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

Name of designated centre:	The Beeches
Name of provider:	Sunbeam House Services CLG
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	05 June 2025
Centre ID:	OSV-0003322
Fieldwork ID:	MON-0046787

About the designated centre

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

The Beeches is a designated centre operated by Sunbeam House Services Company Limited by Guarantee located in a town in County Wicklow. This designated centre provides community residential care for up to four adults (male or female) who are over the age 18 years. The designated centre supports people who have severe and profound learning disabilities and may also have physical disabilities. The designated centre is a detached bungalow which consists of four individual resident bedrooms, kitchen, living room, conservatory, shared bathrooms and a staff office. Residents are supported to participate in their local town by using the local shops, barbers, and restaurants. The centre is staffed by a person in charge, a deputy client service manager, social care workers, care assistants and a household staff.

The following information outlines some additional data on this centre.

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 5 June 2025	11:00hrs to 17:30hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor ongoing regulatory compliance in the designated centre. The purpose of this inspection was to monitor compliance with the regulations. Additionally, as part of the inspection, the inspector also assessed aspects of the provider's implementation of their organisation's improvement plan which was a response to an overview report published in February 2025. This is discussed further in the capacity and capability section of the report.

The inspector used observations alongside a review of documentation and conversations with residents, staff and management to inform judgments on the residents' quality of life.

The centre consisted of a large single-storey house on a large site in the picturesque countryside of County Wicklow. It had the capacity for a maximum of four residents, at the time of the inspection there were three residents living in the centre full-time. The provider had resourced the centre with it's own transport vehicle.

On arrival to the designated centre, the inspector was greeted by a staff member. The staff member informed the person in charge who then facilitated the inspection. The person participating in management attended the inspection in the morning and returned later in the afternoon for feedback.

From speaking with the person participating in management, the person in charge, staff and residents, as well as a review of documentation and observations on the day, the inspector found that there was sufficient evidence to demonstrate satisfactory levels of progress on the implementation of the provider's organisation improvement plan. In addition, there was good levels of compliance with the regulations found on the day of the inspection which was resulting in positive outcomes for residents living in the designated centre.

The inspector carried out a walk around of the centre in the presence of the person in charge. The premises was observed to be clean and tidy and was decorated with residents' personal items such as photographs and artwork. Each resident had their own bedroom which was decorated in line with their preferences and wishes, and the inspectors observed the rooms to include family photographs, and memorabilia that was important to each resident. Two residents were in their respective bedrooms during the walk around and showed the inspector their bedrooms.

However, the premises required upkeep and maintenance internally and externally. While there was a a plan in place to move residents to another property progress was slow and the current house did not suit residents assessed needs and required further attention, this will be discussed further under Regulation 17: Premises.

Residents were observed throughout the course of the inspection receiving a good

quality, person-centred service that was meeting their needs. Observations carried out by the inspector, feedback from residents and documentation reviewed provided suitable evidence to support this.

The inspector had the opportunity to meet with all three residents on the day of the inspection, two residents were supported by staff to go out in the afternoon and one resident chose to stay at home and relax in the sitting room. Residents living in the centre used different forms of communication and where appropriate, their views were relayed through staff advocating on their behalf. One resident had recently been to Centerparcs and with the support of a staff member showed the inspector photos of their holiday.

In summary, residents indicated and told inspectors they were happy living in the centre. Staff communicated with residents in a gentle manner and clearly knew residents' individual preferences in respect of their care and support.

Staff described meaningful opportunities for residents to engage in activities they enjoyed. Inspectors observed residents taking part in activities at home and leaving the centre to engage in activities in their local community. Activities included going to the beauty salon for a manicure, the cinema, out for meals, swimming, taking trips on a wheelchair adapted horse drawn cart and going on holidays.

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

Capacity and capability

In February 2025, HIQA published an overview report of governance and safeguarding in designated centres operated by the provider. The report incorporated the findings of 34 inspections carried out in 2024; and focused on five regulations (Regulation 5: Individualised assessment and personal plans, Regulation 7: Positive behaviour support, Regulation 8: Protection, Regulation 15: Staffing, and Regulation 23: Governance and Management). The provider was found to be not-compliant under those regulations.

