

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

## Issued by the Chief Inspector

Name of designated centre:	Pebble Bay
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	29 January 2025
Centre ID:	OSV-0008630
Fieldwork ID:	MON-0042685

## About the designated centre

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

Pebble Bay is a designated centre operated by Talbot Care Unlimited Company. The centre is located in a large town in county Wicklow that is close to many services and amenities. The centre provides a residential service for children (both male and female) with intellectual disabilities and autism who may also have mental health difficulties and behaviours of concern. The services at Pebble Bay are provided in a home-like environment that promotes dignity, respect, kindness, and engagement for each child. Children are encouraged and supported to participate in the community and to avail of the amenities and recreational activities. The centre is managed by a full-time person in charge, and the staff complement includes senior social care workers and direct support workers.

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

Number of residents on the date of inspection:	4
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 29 January 2025	10:15hrs to 16:15hrs	Michael Muldowney	Lead

## What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the regulatory monitoring of the centre. The inspector used observations, conversations with staff, engagements with the children living in the centre, and a review of documentation to form judgments on compliance.

Overall, the inspector found that the centre provided a home-like and safe environment for the children to live in, and that they received good quality care and support there. The inspector observed that the children appeared content and staff engaged with them in a kind and warm manner. However, some improvements were required to meet compliance, particularly under regulation 13 in relation to one child's access to education.

The centre is registered to accommodate a maximum of five children. At the time of the inspection, there were four children living in the centre and the provider did not plan to admit another child. The centre comprises a large two-storey house located in a housing estate close to a large town with many amenities and services, such as shops and eateries. There were vehicles available to transport the children to their schools, family visits, and to access the wider community.

The inspector carried out an observational walk-around of the centre with the person in charge and one child present throughout the inspection. The house contains five bedrooms (four were occupied), a kitchen, a sun room, a dining room, two sitting rooms, bathrooms, and an office. The house was observed to be very clean, bright, tidy, homely, comfortable, and well maintained. There were front and rear gardens (containing a trampoline and safe space for the children to play).

The inspector observed an abundance and variety of toys (including arts and crafts, games, bikes, and soft items) for the children to play with. The house was nicely decorated, and there were photos of the children and their families, and some of their artwork on display. The inspector also observed communication aids such as visual schedules to help the children make decisions. In the hallway, there was a large notice board with information on the complaints procedure, advocacy, child safeguarding, and the staff rota which used pictures of the staff for the children to look at.

There were good fire safety systems in the house, including fire detection and fighting equipment throughout the house. The premises and fire safety are discussed further in the quality and safety section of the report.

When the inspector arrived at the centre, three children had already left for school. The inspector met them later in the afternoon. One child briefly engaged with the inspector, but did not express their views. The child wanted to show the assistant director their bedroom and personal items. The other two children did not speak

with the inspector; one child watched cartoons with staff in the main sitting room, and the other child had one of their favourite snacks.

One resident, living in the centre for approximately six months, did not attend school despite being of school-going age. When the inspector arrived at the centre, they were sitting at the kitchen table colouring with staff. Staff told the inspector that the child had not been assigned a school placement, and that the provider was engaging with the relevant agencies to source a placement but that it was unlikely that one would be found before September 2025.

The child spent time with the inspector and person in charge by taking them by the hand and showing them around the house, and later sitting with the inspector and person in charge while they reviewed documentation. The child appeared to be happy and comfortable as they smiled, joked and danced with staff during the inspection.

The inspector spoke with the person in charge, assistant director, and a senior social care worker during the inspection. They told the inspector that one child was not in receipt of appropriate education as they had no school placement and that the interim arrangements were not sufficient. This matter is discussed further in the quality and safety section of the report.

The person in charge told the inspector that they had no concerns for the children's safety in the centre. They said that potential peer-to-peer safeguarding concerns were well managed through interventions such as staff supervision and the use of social stories to teach the children about personal boundaries. The person in charge told the inspector about the children's different needs which included learning social and independence skills. They said that the children were happy in the centre, and they were satisfied with the arrangements in place to meet the children's needs. The person in charge spoke very kindly and warmly about the children, and it was clear that they had a good understanding of their individual personalities.

