refresher training found on this inspection. Staff members had access to a programme of ongoing training which was monitored by a learning and development manager. The learning and development manager monitored staff training needs and sent monthly reminders to staff and to clinical nurse managers to remind them to complete training when required. Staff were facilitated to book themselves on to training. Key trainings, such as therapeutic positioning, were made available on a regular basis.

A review of the training matrix showed that staff were up to date with training in key areas including fire safety, safe administration of medications, children first and safeguarding vulnerable adults. Seven staff required refresher training in behaviour support; however, the inspector saw that these staff had been booked to complete this training before the end of May 2026.

Staff were in receipt of regular support and supervision. Each staff member received two formal support meetings to monitor their performance and to develop their competencies. The inspectors reviewed the records of these meetings for four staff and saw that they were used as an effective tool to performance manage staff members.

Regular staff meetings were also held in each service. The inspector reviewed the staff meeting records from four of these meetings between December 2025 and April 2026. It was seen that these meetings were used to keep staff informed of key issues including policy updates, transition planning, residents' assessed needs and updates to care plans.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management systems in the service. The centre was overseen by a person in charge. They were supported in their role by three clinical nurse managers who ensured oversight of the day to day running of each service. Each manager spoken with was informed of their specific roles and responsibilities. The provider had employed persons within their organisational structure to provide further guidance and oversight, for example, in respect of learning and development, quality and safety, volunteer co-ordination and liaison with families. These stakeholders assisted inspectors in understanding the provider's policies and procedures in the respective areas.

The provider had completed comprehensive audits which accurately reflected the quality and safety of the service. Where improvements were required a service improvement plan was implemented. The inspectors reviewed the annual review of the quality and safety of care from 2024 along with the two most recent six monthly audits for the service. It was evident that action plans were implemented across these audits. For example, one action arising from the 2024 annual review was that the positive behaviour support policy required review and updating. This had been completed at the time of the inspection. This showed that the provider's audits were effective in driving service improvement.

The provider had also contracted relevant stakeholders to complete independent audits in respect of aspects of the care provided for in the service. For example, an external company had completed an audit of the management of adult residents' finances. This audit provided additional oversight. Recommendations were made to the provider which were reported through the provider's financial audit committee, a sub-committee of the board. Additionally, six monthly audits of the medication management systems were also completed by an external consultant.

Staff working in this centre were performance managed and developed and there were systems in place for staff to raise any concerns to the management. Staff spoken with told inspectors that they felt well-supported in their roles and were knowledgeable of the procedures to report concerns.

Judgment: Compliant

Regulation 30: Volunteers

The provider's volunteer co-ordinator met with inspectors during the inspection and provided information in respect of the supervision and support provided to volunteers in the service. There were a number of volunteers contracted to provide support in areas which included transport, social activities and friendship or as a "buddy". Each volunteer role was clearly defined and inspectors saw that there was a role description which detailed the type of volunteer role to be fulfilled, the expected time commitment, the location, along with the tasks expected and the training required.

Volunteers were required to complete mandatory training which included Children First, Safeguarding Vulnerable Adults, Manual Handling, along with role specific training such as Wheelchair Clamping. Volunteers were also required to have an up-to-date Garda vetting disclosure. An inspector reviewed the records of three volunteers and saw that they were all up to date with the required training and that they each had a valid Garda vetting disclosure on file, along with copies of their identification and written references.

Volunteers also received supervision on an annual basis from the volunteer co-ordinator.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspectors reviewed a number of the Schedule 5 policies over the course of the inspection. These included policies in respect of adult safeguarding, child protection, positive behaviour support and management of personal possessions and finances. These had all been reviewed and updated within the past three years, as required by the Regulations.

Judgment: Compliant

Quality and safety

This section of the report describes the quality of the service and how safe it was for the residents who lived there, and for the children who availed of respite. Overall, inspectors found that the service was meeting the requirements of the Regulations in the majority of areas, and it was evident that the service was striving to go

beyond the requirements of the Regulations to implement the National Standards. There was one minor area for improvement noted in respect of the consideration of practices which may be impacting on the rights of residents; for example, the use of night checks and video monitors to monitor children by night.

Both houses that comprised this centre were found to be clean, warm and welcoming on the day of this inspection and, were equipped and laid out to meet the needs of the residents and children. There were robust systems in place to support the residents manage their personal finances and, staff were observed to treat the children's personal items with dignity and respect.

Systems were in place for the ordering, storage and safe administration of medication. Additionally, both residents and children were provided with wholesome nutritious meal options which were in line with their assessed needs. Children and adults were seen to be treated with dignity and respect and personal care was provided in a sensitive manner which upheld the privacy of each resident.

