



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

Issued by the Chief Inspector

Name of designated centre:	Sunrise House
Name of provider:	Stepping Stones Residential Care Limited
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	13 November 2025
Centre ID:	OSV-0006475
Fieldwork ID:	MON-0047102

About the designated centre

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

Sunrise house is a designated centre located on the outskirts of a Co. Dublin suburb. It provides full-time, residential care for up to three children with a diagnosis of an intellectual disability. The house had three resident bedrooms, two spacious sitting rooms with age-appropriate play activities, a well-equipped kitchen, a separate utility room, a large main bathroom, two en-suite bathrooms, a staff office and a staff sleepover room. One vehicle is allocated to the house to support the resident's access to the community. It is staffed on a twenty-four-hour basis by a team of social workers and healthcare workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 13 November 2025	10:00hrs to 18:30hrs	Brendan Kelly	Lead

What residents told us and what inspectors observed

This unannounced risk based inspection was completed over one day in Sunrise House to monitor the registered providers ongoing compliance with the Health Act 2007 (Care and Support of Resident in Designated Centres (Children and Adults) With Disabilities Regulations 2013).

Sunrise House is a large detached property in North County Dublin that is registered for a maximum of three children. On the day of inspection two children lived in the centre and there was one vacancy. The inspector also had the opportunity to meet with both of the children using the service, the person in charge, two members of the senior management team, the house leader and three members of the staff team on duty for the day.

On arrival at the premises both of the children had already left for school and the inspector was greeted by the house manager. The inspector completed a walk around of the premises and observed the children's home to be well maintained. The premises consists of two sitting rooms, a kitchen, utility space, two en-suite resident bedrooms, one vacant bedroom, a staff sleepover room and a main bathroom. The inspector observed age appropriate toys in the sitting rooms. Both sitting rooms had also been recently re-decorated. Throughout the premises the inspector observed visual communication aids such as visual roster, visual activity boards and Lámh signs of the week.

The inspector had the opportunity to meet with both children using the service on their return from school. The inspector met with the first child in a sitting room. The child was with their assigned staff for the day and appeared to be in good form smiling at the inspector. The child briefly engaged in a game of catch with the inspector before returning to their own activities.

The inspector briefly met with the second child in the kitchen. The child also appeared in good form and comfortable in the presence of their assigned staff. The child was looking forward to a visit from their parent in the evening a showed the inspector the visual board in the kitchen representing this upcoming visit.

The inspector observed that while there was limited interaction between the children they both appeared to be comfortable in each others company.

Overall the inspector was assured that the provider is meeting their legislative requirements and striving to ensure the children using the service are in receipt of a child-centered model of care. Improvements were identified as required in the areas of staff training, behaviour support and notifying the Chief Inspector of Social Services of all incidents that occur. The next two sections of the report will outline the governance and management systems in place and how they impact on the quality and safety of the lived experience of the children using the service.

Capacity and capability

The registered provider had ensured there was an effective governance and management system in place. However, improvements were needed in the notification of incidents and ensuring staff had up-to-date training in place.

On review of incidents it was noted that improvements were needed in the area of notifying the Chief Inspector of all incidents that occurred in the centre.

The provider had completed its own unannounced six monthly audits and on the day of inspection, two members of the senior management team arrived on site to complete the latest provider led unannounced audit. The local house manager, who reported directly into the person in charge, had effective communication systems in place.

The provider had also ensured that the centre was resourced adequately with a staff team who in the main had been in receipt of the required mandatory training to support the assessed needs of the children using the service. Some staff required refresher training and this is outlined further under Regulation 16: Training and Staff Development. The inspector was also assured that the staff team were in receipt of regular supervision.

Regulation 14: Persons in charge

On review of the person in charges documentation, the inspector observed they met the requirements of Regulation 14: Person in Charge. They had an appropriate qualification including a management qualification and sufficient managerial experience.

The person in charge also had additional managerial responsibilities. They were assigned as the person participating in management for three other centres operated by the same provider. However, the inspector was assured that due to the local systems in place, the person in charge had the capacity and oversight arrangements to meet the needs of their role.

