Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

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| Name of designated centre: | Kare DC10 |
| Name of provider: | KARE, Promoting Inclusion for People with Intellectual Disabilities |
| Address of centre: | Kildare |
| Type of inspection: | Unannounced |
| Date of inspection: | 08 May 2025 |
| Centre ID: | OSV-0001991 |
| Fieldwork ID: | MON-0046406 |

## About the designated centre

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

This designated centre provides a full-time residential service and is home to three residents over the age of eighteen years with an intellectual disability. The centre is located on the outskirts of a large town in County Kildare, and consists of one bungalow house, and two single storey apartments. The bungalow includes staff bedrooms, one living room, a kitchen, a computer/activity room, a bathroom and a single resident bedroom. The two apartments each comprise a large living-kitchen area, accessible bathroom and private bedroom. The centre is staffed full-time by social care personnel.

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

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| Number of residents on the date of inspection: | 3 |

## 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 8 May 2025 | 10:00hrs to 16:00hrs | Gearoid Harrahill | Lead |

## What residents told us and what inspectors observed

The inspector had the opportunity to meet with all three adults living in this designated centre. The inspector also observed how residents were spending their day and engaged with their direct support staff, and reviewed documentation as evidence to indicate the lived experience of people in this designated centre.

This centre was previously registered to accommodate only one resident, who was relocated in 2024 as the centre had undergone significant structural changes in the past year. The changes were completed to renovate the original house and add two single-occupancy apartments to the property. This resident had since returned to this centre, and two residents had moved into the newly built apartments from other designated centres in this provider group. Each resident had their own front door, kitchen and living room. Each of the residents preferred to have space they could call their own which was not shared with other people.

The inspector spoke with the residents about their new home. Residents had personalised their spaces with artwork and pottery, photos, awards, and posters. Some residents still had personal property to properly store away. The residents and their staff team had discussed what furniture and storage solutions they required to finish decorating and furnishing their new home. Storage solutions were also required to put away items like Christmas decorations and household and resident care supplies.

On arrival the inspector met one resident who stayed to chat with the person in charge and the inspector for a while before going out with staff to run errands and attend a medical appointment. They commented that they liked their new home and had unpacked most of their things, which had been a challenge for them in their previous house. They were in good form, talking about sport and their plans to learn guitar, joking with staff and talking about starting a band together. After their errands, the resident stayed in town for a while on their own, having lunch in the local town and going for a pint. The resident had their phone with them and could contact the centre if they needed.

One of the residents enjoyed that they now lived in a location within walking distance of a town, and being able to go to the salon or use public transport. They were looking forward to getting additional furniture for their apartment and being able to organise their belongings. They told the inspector they liked the new apartment but that their experiences since moving in weren't all positive. The resident told the inspector they didn't like how they were treated by their peer, that they make rude comments or gestures at them or threw items over the shared fence. The resident spent the majority of the day in their bedroom, and the provider had identified a risk of this resident being reluctant to engage in meaningful activities at home and in the community. While the inspector observed limited

interaction between staff and this resident during the day, goals were in place to aim towards such as supporting the resident to attend local classes.

For the third resident, they spoke briefly with the inspector before making some lunch for themselves while their support staff supported them to tell the inspector what they were working on since moving in. They enjoyed a structured routine and had been supported to engage in a healthy manner in the community, doing work such as ensuring public access defibrillators were in order and with recycling. The resident was being supported to find new locations for summer holidays as they no longer wanted to go to a previously visited location, and enjoyed using computers, keeping a diary and attending art class. Staff were supporting the resident on using email independently and completing an educational course in online safety.

