



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

## Issued by the Chief Inspector

|                            |  |
|----------------------------|--|
| Name of designated centre: | No 2 Cordyline                           |
| Name of provider:          | Brothers of Charity Services Ireland CLG |
| Address of centre:         | Cork                                     |
| Type of inspection:        | Unannounced                              |
| Date of inspection:        | 10 April 2025                            |
| Centre ID:                 | OSV-0004594                              |
| Fieldwork ID:              | MON-0044966                              |

## About the designated centre

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

No 2 Cordyline is based on a campus setting located in a rural area but within close driving distance to some towns. The centre can provide full-time or part-time residential support for a maximum of 21 residents, of both genders over the age of 18, with intellectual disabilities and those who present with multiple and complex needs. At the time of this inspection, the provider had applied to reduce the maximum capacity of the centre to 17. The designated centre consists of five bungalows and one apartment area. One of the bungalows is set up to provide individualised living arrangements for two residents while the other bungalows can provide a home for three to five residents. The apartment area supports one resident only. All residents have their own bedrooms and other rooms throughout the buildings that make up this centre include kitchens, living rooms, bathrooms and staff rooms. Residents are supported by the person in charge, team leaders, nurses, social care workers and care assistants.

**The following information outlines some additional data on this centre.**

|  |    |
|--|----|
| Number of residents on the date of inspection: | 15 |
|--|----|

## 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    |
|------------------------|----------------------|-----------------|---------|
| Thursday 10 April 2025 | 08:55hrs to 18:10hrs | Conor Dennehy   | Lead    |
| Thursday 10 April 2025 | 08:55hrs to 18:10hrs | Robert Hennessy | Support |

## What residents told us and what inspectors observed

Direct feedback on residents' views of the services provided in the centre was limited during this inspection. However, feedback in surveys read during this inspection was largely positive. Residents were generally seen to be treated in a respectful manner but some further information and assurances was sought related to some resident observations.

This centre was based on a campus setting and was made up of five separate bungalows and one apartment area located in close proximity to one another. One of the bungalows were set up to provide individualised living arrangements for two residents setting while other bungalows could provide a home for up to five residents. When the inspection commenced, 13 residents were present in the centre with another two residents away from the centre on an overnight stay away in Killarney. Inspectors visited all six buildings of the centre and met 13 residents in total during the inspection. This included the two residents who had been away on the overnight stay with both returning to their homes shortly before the inspection ended.

In general the residents met did not engage significantly with inspectors. While some residents did greet inspectors and interact verbally with inspectors, other residents did not. One resident was introduced to an inspector in their home by a member of staff. The resident seemed very comfortable at this time as they were sat watching television, drinking an energy drink and eating some chocolates. With the support of the staff member present, the resident indicated to the inspector that they had been at their day services earlier in the day where they were making a mat for their bedroom. When asked, the resident indicated that their favourite television programme was Coronation Street.

Another resident living in the same bungalow was met shortly after they had returned home from their overnight stay away. A staff member present at the time described this stay away as being "a year and half in planning" and it was notable that the resident smiled when another staff member mentioned the stay away. At the time the resident was also carrying a bag with them. With encouragement from a staff member, the resident showed the inspector the contents of this bag which were chocolates and a magnet that the resident had bought while in Killarney as gifts for a relative. A resident living in another of the buildings also mentioned a relative who had passed away when briefly met by an inspector. The resident was comforted by a staff member about this.

Staff support was commented on positively in eight surveys completed by relatives of residents. These were read by an inspector and had been completed in January and February 2025. These surveys were noted to contain positive responses generally with specific comments made in these including "staff are extremely helpful", "very happy with the care and attention provided", "never had any concerns" and "we are kept informed of all events". Five resident surveys completed

in January 2025 were also read by the same inspector. These contained positive responses to various areas including about living in the centre and feeling safe. It was noted though that in two survey an answer was given of “partly to some extent but not completely” for a question relating to goals being achieved. Residents had been supported to complete these surveys by staff members.