The assistant director of service was satisfied that the children's needs were being met in the centre (with the exception of one child's access to education). They were satisfied with the management and staffing arrangements, and the availability of multidisciplinary team services such as positive behaviour support and occupational therapy. They said that the children had settled in well into the centre, and were able to enjoy various social and leisure activities.

The senior social care worker told the inspector that the children seemed happy, safe, got on well, and enjoyed spending time together. They had no concerns, but felt comfortable raising any, and was satisfied with the supervision they received. They knew how to report a safeguarding concern, and could describe the supports that the children needed to evacuate the centre. They said that the centre aimed to provide a homely, fun and engaging environment. There were two vehicles available to transport children to community activities, and they enjoyed visiting parks, playgrounds, indoor trampoline parks, sensory gardens, the cinema, shops, and eating out.

The inspector observed a very warm and home-like environment in the centre. Staff engaged with the children in a kind and professional manner, and the children were safe, and appeared to be content in the centre. There were good management systems to oversee the quality and safety of the care the children received. However, improvements were required under regulations 8, 10, and in particular 13.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

The inspector found that there were effective management systems in place to ensure that the service provided to residents living in the centre was safe and appropriate to their needs.

The provider had ensured that the centre was well resourced. For example, the premises were well maintained, there were vehicles available for the children to access the community, and they could avail of the provider's multidisciplinary team services.

The management structure was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time and managed another centre close by. They were found to be suitably skilled, experienced, and qualified for their role. Two senior social care workers also had management duties to support the person in charge to discharge their duties. The person in charge reported to an assistant director of service, and there were effective arrangements for them to communicate.

The person in charge had ensured that incidents occurring in the centre, were notified to the Chief Inspector of Social Services in the manner outlined under regulation 31.

The provider and person in charge had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and six-monthly reports, as well as scheduled audits with a wide scope were carried out in the centre. Actions identified from audits and reports were monitored to ensure that they were progressed.

The staff skill-mix consisted of social care workers and direct support workers. The person in charge and assistant director were satisfied that the skill-mix and complement was appropriate to the needs of the children living in the centre at the time of the inspection. There was one vacancies in the complement; however, it was managed well to reduce the likelihood of having an adverse impact on the children. For example, regular relief were used to support continuity of care. The person in

charge maintained staff rotas which clearly showed the names of the staff working in the centre, and the hours they worked.

Staff were required to complete training as part of their professional development. Inspectors reviewed the staff training log and found that all staff were up to date with their training needs. There were arrangements for the support and supervision of staff working in the centre, such as management presence and formal supervision meetings. Staff could also contact an on-call service for support outside of normal working hours.

#### Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge was suitably experienced and skilled, and possessed relevant qualifications in social care and management. The person in charge demonstrated a good understanding of the children's needs, and of the service to be provided to them in the centre.

The person in charge had responsibility for another centre; however, this did not impact on their effective governance, management and administration of the centre concerned.

Judgment: Compliant

#### Regulation 15: Staffing

The person in charge and assistant director of services were satisfied that the staff skill-mix and complement was appropriate to the children's needs.

The staff skill-mix comprises senior social workers (team leads) and direct support workers. Five staff worked during the day, and two staff worked during the night. There was one senior social care worker vacancy. It was managed well to reduce any adverse impact on the children. For example, permanent staff worked overtime and regular relief staff were used to promote consistency of care.

The inspector reviewed the staff rotas for November and December 2024, and January 2025. The rotas were maintained by the person in charge, and clearly showed the names of staff working in the centre, and the hours they worked.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff were required to complete a suite of training as part of their professional development and to support them in the delivery of appropriate care and support to children. Staff training logs showed that staff had completed training in relevant areas, such as fire safety, first aid, medication administration, safeguarding children from abuse (*Children First: National Guidance for the Protection and Welfare of Children (2017)*), communication, manual handling, infection prevention and control, behaviour support, and human rights.