Each resident's welfare was promoted. Adult residents were supported to develop friendships and to expand their social networks in personally-meaningful ways. Children attending respite were also supported to engage in meaningful activities and were facilitated to maintain contact with their loved ones during their stay, if they wished to do so.

Systems were in place to safeguard the residents and children to include policies, procedures and reporting structures. Staff members were well informed of their roles and responsibilities to protect adult residents and children attending respite from abuse or harm.

There were systems in place to monitor and review restrictive practices; however, the definition of restrictive practices, as per the provider's policy, required further consideration to ensure that any practices which may impact on resident's rights to privacy were also considered as potentially restrictive and monitored as such.

Regulation 12: Personal possessions

An inspector reviewed the systems in place to provider oversight of the adult residents' finances. It was found that there were effective systems implemented to monitor residents' finances and to ensure that finances were safeguarded, where required. Each adult resident had their own bank account. They were assisted by staff, where required, to spend their money on items of their choosing. A review of three residents' financial records showed that adult residents regularly spent money on personally-meaningful items including clothing, activities such as horse riding and swimming, or meals out.

Receipts of spending were maintained and these were reviewed and checked by the clinical nurse manager. A finance audit was completed annually by the person in charge and the provider's finance department. To provide additional oversight, an

external company was contracted to complete a financial audit in 2025. This audit found overall that there were good practices and procedures in respect of the management of residents' finances.

The provider had an up-to-date policy which provided guidance to staff in managing personal possessions and finances. A record of residents' valuable possessions was also maintained in order to safeguard these.

In the children's respite centre, inspectors saw that children's personal possessions were treated respectfully. Children's belongings were carefully unpacked and stored for their stay.

Judgment: Compliant

Regulation 13: General welfare and development

Residents' general welfare was being promoted. In the adult residential service, all of the residents had access to day services and were also supported to meet friends and participate in social and recreational activities. Adults availed of a variety of personally meaningful activities including swimming, shopping, bowling, horse riding, gardening and using a hydro-pool.

One resident had recently been supported by staff to enjoy a holiday to Galway. A family member of this resident told an inspector that the holiday had gone really well and that the resident had enjoyed it. Adults also attended events in line with their interests including for example, concerts. There were a range of stimulating in-house activities also provided including relaxation therapies, story telling and arts and crafts. The residents were also connected with "buddys" through the volunteer system to further expand their social networks.

Children, who attended the respite centre, were provided with on average two nights respite per month. Children were supported to attend school during their stay and, when this was not possible, were provided with meaningful activities to enjoy during their stay. For example, one child who stayed in respite on the first evening of inspection went out with staff for a walk in Bray on the morning of the second day. A bus was available to facilitate these outings.

An activities board on display in the respite centre showed a range of activities available to children including arts and crafts, baking, story time and music. Staff members told inspectors that they follow the child's routine, as informed by their parents, during their stay to promote their welfare. For example, children's bedtime was scheduled to be in line with the typical bedtime at home.

Judgment: Compliant

Regulation 17: Premises

The premises of the designated centre was very clean, homely and well-maintained. Each unit was designed and laid out in a manner suitable to meet the residents' needs.

The children's respite centre was decorated in a child-friendly manner. The flooring and wall decor were designed with children in mind and displayed colourful murals and art work. Each child had their own individual bedroom which was colourful and included a music player and a television. Ceiling tracking hoists ensured children's physical needs could be met and other medical equipment, required for their stay was available.

A large bathroom provided accessible bathing facilities. The bathroom had sensory lighting in the ceiling to ensure a calm experience for the children. A large living room and kitchen provided ample opportunity for play and relaxation and a sensory room provided an opportunity for children to have some quieter sensory time.

The adult residential centre was found to be warm, clean, well-maintained and decorated in line with the residents' personal preferences. Each of the six residents had their own spacious personalised bedrooms. Each bedroom had a patio door into the garden area for residents to enjoy in times of good weather. There was a spacious kitchen, dining room and sitting room where the residents could relax, have their meals and watch television. Residents also had access to a Jacuzzi/bathroom which was kitted out with soft lighting and the clinical nurse manager I said that some of the residents loved to relax in the Jacuzzi at the weekends or in the evening time.

While this residential centre was based on a campus-style setting, it was meeting the needs of the residents at the time of this inspection. Notwithstanding, plans were at an advanced stage to support the transition of the six residents to a community-based dwelling. It was envisaged these transitions would be completed by quarter three of 2027.

Judgment: Compliant

Regulation 18: Food and nutrition

Inspectors saw that oral food and non-oral foods were stored in a hygienic manner. Food was labelled when opened with the date. Food provided for children by their families was clearly labelled with their name. Food was heated in a safe manner and was probed to ensure it had been reheated to the correct temperature. Non-oral feeds were seen to be administered a manner which protected children's dignity.