The inspector reviewed meeting minutes from the house manager and the person in charge and observed that the weekly meetings provided the person in charge with a comprehensive overview of the day to day activities of the centre. The person in charge was on site at least one day a week to support the house manager and the inspector observed that the person in charge was noted on the centre roster.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the centre was staffed with an appropriate number and skill mix of staff to support the assessed needs of the children. On the day of inspection there were no vacancies in the centre. The contingency plan for any planned or unplanned leave did not involve agency use. All required cover was sourced through core staff taking on additional hours or the use of familiar relief staff.

The inspector reviewed the centre rosters for October 2025 and observed that in total six shifts were required to be covered for the month of October 2025. The inspector observed that these were covered by familiar relief staff with no new inductions needed.

The inspector observed that all interactions between the children and the staff were friendly and child centred. On the day of inspection staff had also completed the weekly shopping for the centre.

The inspector had the opportunity to meet with and speak to three of the staff team. Staff met with were knowledgeable in terms of the assessed needs of the children. Staff spoke about the children's behaviour support plans and key areas of identified risk for both children. Staff were also noted to be happy with the supports in place for the team from the provider.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured a training matrix was in place that recorded the training requirements of the staff team. The house manager maintained the training matrix as part of their oversight systems and reported any training requirements to the person in charge.

The inspector reviewed the training log and observed that the provider had comprehensive suite of mandatory training in place such as positive behaviour support training including de-escalation techniques, medication administration, children's first, fire safety and safeguarding. However, improvements were needed in ensuring the most up-to-date training for each staff had been recorded in the training log.

For example, the inspector observed that staff working night duties had not completed all aspects of fire safety training despite this shift being the only waking

person on duty. The inspector observed evidence that the intended training was external in nature and had been cancelled at short notice by the provider and a new date in place for the staff for early December 2025.

The provider also had a supervision schedule in place that was the responsibility of the house manager to maintain. The inspector reviewed two supervision records for staff. The sessions were found to be both role specific and supported staff in career development. For example, registration with professional bodies was an ongoing feature of one staff members supervision sessions.

Staff spoken with on the day of inspection were also complimentary of the supervision process and the supports from the management team.

Judgment: Substantially compliant

Regulation 21: Records

The registered provider had recently implemented a new online records system that was in use on the day of inspection. The online shared drive contained all information that was required on the day of inspection for each of the regulations assessed by the inspector. The shared drive was maintained and updated on a regular basis by the house manager. The person in charge and person participating in management also had access to any updates under taken by the house manager.

The records system was broken down into folders that corresponded with the Health Act 2007 (Care and Support of Resident in Designated Centres (Children and Adults) With Disabilities Regulations 2013. All documents that may be needed as either supporting evidence of compliance or as guides for staff were evident in the folders. For example in the folder named Regulation 23 Governance and Management, the inspector found the quality improvement plan and minutes of the management team meetings. In the folder named Regulation 26 Risk Management, the inspector observed risk registers and risk assessments for the children and premises.

The inspector also observed that the use of such a records system ensured that the house manager, person in charge and staff team were knowledgeable and comfortable speaking about the regulations on which the inspection is based.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had a clearly defined local management structure in place. The centre had a house manager, this is a full time, on-site supernumerary position.

The house manager reported to the person in charge who reported to the person participating in management. The provider had a number of governance systems in place to ensure effective oversight and day to day practices. The house manager sent a weekly update to the person in charge ahead of a weekly face to face meeting.

There was a comprehensive suite of local audits in place which fed into a quality improvement plan. The quality improvement plan was maintained by the house manager. The person in charge reviewed and signed off the completed actions monthly. The provider also conducted unannounced six monthly audits and an annual review. Local governance meetings consisted of the person in charge meeting with the person participating in management and monthly team meetings chaired by the house manager and person in charge.

On the day of inspection the inspector reviewed the provider led six monthly unannounced audits, annual review, management meetings and team meeting minutes. The providers own audits were comprehensive in nature, and all actions arising from the audits were based off the care and support regulations.

The inspector reviewed both the weekly update emailed by the house manager to the person in charge and the minutes of the in-person meeting between the house manager and person in charge. Agenda items for the weekly meeting included incident review, maintenance issues, staff training and audits.

Team meetings occurred monthly, the inspector reviewed the team meeting minutes from September and October 2025. Agenda items included resident updates, behaviour support, medication variance reviews and complaints/compliments. Staff who were not in attendance at the team meetings were required to sign off on minutes to indicate staff had read and understood the minutes. The inspector observed all staff to have signed the minutes for both months.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose is a key governance document to be maintained by the provider with up-to-date accurate information on the centre. The inspector reviewed the statement of purpose and observed it to contain information pertaining to the purpose and function of the centre. Management details including contact information was available along with provider led services made available to the children using the service. The statement of purpose was reviewed in October 2025.