Staff supporting residents in this centre were generally observed and overheard to interact with residents in a respectful and warm manner. For example, in one bungalow one staff member present informed a resident living there about the staff that would be on duty later in that bungalow. In another bungalow, one staff member was heard to warmly greet a resident as they went into the resident’s bedroom to give them medicines. However, in one bungalow the inspector observed one resident with notably unclean hands, something which was commented on by staff. It was subsequently indicated that this was from ink from papers and magazines that the resident liked to tear up, fold and crush throughout the day.

In the same bungalow, during a ten minute period, the inspector passed by an open bathroom door on three occasions. The bathroom was located just off the main hallway of the bungalow where another resident and staff were noted to pass through during this period. On each occasion that the inspector passed this open bathroom door, the same resident was seen to be inside the bathroom sitting on a toilet. No staff member was present in the bathroom during such observations and the resident did not appear distressed. However, the observations of the inspector raised concerns as to whether the privacy and dignity of the resident was being appropriately maintained. This was highlighted to the person in charge and this matter will be returned to later in this report.

Aside from this, it was also noted that steps had been taken to ensure that any visitors to the buildings of the centre did enter these buildings without first announcing themselves first. This was something that observed to be an area in need of improvement during the previous inspection of this centre in April 2024. On the current inspection it was seen that each building had a sign on display highlighted that any visitors needed to use a doorbell before entering and this was heard to be used before a maintenance person entered one of the bungalows. It was observed though that the apartment area had such a sign on display but did not actually have a doorbell. Further premises observations will be discussed elsewhere in this report.

In summary, the majority of residents were met during this inspection including two that had just returned from an overnight staff away. Thirteen surveys, which had been completed by residents’ relatives and residents (with the support of staff), contained mostly positive responses. Respectful interactions between residents and staff were observed and overheard but a resident being seen in bathroom through an open door for a period of time was raised the person in charge.

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.

## Capacity and capability

Overall, improvement was found during this inspection in areas such as staffing and supervision. This was reflected in improved compliance levels although regulatory actions did remain. This included some specific events not being notified as required.

During the two previous inspections of this centre in February 2023 and April 2024, a high number of regulatory actions were identified. Areas of non-compliance were identified on both inspections with the latter inspection raising concerns in areas such as the premises provided, fire safety, staffing, personal plans and governance of the centre. Following that inspection, the provider submitted a compliance plan response which outlined the actions they would take to come back into compliance. However, this compliance plan response did not provide sufficient assurances with such concerns outlined to representatives of the provider at a cautionary meeting with the Chief Inspector of Social Services in May 2024. Following this meeting the provider submitted a revised compliance plan response which provided a better assurances as to how the provider would come back into compliance.

Taking into account the revised compliance plan response received, the centre subsequently had its registration renewed until September 2027. Given the findings of the previous inspection, it was decided to conduct the current inspection to review key issues that had been raised during the April 2025. Shortly before the current inspection took place, the provider submitted a registration application to vary its conditions of registration to reduce the capacity of the centre from 21 to 17 residents and to make some premises changes in some buildings. As such, this application was also considered when conducting this inspection. Overall, the current inspection found an improved level of compliance with improvements highlighted in various areas such as staffing and supervision compared to the previous inspection. However, regulatory actions did remain in some of these areas while it was also identified that some required notifications, such as instances of unplanned evacuations, had not been notified to the Chief Inspector as required.

## Regulation 14: Persons in charge

Since the April 2024 inspection, a new person in charge had been appointed for this centre. Based on documentation reviewed at the time of their appointment, this person had the necessary experience and qualifications to meet the requirements of this regulation. During the current inspection, the person in charge demonstrated a good understanding of the operations of the centre and followed up appropriately on all issues raised by inspectors. Staff spoken with also talked positively of the

person in charge and indicated that the person in charge regularly visited the different buildings that made up this centre.

