Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	3 The Sparrow
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	26 June 2025
Centre ID:	OSV-0008745
Fieldwork ID:	MON-0046375

About the designated centre

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

3 The Sparrow provides a residential service for 3 children under the age of 18 years with intellectual disabilities and or/ autistic spectrum and/or acquired brain injuries who also have may have mental health difficulties and behaviours of concern. The objective of the service is to promote a home like environment, that is centred on promoting independence and maximising quality of life through interventions and supports that are underpinned by positive behaviour support and person-centred care. The property is a large detached property, divided into two living areas. One living area consists of a one bedroom apartment that has a kitchen/dining/living area, a shower room and a spacious bedroom. The other living area has two floors, with two bedrooms and an office upstairs and downstairs there is a large kitchen dining area that leads into a large sitting room. There is plenty of outside space to the back and front of the property which is equipped with a trampoline and swing. The staff team comprises of a person in charge, team leaders, social care workers, and direct support workers who support the residents twenty-four hours a day.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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 26 June 2025	12:00hrs to 19:00hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, this centre was well resourced, and at the time of the inspection the residents were for the most part receiving a good quality, safe service. The services provided were based on a person-centred approach to care. However, some improvements were required in governance arrangements, risk management, communication, and personal plans to assure and or enhance positive outcomes for residents going forward.

The centre is registered to support three residents. At the time of the inspection, two residents under the age of 18 years of age were being supported. Both residents were teenagers. The person in charge informed the inspector that at the time of this inspection there were no plans to admit any other residents to the centre.

In October 2024, the registered provider had made an application to the Chief Inspector to vary the conditions of registration of the centre. This variation included changing the layout of the centre, by converting a downstairs area into a self contained apartment to support one child who was being admitted to the centre. At that time a site inspection was conducted in the centre by the Health Information and Quality Authority in late October 2024 where improvements had been identified in four of the regulations to be complied with. These included the premises, risk management, staff training and personal plans. This inspection which was unannounced was conducted to follow up on those improvements identified, and to ensure ongoing compliance with the regulations.

Over the course of the inspection, the inspector met the two residents, spoke to their family representatives, along with the person in charge, an assistant director of services and one staff member formally. The inspector observed practices and also spoke to other staff during this time. A sample of documents pertaining to the residents' needs and the governance and management arrangements in the centre were also reviewed.

On arrival to the centre, one of the residents had left to attend school and the other resident was waiting for a family member to visit them. This resident did not attend school, however, the resident had assigned school work to complete each day from the school they normally attended.

The property was a large detached property, divided into two living areas. One living area, consisted of a one bedroom ground floor apartment that had a kitchen/dining/living area, a shower room and a spacious bedroom. The other living area, comprised of two floors, with two bedrooms upstairs, one of which had an en-suite bathroom. Downstairs there was a large kitchen/dining room that led into a large sitting room. The property was clean, decorated to a high standard, and both

living areas at the time of the inspection were spacious enough to meet the needs of the residents.

There was plenty of outside space to the back and front of the property. The back garden had a trampoline, swing and a sandpit and was big enough to play football or run around. The inspector observed one of the residents using the trampoline when they returned from school and appeared to be enjoying it as they were smiling. In between this, and playing in the garden, the inspector observed the resident seeking assurances around specific things from staff. The staff were observed responding to the resident in a patient and timely manner.

Both of the residents had different styles of communicating their needs and used different communication aids and or devices to support this. One resident had a book with pictures of activities, or things they liked. The resident could use this to communicate choices around different things. This resident also had visual schedules on the wall in their sitting room, showing them what was happening during the day. Similarly the other resident used visual schedules also. However, the inspector found that more details were required in the communication supports provided to residents as discussed under regulation 10: Communication of this report.

The inspector observed that the residents privacy and dignity was respected. As an example; staff informed the inspector to close the door of the office when one resident was finished in the shower so as to ensure their dignity.

The inspector also observed how the registered provider had adjusted facilities provided in the centre to support a resident prior to them moving into the centre. One resident, for example, did not like loud noises, and prior to coming to the centre, did not like showers due to this. However, the provider had installed a shower that made limited noise and the resident was now enjoying showers on a daily basis.