For each of the residents, a transition plan had been developed which identified key dates on which each resident was supported to visit their new home and bring their belongings across, and to ensure they were satisfied, as well as commentary on their experiences since moving in. For one resident who was the first to move into the centre, the inspector observed commentary from staff advocating the resident's experience and where learning could be taken for future reference. This reflection noted that this resident had been transitioned into the house too soon and before the centre was ready and finished for them. This had resulted in anxiety and distress for the resident due to workers coming and going from their home carrying out premises works, testing the fire alarm system and interrupting the water supply. The local team and person in charge spoke with the inspector about snagging items which were still outstanding, including repair and finishing work on tiles, wires and plastering. The resident in the main house had previously enjoyed gardening, and following the renovation works their large garden and plants were replaced with a tarmac yard with a high metal fence. Staff commented that they would support the resident in working to make this space more home-like and back into line with their interests.

The inspector also observed minutes of a meeting in which one of the residents was supported to reflect on their own experiences, discuss their current personal objectives and review matters discussed by peers in the "Voice for Kare" resident advocacy meetings. Staff noted that this had not yet been done with the other two residents.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being provided.

## Capacity and capability

The purpose of this inspection was to monitor and review the arrangements the provider had in place to ensure compliance with the Care and Support Regulations

(2013). This centre had been vacant for the majority of the past year and had undergone substantial renovations to add more living spaces to make layout changes to the original building. These changes were designed to accommodate an additional two residents. During this time, the registration expiry of the centre had fallen due, and registration renewal was granted due to the provider's overall regulatory compliance history, and commitments made to the Chief Inspector of Social Services. This centre reopened in March 2025. Documentation related to the designated centre, and the signed contracts between the provider and residents, had been updated to reflect the current service of this designated centre.

In the main, the inspector found the recently-appointed person in charge and the direct support team to be proactive in identifying areas in which the service required improvement based on incidents, and reflection on the transition journey and settling-in period of the three residents. This included observations by the team of where improvements were required in staffing resources being consistently covered and readily available to support the residents with their assessed needs. These team meeting discussions were in line with what was said to and observed by the inspector during this visit.

Staff who supported the residents to engage with the inspector demonstrated a good knowledge of their roles, and of the interests and personalities of the residents. This included a person-centred and rights-focused consideration of the communication needs of residents, advocating for them in where their lived experience could be improved, and opportunities to engage in positive risk taking.

## Regulation 15: Staffing

The inspector reviewed staffing arrangements and spoke with staff on duty during this inspection, and reviewed the statement of purpose and worked rosters for the centre over four weeks since the centre was fully occupied. Two staff worked 24-hour sleepover shifts, with one person based in the main house providing individual support for one resident, and one shift supporting the two residents in the apartments. An additional day shift was also allocated to the apartments during the day.

The inspector observed evidence of the provider striving to provide continuity of support for the resident in the bungalow, by familiar staff who knew the resident and their assessed needs. Staffing rosters indicated that absent shifts were covered by consistent relief personnel and the core team working overtime to mitigate the risk of the resident being supported by people they did not know or who were less familiar with their supports, communication styles and personal routines.

However, at the time of this inspection, shifts in the apartments which were affected by vacancies and absences were not covered in a manner which protected this continuity of familiar staff. In the 28 days reviewed for these residents' supports, 15 shifts over 12 days were staffed by seven different relief staff members, and the inspector was provided commentary by regular staff and by residents that these

contingency resources were not as familiar with the residents or their assessed needs.

Additionally, staff who spoke with the inspector indicated that there were not enough staff on in the morning to support each person's routine. The support needs of one resident in the morning resulted in extended periods of another resident having no staff available to them in the morning, and them knocking on to the other living spaces looking for staff with whom they could engage.

The subject of revising staffing resources to address continuity and standard of care and support had been discussed at local level and was due to be raised in the next meeting between the person in charge and the operations manager at provider level.

Staff information required under Schedule 2 of the regulations such as references, qualifications and vetting by An Garda Síochána had been reviewed on an earlier date and was found to be complete.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The inspector was provided the report from an audit carried out by the provider's quality team in April 2025. This audit had identified areas in which the service was in compliance with policy or regulatory requirements. Where improvement or developments were required, findings and actions were measurable and specific, clearly identifying which risk, personal plan or resident was associated with the findings, to facilitate effective follow-up review. In the main, the findings of this audit reflected observations by the local team and by the inspector on this visit.