Judgment: Compliant

### Regulation 15: Staffing

Staffing challenges were evident in the centre during the April 2024 inspection as evidenced through the presence of staff vacancies and a risk in this area having been escalated within the provider at that time. On the current inspection, it was indicated that there was no escalated risk in the centre and, in general, discussions with staff and management highlighted that staffing had improved in the centre. For example, some staff spoken with highlighted improved staffing consistency while also discussing how a reduction in resident numbers since the previous inspection had improved the availability of staff to the current residents. A sample of staff rosters reviewed for 2025 also indicated that appropriate staffing arrangements were mostly being maintained in the centre. However, at the time of the current inspection, there remained some staff vacancies in the centre.

This included some nursing vacancies and a social care worker vacancy. The person in charge indicated though that, pending ongoing recruitment efforts, such vacancies were filled by regular staff and that nursing staff vacancies were filled by nursing staff. Aside from these vacancies, it was also highlighted that one bungalow had a team leader vacancy with this position being expressly indicated by the centre's statement of purpose. As staff provided in a centre must be in keeping with the staffing arrangements according to the centre's statement of purpose, a regulatory breach remained in this area. It also indicated that there was no staff identified from this bungalow to attend management meetings for the centre although the person in charge was taking on additional responsibilities for the bungalow in the absence of the team leader. Staff spoken with in the same bungalow further highlighted that there could be some challenges in maintaining a consistency of staff support in the same bungalow.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

The previous two inspections of this centre had identified that staff working in the centre were not in receipt of timely formal supervision. On the current inspections, discussions with staff and supervision records reviewed, confirmed that the majority of staff working in the centre had been in receipt of formal supervision within the previous six months. This was in keeping with the provider's policy in this area. It was noted though, from documentation reviewed and discussions with the person in



charge, that some staff were overdue formal supervision at the time of this inspection. As such a regulatory action remained in this area but it was acknowledged that there had been improvement in this area from the April 2024 inspection.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The findings of the April 2024 inspection, raised concerns around the effectiveness of the management and monitoring systems in operation. Since that time there had been some changes in the centre's management. Such changes included the addition of a new person in charge. This change resulted in increased managerial support of the centre as the new person in charge reported to the previous person in charge, who remained involved with this centre as an area manager. Documentation was also provided which indicated that the provider's management structure were in operation.

For example, within individual bungalows staff teams meetings were occurring while the current person in charge held meetings with assigned team leaders for these bungalow. Evidence of monitoring systems were also evidenced through copies of audits completed along with reports of provider six monthly unannounced visits that had been completed. While the presence of such monitoring systems were noted and, overall, compliance levels had improved, there remained a number of regulatory actions across the regulations reviewed on this inspection. This indicated that the monitoring systems in use needed further improvement to ensure that all relevant issues were promptly identified and addressed.

It was also notable that the reduction in resident numbers was highlighted as having a positive impact on the running of the centre by staff spoken with. This reduction in resident numbers was reflected in the application to vary that had been submitted by the provider shortly before this inspection. Discussions with management of the centre also referenced of how some planning and discussion was being held around possible de-congregation (residents moving away from the campus and into the community). However, it was acknowledged by such management that a decongregation process might be suitable for some residents but not all while no definite plans for decongregation were highlighted during this inspection.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Under this regulation, the Chief Inspector must be notified of certain specified

events within three working days or on quarterly basis depending on the events in question. One particular event that must be notified within three working days is when there is an unplanned evacuation of the centre. When reviewing a fire register in one of the bungalows, an inspector found entries of two evacuations of the centre that had been prompted by activations of the fire alarm. While these were false alarms, both evacuations were unplanned based on documentation reviewed but neither had been notified to the Chief Inspector at the time of this inspection.