The inspector met the resident who was living in the apartment, they were chilling out watching their electronic tablet, while waiting for a family member to visit. The resident looked well cared for. The inspector observed the resident smiling when the inspector complimented them on their trendy haircut. The resident appeared relaxed in the company of the staff members. They were interested in art, and had numerous pictures that they had completed displayed on the walls, or stored in containers in the centre. The resident did not always like anyone looking through these pictures. The staff made the inspector aware of this and asked the resident's permission before hand. The resident was happy initially when the inspector was looking at the artwork, and the staff were very aware when the resident began to give some non-verbal cues to communicate that they were no longer happy with the inspector looking at their art work.

The inspector also met the other resident on their return from school. The resident was observed enjoying the trampoline, watching some television and enjoying a takeaway that they had purchased on the way home from school.

Both of the residents liked routine and consistency, they had visual schedules in place to inform them about what was happening next. One of the residents liked to use pictures to inform them about what was happening first and next. The staff explained and showed the inspector how this worked. One of the residents liked to maintain the same routine most days. This included going for a drive, and a long walk in the afternoon which they were observed doing on the day of the inspection. They also enjoyed basketball, swimming and had a favourite place to go for food. The resident was also starting to engage in art therapy sessions in the coming weeks to support them with managing their emotional needs.

The residents got to decide the meals served in the centre. The staff were aware of the specific likes and dislikes of the residents which generally consisted of the same types of food. The inspector observed however, that the staff team wee trying to introduce some variety to the residents diet and one resident had fresh berries available at all times which the resident was starting to eat. Both residents were also being encouraged to prepare some meals. One resident for example; was learning how to use an air fryer to cook some meals. Another resident liked baking and was observed on the day of the inspection preparing a treat that they liked themselves.

The staff who spoke to the inspector was knowledgeable about the needs of the residents. One resident as an example, had a positive behaviour support plan in place. Some of the residents anxieties were related to a healthcare need. This was important as this healthcare need, needed to be met, to allay the residents anxieties which sometimes could result in behaviours of concern. This was also outlined in the positive behaviour support plan. The staff member was very aware of this and outlined to the inspector that since implementing a clear health care plan around this, that the residents behaviours of concern had reduced.

The inspector spoke to three family members over the course of the inspection. The family members said that they were very happy with the care and support provided to the residents. They were very complimentary of the staff, and in particular the person in charge, whom they said was very supportive. The family members said that they would have no problems raising concerns to the staff team or the person in charge. Two family members said that the person in charge maintained an open door policy, meaning they could visit their family member whenever they wanted to.

They also reported that it was like a home from home and said that when they visited they could spend quality time with their family member just sitting watching television and have cups of tea. All of the family members said that they were included and informed about any changes in the residents care and support, and about small important things that were also happening with the residents on a day to day basis. As an example; they said that when the residents were out enjoying activities, staff sent a picture of the resident enjoying this. The three family members said that this was very reassuring and important to them.

At the time of the inspection, there had also been no complaints reported in the centre from residents or their family representatives.

The next two section of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements impacted the quality of care and support being provided to residents.

Capacity and capability

There was a defined management structure in place led by a person in charge and team leaders. The person in charge and the staff team demonstrated that they were promoting person-centred care in the centre. Notwithstanding, some improvements were required to the governance arrangements, risk management, communication and personal plans.

The governance and management arrangements in the centre required some review in relation to the quality of the records like staff meetings, and staff supervision records to assure that actions from these were being implemented and evaluated.

A review of the rosters indicated that there was a sufficient number of staff on duty to meet the needs of the residents. There were no staff vacancies at the time of the inspection and contingencies were in place to manage staff's planned and unplanned leave.

A review of the training matrix, found that staff were provided with training to ensure they had the knowledge to respond to the needs of the residents.

Regulation 14: Persons in charge

The person in charge was an experienced social care professional who has worked in disability services for a number of years and holds a qualification in management. They are also the person in charge for another designated centre under the remit of this provider. This designated centre is located in close proximity to this centre, which meant the person in charge only had to travel twenty minutes between the centres. There were two team leaders employed in this centre to assure effective oversight of the centre.