Judgment: Compliant

Regulation 31: Notification of incidents

Prior to the inspection the inspector reviewed the notifications sent to the Chief Inspector. These are notifications of incidents that the provider is required to submit. On review of quarterly notifications submitted it was observed that the provider had not appropriately recorded and reported all incidents. For example, the inspector reviewed a number of incidents that were submitted under quarterly notifications that did not meet this criteria. On review of the information contained in the incidents it was noted that they were allegations of potential abuse. This information is required to be submitted through the three day notification process and not at the end of each quarter. .

The incidents were verified with the provider on the day of inspection as not being submitted to the Chief Inspector or reported in line with the providers own internal processes.

Judgment: Not compliant

Quality and safety

The registered provider had systems in place that ensured in the main that the children were in receipt of a quality, safe service. The children using the service had comprehensive health and risk assessments in place that guided staff practice. The children had access to a wide variety of activities of their choosing and had meaningful long and short term goals in place.

The premises was laid out to meet the assessed needs if the children and staff were aware of their safeguarding responsibilities. Systems were in place to identify, assess and review key areas of risk.

Improvements were needed in the area of behaviour support reviews, with not all aspects of review forms being completed post incident.

Regulation 13: General welfare and development

Each child using the service was supported to attend school. On the day of inspection both children attended school and both children attended school five days a week. Upon return from school, the inspector observed that both children appeared happy and content with their day.

Both children using the service were observed to maintain strong family contacts. On the day of inspection one resident was having a visit from a family member that evening. Centre staff spoke about the improvements made for children in terms of family visits. This included overnight stays with family members.

Each child using the service had a child-centred plan in place that identified both long and short term goals. The inspector reviewed both children's folders and observed that the goals in place were meaningful to each individual child. Goals were broken into independent tasks that are aimed at improving the independence of the children.

There was evidence of long term goals. For example, one child had recently started to engage in outings and was more willing to leave the centre vehicle. This has been a long term goal staff had been working on. Shorter term goals were also in place. For example the inspector observed evidence of the children visiting local attractions. The inspector observed photos of each child participating in goals in the children's folders which staff used as evidence to show family members.

The centre was laid out with age appropriate toys. Each child had access to age appropriate Internet use with staff supports.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk register in place that identified both personal and centre specific risk. The register was maintained by the house manager as part of their oversight responsibilities. Risk was also discussed at the weekly meeting between the house manager and person in charge.

On inspection, the inspector reviewed the risk register and observed that the systems the provider had in place identified, assessed and reviewed risk appropriately. On review of one child's risk assessments, the inspector observed assessments in areas such as car safety, engaging in the community, restrictive practice, behaviour of concern and intimate care. Risk assessments were found to guide and support staff practice in supporting a culture of positive risk. For example, in the risk assessment for behaviours of concern, the control measures were broken into emotional supports, supervision supports and environmental supports. Control measures for each section had a central theme of preventing behaviour of concern rather than responding to behaviour.

Risk assessments for the second child were also reviewed by the inspector. The assessments in place were found to be specific to the child and their assessed needs. For example, assessments identified self-injurious behaviour, swimming,

safeguarding and missing in care as some of key areas of risk. Again, control measures observed by the inspector focused on positive risk.

The location specific risk register was also reviewed by the inspector. The provider had assessments in place in areas such as fire, manual handling, slips, trips and falls, medication administration and risk of aggression towards staff. The inspector found that risk assessments were subject to regular review from the house manager and reviews were also shared with senior members of the providers management team.

Staff who met with the inspector on the day of inspection were able to speak confidently and competently on the identified areas of risk for each of the children.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured that both children using the service had a comprehensive care and support plan in place. The inspector reviewed both children's individual care plans and found that plans were evidence based, supported by multi-disciplinary team (MDT) inputs and provided staff with clear guidance in terms of how to best meet the assessed needs of the children.

The inspector observed specific care plans in place regarding communication, speech and language assessments and recommendations, intimate care, interacting with others, self regulation, independent skills development, safeguarding and health management. The day to day routines that each child prefers was outlined in detail and the inspector observed that both routines contained individualised preferences.