There had been a change in management three weeks prior to this inspection. The inspector observed evidence that the current person in charge had familiarised themselves with the open and ongoing works required to complete this centre's development, and the assessed needs of the residents. The person in charge had also engaged in the support and accountability structures with the front-line team, and had an action ongoing to ensure all staff attended performance management and development sessions with them in the coming weeks. The inspector observed matters arising from adverse incidents and staff and resident feedback contributing to staff team discussions, through review of staff meetings agendas and minutes. Minutes included risks and incidents discussed elsewhere in this report, including staffing requirements in the mornings, supporting residents to engage in care and support structures, and safety and protection concerns.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

The inspector reviewed the transition plans and steps carried out for each of the three residents including their experiences during and after their move to this centre. Notes from these were person-centred and reflected on where transitions could have been improved for future reference.

Each resident had a contract signed between them and the registered provider following their move to this centre. This outlined the terms and conditions associated with living in the centre, including relevant fees payable by them.

Judgment: Compliant

## Regulation 3: Statement of purpose

The provider had revised their statement of purpose for this designated centre to reflect the changes made to the facilities and purposes of the centre. This document contained information required under Schedule 1 of the regulations.

Judgment: Compliant

## Quality and safety

From speaking with the inspector and support staff, the inspector found that residents liked their new home and were supported to walk or be driven into the local community to engage in activities they enjoyed. Where assessed as safe to do so, residents were supported and facilitated to stay home alone or go into the community without staff accompaniment. Residents were supported to carry out household chores, go shopping, attend social and recreational activities and participate in educational programmes.

The premises were suitable for the assessed needs of residents, and provided each person with their own personal space, kitchens and living rooms which was in line with each person's preferences and assessed needs. While residents were being supported to participate in buying their own furniture for storage of personal property such as clothes and personal items, work was required on the provider's part to ensure that there was adequate storage for other items such as seasonal decorations and items related to resident personal care. There were a number of snagging items outstanding to provide a clean, safe and home-like environment for residents.

In the main, incidents and risks related to the centre and to residents were being raised by the front-line team and discussed in house meetings, and where relevant were due to be escalated to senior management by the person in charge. However, some gaps in the identification, assessment, control or review of risks were observed during this inspection. While it is acknowledged that the centre had not been reopened long at the time of this inspection, these observations related to risks related to the quality and safety of the service and resident support regarding fire safety, residents' finances, and the health, personal and social care needs of the residents.

## Regulation 10: Communication

All three residents communicated using verbal speech. The inspector met one resident whose style of speech required guidance to staff to effectively support their needs. The inspector observed a communication support plan which outlined an extensive list of phrases and speech styles the resident used and what each meant to them, with evidence that the resident themselves had contributed to this to ensure it was accurate and effective in its purpose. The inspector observed staff demonstrating their knowledge on communicating with the resident in questions and planning as well as casual chat. The inspector observed staff communicating fluently with this resident, as well as supporting communication between them and the inspector during the visit. This resident also used simple visual aids to help them to structure their day.

Judgment: Compliant

## Regulation 17: Premises

The inspector walked around the premises of the designated centre, which consisted of three adjacent living spaces. Each resident had their own front door and personal kitchen, living room and single bedroom. Each resident had been supported to start personalising their space. Work was identified as required to provide adequate storage space for residents' belonging. The lack of storage space meant that one resident was unable to store away their Christmas decorations, which was important to them, and another residents' living room and kitchen was full of boxes of personal belongings as well as care supplies.