Good hand hygiene practices were observed by staff during all food preparation and during meals. An inspector observed one child being assisted with an oral feed. The inspector saw that the staff member took time to ensure the child was positioned correctly and sat beside them during the meal. They were seen to follow the child's lead in respect of the pace of feeding.

The adult residential service had been fitted with a new kitchen since the last HIQA inspection of the service. The kitchen was very clean and well-maintained. Inspectors were told that on weekdays food was provided from the centralised kitchen; however, on weekends staff regularly used the kitchen to prepare meals. Inspectors reviewed the food records for two adult residents and saw that they were offered a variety of nutritious meals which were in line with their feeding, eating, drinking and swallowing (FEDS) care plans.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were procedures in place to ensure the safe storage, administration and disposal of medications. An inspector observed medications being received on admission of a child to the respite service. Medications were checked against the child's medication administration record and were then stored securely. An inspector also observed the administration of medications to a child. Good hand hygiene was observed during this procedure. Medications were prepared and administered hygienically, and in line with the child's medication administration record.

There were procedures to ensure that controlled medications were stored securely. Controlled medications were documented on a separate recording sheet and were stored in a separate secure area. The administration of these medications were double signed by two staff.

The provider had contracted a suitable professional to complete six monthly audits of their medication practices in each unit that comprised the centre. The inspector reviewed these audits from 2025 and 2026. There was generally a very high level of compliance identified. Inspectors were told that where compliance was below 90% in any area assessed, that a corrective action plan was developed and implemented.

Staff members participated in a safety huddle at handover and reviewed any medication errors or incidents for learning.

Judgment: Compliant

Regulation 7: Positive behavioural support

Overall, there was good oversight of the restrictive practices in the centre which had been identified as such. For example, restrictive practices known to the provider included mechanical restrictions such as lap belts, chest harnesses and bed systems to ensure the safety and positioning of the residents. These restrictions were recorded on a restrictive practices log and a restrictive practices assessment had been completed to determine the impact of these on the residents. The restrictive practices were reviewed by the provider's multidisciplinary team on an annual basis.

However, in discussion with managers of the centre, it was identified that there were other practices which may be impacting on residents' rights to privacy and which had not been reviewed through the lens of being potentially rights restrictions. For example, inspectors were told that 15 minute night checks were completed with all children who stayed in the respite centre. While the children presented with complex medical needs which required monitoring, it was not established if all children required monitoring as frequently as every 15 minutes and if this was appropriate to their age and level of disability.

Additionally, video cameras were used to monitor some children by night. The potential impact of this on children's privacy had not been assessed and the failure to record this as a restrictive practice, meant that inspectors could not be assured that video cameras and night checks were used for the shortest duration possible (or only when required) so as not to impinge on children and young people's privacy.

The provider's policy defined physical, environmental and chemical restrictive practices; however, it did not provide scope to consider other restrictive practices which may be rights based or institutional in nature.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems were in place to support the residents' and children's safety and well being. The provider had up-to-date policies and procedures in respect of Children's First and safeguarding vulnerable adults. Staff members spoken with were informed of their safeguarding responsibilities and of the pathways to escalate safeguarding concerns.

While there were no open safeguarding or child welfare concerns at the time of this inspection, the clinical nurse manager informed one of the inspectors of how concerns were reported and dealt with. For example, where required any concerns noted in the service were reported to the designated officer and/or designated liaison person, steps were taken to ensure the residents and/or child safety and, the concern was investigated. Additionally, where required concerns were reported to the child and welfare agency and/or the national safeguarding team and

safeguarding plans/risk assessments were developed and put in place. If required, a review by a GP and or occupational therapist was also facilitated.

The inspectors also noted the following:

- all staff had training in Children First and adult safeguarding
- all staff spoken with said that they would report a concern (if they had one) to management however, they expressed no concerns about the welfare or safety of the residents and children
- two family members spoken with were positive and complimentary about the quality and safety of care. They were happy with the service provided and said they had no complaints
- written feedback on the service from family members was both positive and complimentary
- information on safeguarding and Children's First was readily available in the service
- the designated officer/designated liaison person was easily accessible to management and staff

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 30: Volunteers	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Children's Sunshine Home (operating as LauraLynn Children's Hospice) OSV-0003282

Inspection ID: MON-0049879

Date of inspection: 13/05/2026

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 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: 1. A review of the service's Restrictive Practice Policy will be completed giving due consideration to adult and children's rights to privacy. 2. Each child's care plan will be reviewed prior to their admission to ensure restrictive practice assessment completed with respect to respecting their rights to privacy whilst maintaining clinical observations and safety 3. Each adult's care plan will be reviewed to ensure restrictive practice assessment completed with respect to respecting their rights to privacy whilst maintaining clinical observations and safety	

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 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/10/2026