Some staff had also attended bespoke information sessions on trauma-informed care that was delivered in the centre during team meetings. The person in charge planned to schedule more of these sessions for new staff to attend.

There were effective arrangements for the support and supervision of staff. The person in charge, supported by senior social care workers, provided informal supervision, and formal supervision meetings were scheduled in line with the provider's policy. The inspector viewed the supervision and probation records for four staff, and found that they were up to date. Staff spoken with told the inspector that they were satisfied with the support they received.

Judgment: Compliant

## Regulation 23: Governance and management

Overall, the provider had ensured that the centre was adequately resourced to deliver effective care and support of the children living in the centre. For example, the staffing levels were appropriate to their needs, multidisciplinary team services were available, and there were vehicles in the centre for the children to access their wider community.

There was a clearly defined management structure with associated lines of authority and responsibilities. The person in charge was full time. They managed two centres which were very close to each other. The person in charge was supported by senior social care workers (team leads) in managing the centre. Their duties included organising daily routines, overseeing and maintaining documentation standards, and carrying out audits. The person in charge was satisfied with the management arrangements. They reported to an assistant director of service. The assistant director visited the centre regularly and there were effective systems for the management team to communicate.

There were good management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. The provider and local management team carried out a suite of audits, including comprehensive unannounced visit reports, and audits on health and safety, fire safety,

communication, safeguarding, the premises, and medication management. The audits were comprehensive, and where required, identified areas for ongoing quality improvement.

There were effective arrangements for staff to raise concerns. For example, they attended team meetings and supervision sessions, there was management presence in the centre, and there was an on-call system that they could contact. The person in charge and senior social care worker told the inspector that they could easily raise concerns.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose that contained the required information specified in Schedule 1. The statement of purpose was available to residents and their representatives in the centre.

A minor update was required to ensure that the age range of residents that could be accommodated in the centre was consistent throughout the statement.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that incidents occurring in the centre (in the previous 12 months), such as allegations of abuse and use of restrictive practices, had been notified to the Chief Inspector in the manner specified under this regulation.

Judgment: Compliant

## Quality and safety

The inspector found that residents' safety and welfare was maintained by a good standard of care and support. The inspector observed a warm and homely environment in the centre, and staff engaged with the children in a kind manner. However, improvements were required under some regulations, particularly under regulation 13 in relation to one child's access to a school placement.

The centre comprises a large two-story house close to a busy town. The house was clean, warm, nicely decorated, well maintained, and well equipped, and met the requirements of Schedule 6. The inspector observed suitable facilities for children to play, including an outdoor space and various toys.

There were effective fire safety systems, including fire detection and fighting equipment. Fire safety evacuation plans had been prepared and staff spoken with were familiar with them. Staff had completed fire safety training, and fire drills were carried out to test the effectiveness of the plans.

Three children attended school. One child did not have a school placement despite being of school-going age. The provider was liaising with other relevant agencies to source a placement. However, the management team told the inspector that it was unlikely one would be found until September 2025. In the meantime, an external agency had arranged for the resident to receive some online tutoring. However, this arrangement was not meet the child's needs. The lack of an appropriate school placement was impinging on the child's right to education.

In the evenings and the weekends, the children were very active and were supported to engage in social and leisure activities of their choice. They enjoyed going to playground and parks, the cinema, and visiting their families.

Some children required support to communicate, and care plans had been prepared to guide staff on communicating with them. However, one child had been referred for a speech and language assessment in July 2024, and was on a waiting list to be seen. The lack of a communication assessment from an appropriate multidisciplinary service posed a risk to how effective the current communication interventions were.

Overall, the inspector found that the provider had good safeguarding arrangements in place, including staff training and regular safeguarding audits. However, improvements were required to the records of communication between the centre and the children's social workers to ensure that they captured all pertinent information.