The inspector was satisfied at the time of this inspection, that the person in charge arrangements were not impacting on the quality of care provided to residents as both centres were located in close proximity to each other and team leaders were employed also to support the person in charge.

The staff met and the families spoken to were very satisfied with the support provided by the person in charge.

Judgment: Compliant

Regulation 15: Staffing

The staff team comprised of thirteen staff including, social care workers and direct support workers. Two of those staff were employed as team leaders. In the absence of the person in charge, a team leader was on duty and if not a shift lead was appointed on shift to assure supervision and oversight of the care and support being provided.

Where residents required support around their healthcare needs a community nurse was employed in the wider organisation to offer support and guidance. Senior managers are also on call 24 hours a day to provide guidance and support to staff.

The number of staff on duty each day included four staff during the day and three staff at night. A sample of rotas viewed for one week in January 2025, April 2025 and May 2025 showed that the allocated staff of four during the day and three at night were always maintained.The inspector found that there was a consistent team of staff employed in the centre. As an example, a review of the staff rota in January 2025 compared to June 2025, showed that one staff had left and one new staff had started.

The registered provider had also outlined in their Statement of Purpose that where residents required additional staff that they would be provided for.

Staff personnel files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

At the last inspection of the centre some of the staff were due to complete training to support a new resident who was being admitted to the centre. Staff were provided with a suite of training divided into mandatory training, training specific to this designated centre and other training. The training records were maintained on an electronic database. This database could generate a report which showed whether staff had completed training or were due refresher training. This report on the day of the inspections showed that three staff were due to complete refresher training in fire safety and there were no other outstanding training due. The refresher training was planned for the week after the inspection. The inspector reviewed a sample of certificates for staff that were available in the centre. The staff had completed training as outlined in the Statement of Purpose and some as stated were due to complete refresher training. Some of the training included:

Mandatory Training:

- Children's First
- Feeding, eating, drinking, and swallowing
- Fire Safety
- Manual Handling
- Health Safety and Security including food safety
- Infection Control
- Human Rights-based Approach in Health and Social Care Services
- First Aid
- Autism
- Epilepsy.

Additional Training given where required included:

- Positive Behaviour Support and Active Listening
- Corporate Induction
- Incident Reporting
- Medication management
- Professional management of complex behaviour.

Staff have the opportunity to formally discuss additional training and development needs during supervision meetings. The inspector reviewed a sample of records pertaining to supervision meetings and found as discussed under governance and management that some improvements were required to ensure that actions required were followed up.

Judgment: Compliant

Regulation 23: Governance and management

At the time of this inspection there were defined management structures in place led by a person in charge and team leaders. The person in charge reported to an assistant director of services, who regularly visited the centre. However, some improvements were required to some of governance arrangements in place to enhance outcomes for residents and to ensure a quality service was being provided to them.

The centre was well resourced which meant that a person-centred approach to care could be provided as during the day each resident was supported by either one or two staff depending on the needs of the resident. The registered provider also had two vehicles available which meant that residents could choose activities they preferred to engage in.

The registered provider had arrangements in place to audit and review the care and support being provided. This meant that where improvements were needed, actions

were taken to address those improvements. Each month the assistant director of services conducted an audit covering a range of standards and regulations. The registered provider had also appointed personnel to conduct an unannounced six monthly quality and safety review of the centre. Following these audits where improvements were observed, an action plan was developed with specific time frames to complete the actions required.

Staff meetings were held monthly which were facilitated by the person in charge. A review of sample of minutes showed that various issues were discussed about the service provided like staff training, record management and risk management. However, the inspector found that the quality of the records maintained were not to a high standard and it was not evident how decisions made at these meetings were being implemented and evaluated. As well as this as recorded under regulation 16 staff training, the records in relation to staff supervision needed to be improved to ensure that actions from these were also implemented and evaluated.