The inspector was provided a snagging list drawn up by the person in charge of works required to finish the premises to a high standard, and was also shown some of these items by staff during the inspection. While these works did not present a safety hazard, they were required to ensure the residents were provided pleasant

and homely spaces which were in line with their interests, wishes and preferences. These works included, but were not limited to, the following:

- A front door which had been broken during renovation works.
- Finishing or sealing to address gaps or cracks on tiles or around doors.
- Staining on the floors from paint and grout which required removal.
- Curtains to block sunlight where preferred by the resident.
- Loose wiring which required enclosing.
- A ceiling which was observed to be flaking and poorly finished.
- A back wall which required finishing to maintain the homely aesthetic of the two rear gardens.
- A tarmac yard with a tall metal fence, which did not provide a pleasant external garden for one resident who enjoyed gardening and outdoor work.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

The inspector was provided the risk register related to the designated centre and the residents' assessed needs. The inspector also reviewed a sample of reports from audits, drills and adverse incidents, and how these were being overseen by the registered provider. The inspector observed a number of risks related to residents' support needs and incidents which had occurred since the centre reopened in March 2025, which had not been subject to risk assessment with established risk control measures implemented, or had not been kept up to date.

For example, one resident had a risk assessment related to them refusing to leave during an emergency evacuation drill. The inspector observed that three drills had taken place since this risk assessment, with no further review after control measures were unsuccessful in two of them. One resident was identified as being at risk of developing pressure sores due to lack of activation in their day, and requiring a plan to reduce these risks, which had not been developed. One of the residents had a risk assessment related to finances, however this discussed risks associated with overspending or buying unhealthy food, and did not set out any control measures or actions to address risks related to this resident not being in receipt of their income, nor the provider having any oversight of how their personal finances were being used. No risk assessment had been carried out following an identified risk related to a resident leaving the kitchen hob on. Some assessments for identified risks had been created, but had not been reviewed or evaluated within the timeframes required for risk rating identified.

Judgment: Not compliant

## Regulation 28: Fire precautions

The inspector walked around the premises and found that the centre was suitably equipped with devices to detect and alert staff and residents to fire or smoke in the designated centre, as well as fire blankets and extinguishers in suitable locations. The premises was equipped with fire rated doors with automatic door closure mechanisms to control the spread of fire or smoke.

Each resident had a personal emergency evacuation plan and had been present for practice evacuation drills in this centre since their admission. For one resident a risk assessment had been created five days after they were admitted which identified that they were at risk of refusing to leave when the alarm sounded. Three drills had taken place since this risk assessment, and had been called off when the resident refused to leave in two evacuations, however the risk control measures had not been reviewed. As an outcome, staff were not provided guidance on what to do in the event that the resident refuse to leave, in the event that staff are required to access their bedroom from outside if the fire source is the open plan kitchen, or the procedure if the resident was alone in their apartment at the time. The inspector discussed this with the person in charge, who advised that this guidance would be developed and communicated to the staff team.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

The inspector reviewed medicine management procedures with a member of the front-line team, who demonstrated good knowledge of the purpose and instruction of each medicine used by the residents. Medicine management practices were subject to auditing by provider-level nursing staff. The inspector observed that medicines were appropriately stored in the designated centre, however also observed that some improvement was required to ensure that creams and ointments were labelled with the dates that they were opened, in line with best practice. The inspector reviewed prescription sheets and administration records with staff, and observed gaps in administration sheets for two of the three residents. It is the responsibility of staff to ensure records of residents taking or declining their medicine is clearly documented to ensure residents are receiving the correct doses at the correct times and avoid the potential for miscommunication or drug errors.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

The inspector reviewed positive behaviour support plans for two of the residents. For one resident, the support plan clearly outlined the types of responses to distress

or anxiety the resident may exhibit, with guidance to staff on how to proactively prevent these and to keep themselves and the resident safe during any incidents. The staff member who spoke with the inspector demonstrated a good knowledge of these guidelines and commented that proactive measures and maintaining a low stress environment had resulted in no recent staff risk incidents. For another resident, the relevant risk assessments outlined the functional purpose of responsive behaviours and why the resident may engage in actions presenting risk. A finding of a recent audit as well as commentary from staff indicated that multi-disciplinary input was required to ensure that the support plan was sufficiently detailed and updated to effectively advise staff on how to support this resident's assessed needs. An action was set out to engage with the psychologist and behaviour support team to review this guidance by August 2025, however this action was not timely relevant to the risk presented.