There were good arrangements for the management of the children's finances and personal possessions in the centre. The children received a small amount of pocket money each week, and records were maintained of what they spent it on. The money was kept safe in a secure space, and staff checked the balances to ensure that they were correct. The children could bring their personal possessions into the centre, and there was space for them to be stored and accessed. Records were possessions were maintained, and found to be up to date.

## Regulation 10: Communication

Communication care plans had been prepared to guide staff on communicating with the children. The plans referred to the different aids that they needed such as a communication device and visual planners.

However, one resident's plan was not informed by the appropriate multidisciplinary professional. A referral had been sent for a speech and language therapy assessment in July 2024, and the child was on a waiting list to be seen. However, there was no date for the child to be assessed. The person in charge had recently looked for an update on the referral, but had not yet received a response. The absence of a speech and language assessment posed a risk to the quality of the interventions in place and how effective they were.

The provider had also ensured that residents had access to media sources such as televisions, smart tablet devices, and the Internet.

Judgment: Substantially compliant

## Regulation 12: Personal possessions

The provider had established appropriate arrangements for the management of the residents' personal possessions and finances. The provider had prepared a written policy on residents' finances and possessions as part of their governance systems. The person in charge had also completed an audit on this regulation in January 2025 as part of their oversight duties.

The children did not have an income, but were given a small amount of pocket money each week for them to save or spend on personal items. The pocket money was safely stored, and records were kept on what they spent their money on. The inspector viewed the recent records for three residents. There were receipts for their purchases, and the balances were found to be correct.

The children could bring in their belongings into the centre, and there were facilities, such as wardrobes, for them to store their belongings. Records of residents property and belongings were maintained. The inspector reviewed the records for two residents and found that they included their newer belongings such as electronic devices received as Christmas presents.

Within the centre, there were laundry facilities, and the children's clothes were laundered as required, and then returned to them.

Judgment: Compliant

## Regulation 13: General welfare and development

The inspector found that one child did not have access to appropriate education, and this posed a risk to their general welfare and development.

The child, living in the centre since July 2024 and of school-going age, was not attending a school as they had not been received a placement. The provider had endeavoured to source a placement for them and was engaging with other agencies that shared responsibilities for the child's education; however, the matter had not been resolved and the interim arrangements were inadequate. Staff told the inspector that a complaint had not been raised on behalf of the child about their right to education.

The child had been approved by an external agency for 20 hours tutoring per week from November 2024 to July 2025. However, the child was only provided with 6 hours once per week which was delivered online; the child found this format difficult to fully engage in. The person in charge told the inspector that extensive efforts to source additional tutoring hours were unsuccessful.

Within the centre, staff tried to replicate school-like activities and encouraged the resident to draw, write, and develop their communication skills. However, there was no written support plan or guidance for staff to follow on supporting the child with these activities. The absence of a support plan, also impinged on how the child's development could be assessed. During the afternoon of the inspection, the child was writing on math work sheets. Staff told the inspector that the work sheets were too advanced for the child; and it was unclear to the inspector why they were then being used.

The absence of a school placement, also impacted on the child having the same opportunities as their peers to develop their social skills and relationships within a school setting.

Judgment: Substantially compliant

## Regulation 17: Premises

The provider had ensured that the premises was appropriate to the number and assessed needs of the children currently living there.

The premises comprised a large two-storey house with front and rear gardens. The house was bright, clean, spacious, comfortable, and nicely furnished. It contained individual residents' bedrooms (some with en-suite facilities), bathrooms, a kitchen, sitting rooms, a sun room, a dining room, and a staff office. The house was well equipped and maintained to a high standard. It had been nicely decorated to be a homely environment. For example, the beds were dressed with children's linen, and there were photos of the children and their families displayed.

The provider had ensured that the centre had appropriate indoor and outdoor spaces and facilities for the children to play, such as toys, sensory equipment, musical instruments, and a trampoline.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had implemented good fire safety systems in the centre. There was fire prevention, detection, fighting, and containment equipment, such as fire doors, alarms, blankets, extinguishers, and emergency lights throughout the centre.