In addition, one of the actions from the inspection conducted in October 2024 had not been implemented in a timely manner. As an example; the registered provider had provided written assurances following this inspection, that a referral had been submitted to a speech and language therapist employed by the registered provider to provide assistance and guidance to one resident. This referral had not been made in a timely manner and at the time of the inspection, the resident had still not been reviewed by a speech and language therapist, even though it had also been recommended in the residents behaviour support plan that additional support was required for the resident from a speech and language therapist.

Overall, the inspector found that the registered provider and staff team were ensuring a safe, service to the residents, however, some improvements were required in some areas to assure a quality service to the residents at all times.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations. It detailed the aim and objectives of the service and the facilities to be provided to the children.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the residents here were receiving support on a day to day basis in a person-centred manner. The services provided were safe, however, some improvements were required to the review of residents care and support, communication plans and risk management plans to assure a quality service was provided to the residents going forward at all times.

The communication plans in place to support the residents needs in this area required improvements and the referral of a resident for a speech and language assessment had not been conducted in a timely manner.

Each resident had a personal plan in place which outlined their health emotional and social supports. Improvements were required to the review of the interventions in place to assure that they were effective.

The registered provider had systems in place to manage and contain and outbreak of fire. They also had risk management systems in place to assure oversight of risks in the centre. Improvements, however, were required to some risk assessments to reflect the actual practices in the centre.

All staff had been provided with training in relevant government guidance for the protection and welfare of children and were aware of the procedures to be followed in the event of an allegation of abuse being reported.

Regulation 10: Communication

At the last inspection of this centre, the registered provider had provided written assurances that a referral had been made for an assessment by a speech and language therapist for a resident moving to the centre. The inspector found that this had not been done in a timely manner, notwithstanding a referral had been made at the time of this inspection for this assessment.

There was evidence of some good practices in terms of supporting residents with their communication needs. For example; some residents liked visual aids to support them with making decisions and to inform them about what was happening next and staff were aware of these.

However, the inspector observed that some improvements were required as some communication strategies outlined in a resident's behaviour support plan were not being implemented. As an example; the behaviour support plan included introducing a visual communication aid to assist the resident with waiting for activities to happen. This was not in place at the time of the inspection.

The communication strategies being used were also not been reviewed to assure that they were effective and or improving outcomes for the residents. As an example another resident's communication plan was last reviewed in June 2024

which had recommended introducing some new communication modes to the resident, however there was not written comprehensive review of whether these were trialled and or effective for the resident.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The residents were supported to attend school and one resident who was provided with education supports at home. Educational opportunities were also provided in the centre to maximise and strengthen, the residents' abilities. Both residents for example, were learning how to prepare some meals.

Each resident was supported to maintain relationships and links with family. On the day of the inspection one resident had a family member visit. The family members who spoke to the inspector informed them that the person in charge and staff team had an open door policy meaning, they could visit the centre any time they wanted to. As well as this if anything new happened or residents were out enjoying activities the family were included as staff would send pictures to the family members.

Both residents liked consistency and routine and their activities were planned around their personal preferences.

Judgment: Compliant

Regulation 17: Premises

At the last inspection, the provider needed to look at access issues for one resident to the back garden. This had been addressed. The premises were finished to a high standard, homely, clean and well maintained. Residents had personalised their rooms with items they liked.

The back garden was large and accessible to both residents. It had a trampoline, footballs, a swing and a sandpit that residents could use.

The registered provider had an ongoing maintenance programme to ensure that equipment used in the centre was serviced and maintained in good working order

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had systems in place to manage risks. At the last inspection the registered provider was required to address some risk assessments in the centre.

The inspector found that while the risk assessments had been reviewed, some of the controls included in the risk assessments were not an accurate reflection of the practices in the centre. As an example; one risk management plan stated that a control measure in place to manage a risk included regular multidisciplinary reviews. However, this resident had not been reviewed by the behaviour support specialist since November 2024, even though the risk assessment related to behaviours of concern. Another plan stated that a control measure included a sensory diet, however there was no evidence of how this was implemented on the day of the inspection.

There were records in place to assure that the two vehicles used in the centre were insured and in roadworthy condition.