In addition, when reviewing an incident log in the same bungalow, the inspector noted reference made to certain types of injury from one resident. These types of injury require notification to the Chief Inspector on a quarterly basis. However, after discussing the incident log with the person in charge, the inspector was informed that two instances of these injury types had not been notified to the Chief Inspector either. The nature of these injuries prompted further information to be sought on these from a safeguarding perspective. This will be discussed further under Regulation 8 Protection.

Judgment: Not compliant

## Quality and safety

There had been changes to the premises provided and the living arrangements of some residents since the April 2024 inspection. Staff had completed relevant fire safety training and fire evacuation concerns raised previously were not found during this inspection.

As mentioned earlier in this report, shortly before this inspection, the provider submitted a registration application to reduce the capacity of the centre and to make some premises changes in some buildings. Such changes involved the addition of an extra room for one building and changing the functions of other rooms in three bungalows. These changes along with a reduction in resident numbers since the April 2024 inspection also changed the living environments of some residents. This included two residents whose living arrangements were highlighted as needed improvement or review during the previous inspection. That inspection also raised fire evacuation concerns in one bungalow but such concerns were not found during this inspection. Records provided indicated that staff had completed relevant training in fire safety and safeguarding. No safeguarding concerns were found on this inspection although some assurances were provided the day following this inspection relating to some incidents noted during the inspection.

## Regulation 17: Premises

Concerns around the suitability of two residents' living environments were raised

during the April 2024 inspection. In response to such concerns the provider had increased the size of one resident's living environment by adding an extra room to the building where the resident lived. The addition of this extra room formed part of the registration application submitted shortly before this inspection with this room seen by an inspector. The addition of this room was a positive development although it was indicated to an inspector that this resident did not want to live on the campus where they were currently based.

For the second resident, at the time of the April 2024 inspection, they lived in a bungalow with three other residents with a November 2022 multidisciplinary assessment highlighting that the resident could benefit from a single occupancy living environment. Following that inspection, the provider undertook to review the multidisciplinary assessment. Notes of this review from September 2024 were not present on the day of the inspection but were provided the day after. These indicated that there had been changes in the resident's living environment since the April 2024 inspection. These were brought about by reduction in the number of residents living in the bungalow which provided for a calmer environment and allowed staff more time to spend with the resident.

In addition, given the reduction in resident numbers in the bungalow, it was seen that a room, which had previously been a resident bedroom, had been changed into a visitors room. Doorframes had been widened to better suit the mobility needs of the resident who was a wheelchair user. As such at the time of this inspection, the resident's current living environment was better suited to their needs than during the April 2024 inspection. However, it was notable that a document in the resident's personal plan continued to indicate that the resident's current residential setting was not suited to their needs. While this document did not appear to have been updated to reflect changes since the April 2024 inspection, an inspector was also informed that the resident could benefit from a move into the community but that no suitable placement was currently available.

The change from a resident bedroom to a visitors room was also reflected in the registration application submitted shortly before this inspection. Similar changes were also made in two other bungalows where one former resident bedroom in each was changed into sitting room. Again these changes were reflected in the registration application submitted. In one of these bungalows though it was observed that the proposed sitting room was not yet functioning as such. While an inspector was in this bungalow it was highlighted that some works were needed to make it a sitting room for residents while a staff was also using this room for the purposes of a break while the inspector was present. When the inspector viewed this room it also appeared to be being used for storage purposes.

As mentioned earlier in this report, Inspectors visited all six buildings that made up the centre. In general, these buildings were seen to be reasonably presented and clean. All current residents had their own individual bedrooms and efforts had been made to make the buildings homely. The changes of function for some former resident bedrooms was a positive development as this allowed for more communal space in the relevant bungalows. It was seen though that the level of furnishing and general décor did vary between the buildings of the centre with some rooms and bungalows

seen to be older in style and appearance compared to others. It was also observed that part of the doorframe in one bungalow's bathroom was missing at the time of inspection.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The April 2024 inspection raised concerns around the ability of residents to be safely evacuated from one bungalow in a timely manner. On the current inspection, similar concerns were not found based on drill records and discussions with staff. It was also noted that the number of residents living in this bungalow had decreased since the previous inspection. Irrespective of this, the buildings visited during this inspection were generally observed to have appropriate fire safety systems in place. These included measures such as fire extinguishers and emergency lighting with such systems having been in receipt of maintenance checks based on records reviewed. Other records reviewed indicated that staff had completed relevant fire safety training.