The fire panel was addressable and easily found in the hallway. The inspector released a sample of the doors, including all of the bedroom doors, and observed that they closed properly. Staff completed daily, weekly and monthly fire-safety checks, and the provider had ensured that the fire equipment was up to date with its servicing requirements.

Staff working in the centre had completed fire safety training, and there was a written fire evacuation plan displayed in the centre to refer to. The inspector reviewed the children's personal evacuation plans. They were found to be up to date and provided information to guide staff in evacuating residents in the event of a fire. For example, one plan referred to using sweets to encourage a child to evacuate.

Fire drills were carried out to test the effectiveness of the plans. Since the beginning of 2025, six drills had already been carried out, including a night-time simulated drill. The drills varied the scenario help the children become familiar with the different exit routes.

Judgment: Compliant

### Regulation 8: Protection

The provider and person in charge had implemented systems to safeguard children from abuse. However, improvements were required to record keeping in relation to communications regarding safeguarding concerns.

The safeguarding systems were underpinned by a written child safeguarding policy and safeguarding statement that was displayed in the hallway. The inspector reviewed three safeguarding incidents that had been reported to the Chief Inspector in 2024. The records of one incident noted that the incident was closed after a phone call conversation with a social worker. However, the records did not include

the date or time of the conversation, or the name of the social worker. The person in charge agreed that these record keeping practices required improvement.

Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. The inspector found that staff spoken with were familiar with the procedures for reporting any safeguarding concerns.

Intimate care plans had been developed to guide staff in supporting residents in this area in a manner that respected their dignity and bodily integrity. The inspector reviewed four of the care plans; one plan required a minor update in relation to oral health care.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for Pebble Bay OSV-0008630

Inspection ID: MON-0042685

Date of inspection: 29/01/2025

## 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 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: <ul style="list-style-type: none"><li>• The Person in Charge has completed a full review of all referrals to allied health professionals submitted for all children in the centre.</li><li>• The Provider has developed a database to track all referrals received for allied health professionals in order to ensure they are actioned and addressed in a timely manner.</li><li>• Overdue Speech and Language review look place on 27/02/25 and all recommendations will be implemented.</li></ul>	
Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: <ul style="list-style-type: none"><li>• The Person in Charge has completed a review of the educational needs of the residents in the centre.</li><li>• The online tutoring sessions that had been appointed by the Educational Welfare Officer remain in place.</li><li>• The Person in Charge will arrange a further meeting with the Online tutor to set out educational goals and a consistent schedule of learning.</li><li>• The Person In Charge has devised an Individualised Educational Plan for the resident complete with a more structured day including educational table top activities and other activities of choice.</li><li>• The Person in Charge and extended management team, in conjunction with the Education Welfare Officer and the Special Educational Needs Officer, will continue to make every effort to secure an appropriate educational placement for this child in line with their assessed needs.</li></ul>	

- The progress of sourcing an appropriate educational placement and meeting this child's educational needs is reviewed monthly at governance meetings between the Person in Charge and the Assistant Director of Service.
- This also remains a standing agenda item at the resident's child in care reviews with TUSLA and HSE.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

- The Person in Charge has completed a review of all Safeguarding documents in the centre.
- A log has been added to the Child Protection Folder to capture all appropriate information relevant to child protection concerns and ensure a full and comprehensive record is maintained.
- All intimate care plans have been reviewed to ensure that any prescribed treatment is added where applicable. These will continue to be reviewed and updated as required.

## 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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	27/02/2025
Regulation 13(4)(a)	The person in charge shall ensure that residents are supported to access opportunities for education, training and employment.	Substantially Compliant	Yellow	30/09/2025
Regulation 08(5)	The registered provider shall ensure that where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child the requirements of national guidance for the protection and welfare of children	Substantially Compliant	Yellow	06/03/2025

	and any relevant statutory requirements are complied with.			
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