One child's communication plan discussed the importance of supports like Lámh and functional key words, the inspector observed evidence that both recommended supports were in use by the staff team. The guidance in the child's communication plan gave step-by-step instructions in areas such as preparation, modelling, waiting and reinforcing communication supports with the child. The plan also guided staff in terms of what early signs of distress look like for the child and signposted staff to the child's behaviour support plan if needed.

On review of the second child's care plan the inspector observed input from a dietitian, psychology, psychiatry, occupational therapy and speech and language therapy. All of the MDT supports had taken place in school, however, the inspector observed strong links between the child's school and the provider. A communication app was used by both stakeholders to ensure consistent communication. The house manager had recently attended an MDT meeting in the school for the child were all disciplines involved were present. An outcome of the meeting was for the house

manager to complete an additional assessment form for psychology inputs, the house manager spoke through the assessment with the inspector.

The inspector also observed that the provider had ensured to review children's care plans on a quarterly basis. Reviews also included what had worked well for the child and what areas the child had found challenging in the quarter.

Judgment: Compliant

Regulation 7: Positive behavioural support

Both children using the service were in receipt of behaviour supports from the provider. Both children had behaviour support plans that were subject to review from a behaviour specialist on a quarterly basis or sooner if required. The provider also had a system in place to record and review incidents that occurred. In terms of restrictive practice, the provider had a local system that captured the use of agreed restrictive practices and this data fed into the providers quarterly restrictive practice review committee.

On the day of inspection the inspector reviewed both children's behaviour support plans, a sample of incident review forms, data captured from the use of restrictive practices and minutes of the providers latest restrictive practice committee.

The children's behaviour support plans were found to be comprehensive in nature. The plans gave guidance and support to the staff team in terms of proactive and reactive strategies in different settings such as changes in routine, choice, outings and communication. The plans included details of a proposed functional analysis of identified behaviours. A tracker in the form of an annual graph charted the trajectory of incident numbers and both plans were subject to review in October 2025.

On review incident report forms the inspector observed that in the main incidents were being recorded and reviewed, however, improvements were needed in terms of recording all incidents and completing all sections of review forms. For example, while the inspector observed a downward trend of incidents, there is evidence that not all incidents had been recorded. In July 2025, 29 incidents for one resident were notified to the Chief Inspector via quarterly notifications, only 17 of these incidents were recorded in local incident review forms.

On further inspection of the completed review forms the inspector noted that the staff de-brief of incidents was not being completed. The providers own local risk assessment regarding incidents towards staff outlined staff de-briefing post incidents as a control measure.

Incident review forms were being used by the provider to formulate the children's behaviour support plans, completed forms were forwarded to and reviewed by the behaviour specialist ahead of reviews.

In terms of restrictive practice, the provider recorded the use of mechanical, physical and environmental restrictions for each child. The inspector observed that the restrictive practices used in the location were in line with what had been notified to the Chief Inspector. Each time a restrictive practice was used it was signed off on the accompanying log by two staff. The logs were sent to the provider's restrictive practice committee prior to their quarterly meeting.

The inspector reviewed the minutes of the most recent committee meeting and observed that some restrictions were removed for both children in the last quarter. One resident had restrictions relating to locked doors and windows removed while the second child had a restriction on a sitting room door removed. The inspector also observed evidence that restriction reduction plans were also reviewed at committee meetings.

Staff who met with the inspector were knowledgeable in terms of both children's behaviour support guidelines and the use of restrictive practices in the premises.

Judgment: Substantially compliant

Regulation 8: Protection

The provider has systems in place to ensure that the children using the service are protected from abuse. All staff working in the centre are required to complete safeguarding training. In conversation with staff on the day of inspection the inspector was assured that staff were aware of their safeguarding responsibilities.

There are no active safeguarding plans in place currently in the premises. Each child was staffed on a 2:1 basis and while the inspector did not observe much interaction between the children, they both appeared comfortable in each others presence.

The inspector also reviewed each child's intimate care plan. The plans provided the staff team with detailed information in regard to various aspects of the children's personal care. Supports were in place for oral hygiene, showering preferences and toileting choices.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that each child had a weekly meeting with their key workers and staff team regarding their choices and preferences for the week ahead. The inspector reviewed a sample of the meetings and observed agenda items such as social activities, community access, meal planning and visual rosters. The meetings also provided a comprehensive review of the week that had just passed.