The buildings visited were also seen to have fire doors which are intended to prevent the spread of fire and smoke in the event of a fire occurring. However, in one of the bungalows it was observed that some of the doors there had gaps under them then them following works to widen the doorframes in the that bungalow. The presence of these gaps would negatively impact the intended function of these doors. In addition, as part of the registration application to vary submitted shortly before this inspection, the provider was seeking to increase the size of one building by adding an extra room to this building. This room was seen during this inspection and it was noted that some fire safety works in that room had yet to be finished. These included a fire alarm sensor being installed in the room's ceiling.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Inspectors reviewed personal plans related to residents in four of the bungalow visited during this inspection. For the most part, these personal plans were found to contain recently reviewed guidance on how to support the assessed needs of residents while there was also documented evidence of multidisciplinary review. However, it was noted for one resident that some of their health care plans contained in their own personal plan had not been reviewed since November 2023. In addition, as referenced under Regulation 8 Protection, one resident did not have a specific support plan related to unexplained bruising in place at the time of inspection. This was despite there being a trend of incidents of this while staff

spoken with indicated that the resident should have had such a support plan in place.

As part of the personal planning process, goals were identified for residents. Such goals covered areas such as interacting with the community, making decisions and being connected to natural supports. For the residents whose personal plan was reviewed during this inspection, documentation reviewed suggested progress with goals identified for them in 2024. A new set of goals had been recently identified for one resident, with input from their family, and included amongst this was reviewing day services options for the resident. At the time of this inspection, the resident did not have attend a day services but did have transport and staffing resources provided. An inspector was informed that the person in charge was to engage internally within the provider around exploring day service options for the resident.

There was evidence that other goals identified for residents had been achieved. These goals included an overnight stay away for two residents with both residents involved returning to the centre from this stay near the end of this inspection. However, when reviewing some residents' personal plans, it was noted that the documentation in place did not indicate how or if residents' goals had been progressed. It was also notable that two resident surveys from January 2025 read by an inspector indicated that some resident goals had not been fully achieved.

Judgment: Substantially compliant

## Regulation 8: Protection

Since the April 2024 inspection, some notifications of a safeguarding nature had been received from this centre. During the introduction meeting with the person in charge, it was indicated that there were only two open safeguarding plans at the time of the inspection with both of these reported as working well. When present in one of the bungalows which one of these safeguarding plans related to, an inspector saw a copy of the relevant safeguarding plan that was open. Records reviewed also indicated that this had been discussed at a recent staff team meeting while a staff member spoken with was aware of this plan. Further records provided indicated that all staff had completed safeguarding training.

One of the notifications of a safeguarding nature received for this centre since the April 2024, related to an instance where a resident was found to have unexplained bruising. However, when reviewing an incidents log in the bungalow where the resident lived, an inspector read of further instances where the same resident had been found with other unexplained bruises. Such instances had not been notified as safeguarding matters. Given this, the inspector raised this with the person in charge and requested further assurances in this area.

Following the inspection it was indicated that after consultation with the provider's designated officer (person who reviews safeguarding concerns) that there was "no

evidence at this juncture to indicate anything untoward” with some actions put in place including the addition of new tracking documents. While this was noted, during the inspection it was found that at the time of the inspection, the resident did not have a support plan in place related to unexplained bruising. This is addressed under Regulation 5 Individualised assessment and personal plan.