The report included a compliance plan from the provider that outlined its actions to address the poor findings and to come into compliance. This inspection formed part of the Chief Inspector’s overall assessment of the provider’s implementation of the provider's plan and its effectiveness in driving improvements.

There had been a number of quality improvements made in the centre which demonstrated effective progress on the provider's implementation of the improvement plan and how it was impacting positively on the quality of life for the

residents living in this centre.

On the day of the inspection the inspector found that there was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre.

The service was led by a capable person in charge, who was knowledgeable about the support needs of the residents living in the centre. The person in charge was full-time and responsible for this and one other designated centre. They were present in this centre regularly and they were supported in their role by a deputy client services manager and a senior service manager.

The registered provider and person in charge had implemented satisfactory management systems to monitor the quality and safety of service provided to residents. Overall, the governance and management systems in place were found to operate to a good standard in this centre.

Six-monthly unannounced visits of the centre were taking place to review the quality and safety of care and support provided to residents. The review included an action plan to address any concerns regarding the standard of care and support provided.

In addition, the provider had completed an annual report of the quality and safety of care and support in the designated centre and there was evidence to demonstrate that residents and their families and or representatives were consulted about the review, with two families providing feedback by saying the support their loved ones receive is fantastic but both families were unhappy with the pace of the move to the new property and the current level of work required in the house residents currently reside in.

The registered provider had ensured the skill-mix and staffing levels allocated to the centre were in accordance with all the residents current assessed needs.

Through-out the day the inspector observed positive and caring interactions between staff and residents and it was evident that residents' needs were known to staff and the person in charge. The inspector observed that residents appeared very comfortable in their home and relaxed in the company of staff.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for residents.

A supervision schedule and supervision records of all staff were maintained in the designated centre. The inspector saw that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and professional development.

The provider had systems in place to ensure records, as required by the regulations, were of good quality and were accurate, up-to-date and stored securely.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described what the service does, who the service is for and information about how and where the service is delivered.

Overall, the inspector found that systems and arrangements were in place to ensure that residents received care and support that was person-centred and of good quality.

Regulation 15: Staffing

The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs. There was one staff vacancy at the time of inspection. Continuity of care was provided through permanent staff filling the gaps on the roster.

The inspector reviewed actual and planned rosters at the centre for April and May 2025 and the current June 2025 roster. The person in charge maintained a planned and actual staff rota which was clearly documented and contained all the required information.

Staffing levels were in line with the centre's statement of purpose and the needs of its residents. Residents were in receipt of support from a stable and consistent staff team.

The inspector observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

Supervision records reviewed by the inspector were in line with organisation policy and the inspector found that staff were receiving regular supervision as appropriate to their role.

All staff were up to date in training in required areas such as safeguarding vulnerable adults, manual handling and fire safety. Staff had also received additional training in safe administration of medication, communication and risk management.

Furthermore, there were plans in place to provide additional training as set out in the providers wider organisational compliance plan, this will be discussed further under Regulation 23: Governance and management.

Judgment: Compliant

Regulation 21: Records

Records set out in the schedules of the regulations were made available to the inspector on the day of inspection. The inspector found that records were appropriately maintained.

The inspector reviewed records pertaining to Schedule 3 and 4 and found that they were correct and in order. They included the designated centre's statement of purpose, residents' guide, fire safety log (including a record of drills and the testing of equipment) and a record of all complaints made by residents or their representatives or staff concerning the operation of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

Management systems were in place to ensure that the service provided was appropriate to the needs of the residents and effectively monitored. There was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre. The person in charge was supported by a deputy manager and person participating in management to carry out their role in this centre.

The provider had appropriate resources in place including equipment, staff training and transport arrangements in place in the centre. The staffing resources in the designated centre were well managed to suit the needs and number of residents. Staff had specific roles and responsibilities in relation to the day-to-day running of the centre.