Overall, the inspector found that improvements were required in the management of risk to ensure that the documents were reflective of the practices in the centre. The inspector found that these improvements did not pose a medium or high risk to the residents at the time of this inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place to manage or contain an outbreak of fire in the centre. The staff and residents were provided with training in fire evacuations. Both of the residents had taken part in fire drills and there had been no issues noted from this.

One of the residents did not like loud noises as it caused them anxiety, when a fire drill was being conducted instead of sounding the alarm, the staff member told the residents that a fire drill was taking place to reduce this anxiety.

In the event of a real fire, personal emergency evacuation plans were in place which indicated that both residents required the support of a staff member to evacuate the building using verbal prompts. Recent fire drills in May 2025 and March 2025 showed that residents and staff could be evacuated in two minutes (and under) from the designated centre.

Fire equipment was provided including emergency lighting, a fire alarm, fire blanket and extinguishers. The provider had fire doors installed to help contain fire should an outbreak occur. The registered provider had a maintenance programme in place to ensure that the equipment was being serviced. The fire alarm and emergency lighting had been serviced in June 2025 and the fire doors had also been inspected. The staff in the centre also conducted visual inspections of the equipment on a

daily/weekly and monthly basis. These checks ensured that the equipment was in good working order.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan that was also available in an easy-to-read format for residents. However, improvements were required.

At the time of the last inspection a number of improvements were required in this regulation. The inspector found that for the most part the actions had been addressed. As an example; at the time of the last inspection, the healthcare needs of a resident were not clearly outlined. This resident now had an assessment of need in place that outlined their healthcare related needs, which included three specific healthcare needs. The residents healthcare needs were also overseen by clinic nurses who were employed in the organisation to support residents and staff. The staff spoken with was familiar with the plans in place to guide practice in this area and support the resident. As an example a resident who had a specific healthcare need had a plan in place outlining the supports they required. Staff spoken to were able to tell the inspector about the supports in place to manage this, and reported some positive outcomes for the resident as a result of these supports.

The personal plans were reviewed at least annually or where changes occurred to the residents care and support needs. When a resident was admitted to the centre, the care and support provided was reviewed by multi-disciplinary team (MDT) members, the person in charge and other relevant personnel after the resident resided in the centre after a number of months. The inspector reviewed the minutes of one residents MDT review and found that it was limited in its scope and was not person-centred enough to evaluate the care being provided and assess its effectiveness in a comprehensive manner.

As an example it was noted that a dietician was available to give advice regularly to a resident, however, it did not provide an evaluation of this advice or recommendations. One resident was also awaiting a review by an allied health professional in relation to their medicines and a mental health review. While, it was noted in the minutes of the meeting that this was being followed up, it did not provide assurances if the MDT review committee were satisfied with the residents care and support while they were awaiting this review.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The service had used positive behavioural support, including functional behavioural analysis, to reduce the risk of behaviours of concern from occurring. This included a positive behaviour support plan that detailed some of the things that might cause a resident to become anxious, and how staff should respond to residents at that time. As reported and addressed under regulation 10 Communication some of the communication strategies outlined in one positive behaviour support plan were not always implemented.

All staff had received training in this area as well as supporting people with Autism. The staff members who spoke to the inspector were clear about things that residents did not like which should be avoided. For example, one resident did not like certain words to be spoken, and another resident, liked staff to respond to them in a timely manner when the resident was seeking assurances from the staff member. The staff also outlined the strategies to be employed to support the residents during times of anxiety.

The person in charge was also collating data on incidents that occurred in the centre to ensure that they were reviewed by a behaviour specialist. The purpose of this review was to see if there were any other triggers that could be identified that could inform further learning to be included in the positive behaviour support plan.

While the inspector observed that there had been several incidents of behaviours of concern over the last six months (particularly for one resident who had been admitted to the centre), these incidents were becoming less frequent and intense over the last number of weeks.

The inspector observed over the course of the inspection, that the residents appeared relaxed and comfortable with staff. One resident was also being supported to attend art therapy in the hope that this would support the resident to manage some of their anxieties going forward.