Judgment: Substantially compliant

## Regulation 8: Protection

The inspector reviewed records of incidents relating to safeguarding concerns. Where required, the provider had set out a safeguarding plan to reduce risk related to residents and their interactions with others which caused them distress or upset. Reported or suspected abuse incidents were communicated to the relevant external parties and were discussed at staff team meetings.

At the time of this inspection, the staff team had a means of ensuring that finances were protected for two of the residents. Staff supported residents to maintain their own cash and cards, with oversight measures to ensure that residents' money was protected. Staff also demonstrated to the inspector how they used an oversight tool to account for income and expenses coming to and from the residents' bank accounts and safeguard against any unusual activity. However for one of the residents, the provider was unable to conduct these risk controls to ensure their personal finances and income were safeguarded; this finding is referenced under Regulation 26 Risk Management Procedures

Judgment: Compliant

## Regulation 9: Residents' rights

The inspector observed examples of how the staff advocated for the rights and wellbeing of residents. For example, a key reflection by front-line staff in the transition plans, as learning for future reference, was that one resident had moved into the centre too early, and this had had a negative impact on their transition

experience. Staff also demonstrated good examples of pushing for positive changes to maximise the residents' lived experiences in the centre.

As referenced earlier in this report, storage solutions in residents' living space required improvement. The inspector observed multiple boxes of incontinence wear being stored in the kitchen of one of the living spaces, which did not adequately protect the privacy and dignity of that resident.

The inspector was provided minutes of one-to-one meetings with one of the residents which discussed their personal goals and engagement with the provider's advocacy group. Evidence that these discussions had been had with the other two residents was not available when requested.

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 |
|---|---|
| **Capacity and capability** | |
| Regulation 15: Staffing | Substantially compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Admissions and contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| **Quality and safety** | |
| Regulation 10: Communication | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 26: Risk management procedures | Not compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 29: Medicines and pharmaceutical services | Substantially compliant |
| Regulation 7: Positive behavioural support | Substantially compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |

# Compliance Plan for Kare DC10 OSV-0001991

## Inspection ID: MON-0046406

## Date of inspection: 08/05/2025

**Introduction and instruction**
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider's response:**

| **Regulation Heading** | **Judgment** |
|---|---|
| Regulation 15: Staffing | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing:<br>Reviewing the assessed needs of each individual in this location, the staff compliment in place matches the Statement of purpose.<br><br>All staff who work in the location as relief staff are familiar with the residents and have worked with them in previous locations.<br><br>A staff team meeting documents discussion with staff where they identify the needs of additional hours in the evening as one person does not get up until late each day. This occurred on the 12th of May 2025. The following change was made as a result:<br><br>- An additional Saturday shift in this location (12pm – 6pm) commenced on the June roster 2025 when both resident are there over the weekend.<br><br>The Wednesday back up shift has been extended for an additional two hours in the evening time this commenced on the April/May roster 2025. | |
| Regulation 17: Premises | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises:<br>The snags identified by Facilities department and the PIC had been raised with the contractor as part of the defects liability period of a new build, typical of any new build structure and have been scheduled to be completed by the end of 23rd of March 2026.<br><br>A grant had been sourced to update the tarmac/fence area in the garden which was communicated to the inspector as part of on site inspection with service user | |

involvement in which they choose. This will be completed by the end of December 2025.

Additional snags identified over the coming 10 months will be completed in line with the process agreed with the contractor.

The wall at the back of the garden of two apartments is structurally sound and at present both service users happy with the aesthetic of the garden.

A new shed had been ordered for the premises as an alternative storage solution. This will be in place by the end of August 2025. This is being provided by the contractors as part of the works towards completion.