Judgment: Compliant

## Regulation 9: Residents' rights

Examples were found during this inspection where residents were treated in a respectful manner. These included:

- One staff member telling a resident about the staff who would be on duty later.
- Visitors to the buildings that made up the centre being directed to use a doorbell before entering.
- A resident in one bungalow being kept informed about a return to another centre operated by the provider where they had previously lived with a transition plan in place for this.
- Residents meetings taking place which were used to consult with residents and give them information. Such meetings were facilitated by staff with some of these meetings done as communal meetings while others were done on a one-to-one basis.

However, there was variance in the frequency at which these meetings were taking place. For example, in one bungalow such meetings were taking place monthly but in another bungalow they were also taking place monthly until November 2024 with only one meeting having taken place since then based on records reviewed.

As highlighted earlier in this report, in one of the bungalows a resident was observed to be sitting on a toilet in a bathroom with the bathroom door left open while others, including the inspector, passed by in the hallway outside. This raised concerns as to whether the privacy and dignity of the resident was being appropriately maintained with this being highlighted to the person in charge. The day after the inspection it was indicated by the person in the charge that this resident would at times insist that the bathroom door was left open. It was also indicated that on occasion the resident had gotten up from the toilet to open the door themselves. It was confirmed that such information was not documented in the resident's intimate personal care plan with the person in charge undertaking to address this.

Judgment: Substantially 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                |
|---|-------------------------|
| <b>Capacity and capability</b>                        |                         |
| Regulation 14: Persons in charge                      | Compliant               |
| Regulation 15: Staffing                               | Substantially compliant |
| Regulation 16: Training and staff development         | Substantially compliant |
| Regulation 23: Governance and management              | Substantially compliant |
| Regulation 31: Notification of incidents              | Not compliant           |
| <b>Quality and safety</b>                             |                         |
| Regulation 17: Premises                               | Substantially compliant |
| Regulation 28: Fire precautions                       | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |
| Regulation 8: Protection                              | Compliant               |
| Regulation 9: Residents' rights                       | Substantially compliant |



# Compliance Plan for No 2 Cordyline OSV-0004594

Inspection ID: MON-0044966

Date of inspection: 10/04/2025

## 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 15: Staffing  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The Provider will ensure there are sufficient and appropriate mix staff in place across the centre.</p> <p>A team leader has now been recruited for one bungalow. This social care leader commenced on [28/04/2025]. This leader will attend management team meetings going forward. A nurse vacancy has also been filled for the Centre and is due to commence on [19/5/2025].</p> <p>For any further vacancies arising the recruitment process, will be initiated as soon as possible.</p> <p>The PIC and Area Manager are working with Team leads to ensure consistent staffing throughout the Centre. Existing core Relief staff will be allocated to particular bungalows in order to maximise familiarity and consistency across the centre. This process has begun and will be completed by [30/06/2025].</p> |                         |
| Regulation 16: Training and staff development  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person in Charge shall ensure that all staff receive training when required and in line with refresher dates. The person in charge shall ensure that all staff will receive supervision on schedule going forward in line with policy and staff awaiting supervision will be up to date by [31/05/25].</p>   |                         |

|  |                         |
|--|-------------------------|
| Regulation 23: Governance and management   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider together with the person in charge will ensure that all monitoring systems are in place and reviewed for effectiveness to ensure compliance with regulatory actions across all regulations especially in the areas identified in this inspection.</p> <p>Where further improvements are required and issues are identified, a plan will be developed to address any issues. [31/07/2025]</p>   |                         |
| Regulation 31: Notification of incidents   | Not Compliant           |
| <p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The Person in Charge shall ensure that retrospective notifications in relation to unplanned evacuations and unexplained injury identified at this inspection will be submitted.</p> <p>All notifications are submitted within timelines. A list of all regulatory notifications has been reissued to all areas, team leads, staff teams and night coordinators, to ensure awareness among staff teams of notification requirements and timeframes. [31/05/2025]</p> <p>The Person in Charge will ensure all quarterly notifications are reported quarterly, including unexplained injury, as required.</p> <p>Following consultation with the Designated Officer, a tracking system to record observed behaviours of a person supported that may lead to bruising, was initiated on [11/04/2024].</p> <p>The tracking documents will be copied fortnightly, and forwarded to the person in charge and the Designated Officer for desktop review. This process will be reviewed on [30/06/2025].</p> |                         |
| Regulation 17: Premises  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Provider has ensured that rooms identified to be second sitting rooms will be furnished and completed by [30/06/2025]. These rooms will be available for the purposes of residents having quiet time, or receiving visitors and will not be used for staff breaks.</p> <p>A schedule of works to ensure all doorbells are in place, to complete the repairs to floors and doorframes following the widening of doors in some bungalows has been agreed with maintenance officer and all areas identified will be completed by [30/06/2025].</p>  |                         |