Judgment: Compliant

Regulation 8: Protection

Staff had received training in relevant government guidance for the protection and welfare of children and were aware of the procedures to be followed in the event of an allegation of abuse being reported. There had been no safeguarding notifications submitted to the Chief Inspector since the centre was last inspected in October 2024.

The residents were provided with easy-to-read information about their right to feel safe. The family members who spoke to the inspector were satisfied with the safety and quality of care, they also indicated that they would have no concerns raising concerns if they were not happy.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for 3 The Sparrow OSV-0008745

Inspection ID: MON-0046375

Date of inspection: 26/06/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A comprehensive review of all previous team meetings has been completed by the Person in Charge. The PIC will ensure that all future actions agreed at team meetings will be assigned to an appropriate responsible person in the meeting minutes. All previous actions identified have been reviewed and tracked to ensure they are completed. All previous months agreed actions will be reviewed at the beginning of the next meeting and documented if completed or outstanding, with rationale and feedback recorded. The Assistant Director of Service will review all team meeting minutes at their governance meetings with the Person in charge to monitor quality. The Person in Charge has reviewed all staff supervisions and will ensure that any previously agreed actions at staff supervisions will be reviewed at the following supervision and documented clearly if the action has been achieved. The resident's assessment with the Speech and Language Therapist has been scheduled for 19.08.25. The Provider has linked with the software engineers for the Epicare system to develop the system's capacity to track referrals to members of the MDT to ensure timely follow up. It is hoped this will be in place by the end of August 2025	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: The Person in Charge has completed a comprehensive review of the resident's communication supports. A communication passport has been developed for all residents which includes all recommendations, related to communication, as outlined by all	

clinicians including Speech and Language Therapist and Behaviour Support specialists in their respective plans. This will also be updated for one resident following their SLT review on the 19.08.25.
The individual communication plans have a review and evaluation date, and plans will be discussed at each team meeting to ensure they are effective and kept up to date in line with residents' communication needs.
The Person in Charge will ensure all proposed communication aides, that have been suggested by clinicians are trialled with each resident and feedback is submitted to the clinician and alternative guidance sought where appropriate.
The Assistant Director of Service will review and monitor with the Person in charge and their team at their regular governance meetings to ensure staff knowledge and understanding of these plans and where they are not proving effective that MDT guidance is sought.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The Person in charge has undertaken a detailed review of all risk assessments in the centre to ensure that the information contained within is reflective of and relevant to practices and support requirements in the centre.
Additionally, the Person in charge has updated the residents risk assessment for behaviours of concern to reflect two recent review visits from Behaviour support specialists in April and May of 2025. All risk assessments have been reviewed with the team at the team meeting to ensure they are knowledgeable and ensure the consistent application of the resident's plans.
Where sensory diets are recommended for residents the Person in charge has discussed the plans in place with the team to ensure they are being implemented and evidenced appropriately in the resident's daily notes. This will continue to be monitored by the Person in charge and the Assistant Director of service during their regular governance meetings.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

MDT meets twice monthly for Children's services. All child residents have a scheduled review at least annually and outside of that can be referred for a review discussion at any time, by the Person in Charge.
The Director of Service has commenced a review of the process for recording MDT meeting minutes to ensure that they are person focused and capture the effectiveness of the supports being provided to the individual.
Where MDT or allied health professionals have provided support plans for the individual resident, feedback from the resident, family, Person in charge and staff will be sought at this meeting to the effectiveness of the support plans in place.
Additionally, where an individual resident has not been put forward for discussion, at the MDT meeting, within the last 6 months, they will be considered for the agenda by the Director of Service to ensure the MDT have appropriate oversight of the persons current needs and presentation.
The Assistant Director of service will review with the Person in charge at their regular governance meetings if there is any change in residents' needs or circumstances that require input or action from the MDT and escalate as required. The Provider has linked with the software engineers for the Epicare system to develop the system's capacity to track referrals to members of the MDT to ensure timely follow up. It is hoped this will be in place by the end of August 2025

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(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	01/09/2025
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	01/09/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre	Substantially Compliant	Yellow	01/09/2025

	for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
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	01/09/2025
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 developments.	Substantially Compliant	Yellow	01/09/2025