Both children had separate meetings with their own staff team and the inspector observed that outcomes from each meeting were child centred and individualised to each child.

Each meeting also contained photographs showing each child participating in their meeting. Visuals were updated in the kitchen and hallway notice boards showing the choices of the children for the week ahead.

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	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sunrise House OSV-0006475

Inspection ID: MON-0047102

Date of inspection: 13/11/2025

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 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>In accordance with the Policy on Staff Training and Development, the Training Management Policy / Schedule 2 Management Policy and the Policy on Fire Safety, the Person in Charge and House Manager will complete a full audit and validation of the centre's training matrix against individual staff files and HR records to ensure accuracy and currency. All staff working night duty have successfully completed full fire safety training, including practical and evacuation components. This was completed on November 27th 2025. Where any staff member does not have up-to-date fire safety training, the centre roster will be reviewed and adjusted accordingly to ensure that only appropriately trained staff are on duty until all staff have received the required training. This control measure will be applied in particular to night-time staffing arrangements, where staff ratios are reduced, to ensure that resident and staff safety is maintained at all times. Senior Management will implement and maintain quarterly audits of training compliance to provide ongoing oversight and assurance. In the event that scheduled training is cancelled, a contingency system will be applied to ensure training is promptly rescheduled and any associated risk is mitigated. These actions will ensure all staff maintain up-to-date mandatory and role-specific training in line with Regulation 16.</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>	

In accordance with the Policy on Notification of Incidents and Significant Events, the Policy on Governance and Management and the Policy on Risk Management, the Person in Charge will implement a strengthened incident review and notification process. This will include the systematic triangulation of all relevant documentation following an incident, including incident report forms, daily observations and house logs, body charts, safeguarding records and any relevant communication records. All documentation will be reviewed collectively to establish the nature, severity and context of the incident and to determine whether the incident meets the criteria for an NF06 (three-day) notification or a quarterly notification to the Chief Inspector. The Person in Charge will maintain clear oversight of this process and will ensure that decisions regarding notifications are documented, including the rationale for submitting or not submitting an NF06.

Compliance with notification requirements will be reviewed at weekly management meetings, and monthly audits will be completed by senior management to provide ongoing assurance that all notifiable incidents are identified, reported accurately and submitted within statutory timeframes.

All incidents will be reviewed using a robust, triangulated approach to documentation, ensuring timely and accurate notification to the Chief Inspector in line with regulatory requirements. Outcomes and learning from incident reviews will be discussed at team meetings and governance forums and will directly inform updates to individual behaviour support plans, risk assessments and rights restoration plans. This process will ensure ongoing review, reduction of restrictive practices and continuous improvement in behaviour support interventions. Behaviour support practices will be consistently implemented, reviewed and documented, supporting reflective practice, reducing the use of restrictive practices and enhancing the quality of life and safety of children living in the centre.

Stepping Stones Residential Care is committed to achieving and maintaining full compliance with the Health Act 2007 and associated Regulations. This Compliance Plan demonstrates our proactive approach to addressing inspection findings and strengthening governance, safety, and quality of care at Sunrise House.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

In line with the Policy for Responding to Behaviours of Concern and the Implementation of Restrictive Practices and the organisation’s Risk Management Policy, the Person in Charge and Behaviour Specialist will review and standardise all post-incident behaviour support review documentation to ensure that all required sections are fully completed following each incident. Staff will receive refresher guidance and supervision on the

importance of timely, reflective and comprehensive post-incident reviews, including analysis of antecedents, effectiveness of proactive and reactive strategies, and identification of learning outcomes. Monthly audits of behaviour incident reports and restrictive practice records will be completed by the House Manager to ensure documentation quality, consistency and compliance. Outcomes and learning from incident reviews will be discussed at team meetings and governance forums and will directly inform updates to individual behaviour support plans, risk assessments and rights restoration plans. This process will ensure ongoing review, reduction of restrictive practices and continuous improvement in behaviour support interventions. Behaviour support practices will be consistently implemented, reviewed and documented, supporting reflective practice, reducing the use of restrictive practices and enhancing the quality of life and safety of children living in the centre.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/01/2026
Regulation 31(1)(f)	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 allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	31/01/2026
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour	Substantially Compliant	Yellow	28/02/2026

	necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.			
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