|  |                         |
|--|-------------------------|
| The décor of the houses will be reviewed and updated where necessary by 31/10/2025   |                         |
| Regulation 28: Fire precautions  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Person in Charge shall ensure that gaps under doors will be addressed to ensure no gaps impacting fire regulations are present. This will be completed by [31/05/2025].</p> <p>The fire safety works identified in one area awaiting completion will be completed by [30/05/2025].</p>   |                         |
| Regulation 5: Individual assessment and personal plan  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The person in charge will ensure that all health care plans will be reviewed and updated by [31/5/2025].</p> <p>A support plan in relation to unexplained bruising for one resident mentioned in the report has been put in place. [11/04/2025].</p> <p>The person in charge and the person-centered planning facilitator are supporting the team leads and keyworkers to ensure that six monthly reviews of goals identified are completed with a SMART action plan. Where goals are not being progressed or achieved, they will be amended in consultation with the resident and in line with the individual residents will and preference. [30/06/2025]</p>                             |                         |
| Regulation 9: Residents' rights  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The person in charge will ensure that staff teams have a schedule for residents' meetings available in the centre. The Schedule will also be available to residents in each bungalow and the person in charge shall ensure that these meetings occur consistently on a regular basis. [30/04/25]</p> <p>A resident's personal intimate care Plan has been updated to document that this resident may at times have a preference for the bathroom door to remain open. Staff will support this preference and protect the resident's privacy and dignity by remaining with the resident at these times and requesting others in the house respect this by not passing by while the door is open. [12/04/2025]</p> |                         |

## Section 2:

### Regulations to be complied with

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

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

| Regulation          | Regulatory requirement   | Judgment                | Risk rating | Date to be complied with |
|---------------------|--|-------------------------|-------------|--------------------------|
| Regulation 15(1)    | The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. | Substantially Compliant | Yellow      | 30/06/2025               |
| Regulation 16(1)(b) | The person in charge shall ensure that staff are appropriately supervised.   | Substantially Compliant | Yellow      | 31/05/2025               |
| 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      | 30/06/2025               |

|                     |  |                         |        |            |
|---------------------|--|-------------------------|--------|------------|
| 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 | 31/10/2025 |
| Regulation 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.   | Substantially Compliant | Yellow | 31/07/2025 |
| Regulation 28(3)(a) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.  | Substantially Compliant | Yellow | 31/05/2025 |
| Regulation 31(1)(c) | The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place. | Not Compliant           | Orange | 31/05/2025 |

|                     |  |                         |        |            |
|---------------------|--|-------------------------|--------|------------|
| 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 | 30/06/2025 |
| 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, which review shall assess the effectiveness of the plan.  | Substantially Compliant | Yellow | 31/05/2025 |
| 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   | Substantially Compliant | Yellow | 30/06/2025 |

|                     |   |                         |        |            |
|---------------------|---|-------------------------|--------|------------|
|                     | developments.   |                         |        |            |
| Regulation 09(2)(e) | The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.  | Substantially Compliant | Yellow | 30/04/2025 |
| Regulation 09(3)    | The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information. | Substantially Compliant | Yellow | 12/04/2025 |