A storage solution off site is also available for all residents as communicated to the inspector on the date of the site visit. This is available immediately.

The attic storage is not an option for use based on Fire Safety in Community Dwellings Act 2017.

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| Regulation 26: Risk management procedures | Not Compliant |

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
Two fire drills have occurred since the inspection and on both occasions the resident has evacuated successfully. These are documented on the CID database on the 26th of June 2025 and 14th of May 2025.

Waterlow and Pressure care management plan was reviewed for one resident on the 17th of April 2025. This has been discussed with the staff team on the 9th of June to ensure all staff were familiar with the changes made in the plan and implementing them accordingly.

One of the residents risk assessment related to finances, has been updated to identify control measures to address risks related to this resident not being in receipt of their income, nor the provider having any oversight of how their personal finances were being used. This was completed on the 10th of July 2025.

A risk assessment has been carried out following an incident where one resident left the kitchen hob on one occasion. The risk rating was low as this occurred only once. The resident has expressed that he is aware of what to do to reduce the risk. This was completed on the location risk register on the 10th of July 2025.

All risk assessments have been updated as of the 10th of July 2025.

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| Regulation 28: Fire precautions | Not Compliant |

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The PEEP was reviewed following the two recent fire drills and no changes were required as the resident left on two occasions since the inspection. The staff team meeting have discussed what to do if she does not leave and staff are confident in the steps to take to ensure the person leaves in the event of a fire drill. This has been completed on the 16th of July 2025.

The risk assessment for this individual was reviewed by the end of June 2025.

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|---|---|
| Regulation 29: Medicines and pharmaceutical services | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
Improvement to ensure that creams and ointments were labelled with the dates that they were opened has been completed. This was completed in June 2025 and a plan for maintain this going forward is in place. The labels were provided by the local pharmacy and a plan is in place if this is not possible going forward to have the labels made in the house.

The leader reviewed the drug administration records, and the gap was rectified and plans with staff to ensure it does not happen again – this occurred in May 2025.

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|---|---|
| Regulation 7: Positive behavioural support | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
A case review has taken place on the 10th of June 2025 for one resident and behaviour support plans updated with the relevant Multi-disciplinary input.
There are a number of additional actions noted as part of the case review which are in progress and which will be completed by the end of July 2025.

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|---|---|
| Regulation 9: Residents' rights | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Areas within the house suitable for storage solutions have been measured for staff to support the resident to purchase their own furniture. They will complete this purchase by the end of August 2025.

Seasonal decorations have been put in storage on site in the location.

Shed has been ordered and will be delivered 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 15(1) | The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. | Substantially Compliant | Yellow | 30/06/2025 |
| Regulation 15(3) | The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis. | Substantially Compliant | Yellow | 30/06/2025 |
| Regulation 17(1)(b) | The registered provider shall ensure the premises of the designated centre | Substantially Compliant | Yellow | 23/03/2026 |

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| | are of sound construction and kept in a good state of repair externally and internally. | | | |
| Regulation 17(7) | The registered provider shall make provision for the matters set out in Schedule 6. | Substantially Compliant | Yellow | 23/03/2026 |
| Regulation 26(2) | The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. | Not Compliant | Orange | 10/07/2025 |
| Regulation 28(3)(d) | The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations. | Not Compliant | Orange | 16/07/2025 |
| Regulation 28(4)(b) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the | Not Compliant | Orange | 16/07/2025 |

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| | procedure to be followed in the case of fire. | | | |
| Regulation 29(4)(b) | The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident. | Substantially Compliant | Yellow | 15/06/2025 |
| Regulation 07(1) | The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour. | Substantially Compliant | Yellow | 31/07/2025 |
| Regulation 09(3) | The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal | Substantially Compliant | Yellow | 31/08/2025 |

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| | communications, relationships, intimate and personal care, professional consultations and personal information. | | | |