Local governance was found to operate to a good standard in this centre. Good quality monitoring and auditing systems were in place. The person in charge demonstrated good awareness of key areas and had checks in place to ensure the

provision of service delivered to residents was of a good standard.

There was a new electronic system in place to ensure the effectiveness of audit and oversight systems in centres. On the day of the inspection, a staff member demonstrated to the inspector their ability to use the system with ease.

On review of documentation and from speaking with management the inspector found that number of the provider's plans for bringing Regulation 23 into compliance, across their organisation, had been completed or partially completed in this centre with evidence of good progress being made.

For example:

- A quarterly audit of residents documentation was completed by the person in charge and actions arising were shared with the resident's keyworker for follow-up. There was no keyworker working on the day of the inspection and as a result the person in charge showed the inspector the checklists and demonstrated how they were used.
- The person in charge completed a specific resilience training programme for persons in charge. On review of the programme's learning outcomes the inspector saw that they include some of the following: enhanced decision-making, effective communication, conflict resolution, team building, adaptability and wellbeing impact.
- Nine staff had completed the new positive behaviour training organised by the provider, with six staff yet to complete it.
- The person in charge and deputy manager had both completed additional in-house safeguarding training in February 2025 which was provided by the national safeguarding team and the provider's senior social work safeguarding liaison officer.
- All staff had completed eLearning training relating to updated safeguarding policy and restrictive practice policy.

However, while the new management systems had identified actions from their audits and were moving in the right direction, the delay regarding moving premises requires further attention especially as their current home is not meeting the assessed needs of all three residents.

Furthermore, the roll-out of additional training as set out in the providers wider organisational compliance plan had been delayed in this designated centre. Staff had yet to attend internal keyworker training which was due to be rolled out by the end of quarter two 2025. A review of staff training indicated that eight staff members had been booked on this training for July and October and one staff member on duty on the day of the inspection, informed the inspector they had been rostered on the training for July.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed on inspection and was found to meet the requirements of the Regulations and Schedule 1 and clearly set out the services provided in the centre and the governance and staffing arrangements.

A copy was readily available to the inspector on the day of inspection.

It was also available to residents and their representatives.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents living in the designated centre.

The inspector found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

In addition to this, the inspection found that residents' well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of all three residents' needs and were knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to the residents was of good quality. Furthermore, on review of documentation and from speaking with management the inspector found that a number of the provider's escalation programme compliance plan actions relating to the quality and safety of service provided to the resident, had been completed or partially completed.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received. However, there were areas of the premises that were not maintained in a good state of repair and the property was not suitable to residents assessed needs.

There were suitable care and support arrangements in place to meet residents' assessed needs. Two of the residents' files were reviewed and it was found that comprehensive assessments of need and support plans were in place for these residents.

The inspector saw that residents' files contained information, through their individualised communication support plans, on their preferred mode of

communication.

There were appropriate fire safety measures in place, including fire and smoke detection systems and fire fighting equipment. The fire panel was addressable and there was guidance displayed beside it on the different fire zones in the centre. The inspector observed the fire doors to close properly when released.

A residents' guide was available in the designated centre. The residents' guide was reviewed on the day of inspection and was found to contain all of the information as required by Regulation 20.

Positive behaviour support plans were developed for residents, where required. The plans were up to date and readily available for staff to follow. Staff had also completed training in positive behaviour support to support them in responding to behaviours of concern.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Staff spoken with were familiar with the procedure for reporting any concerns, and safeguarding plans had been prepared with measures to safeguard residents.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

Regulation 10: Communication

Residents living in the centre presented with a variety of communication support needs. Communication access was facilitated for residents in this centre in a number of ways in accordance with their needs and wishes.

Staff were informed of residents' communication needs and described how they supported residents' communication.

Residents' files contained communication care plans where required and a communication profile which detailed how best to support the resident.

Throughout the duration of the inspection, the inspector observed residents freely expressing themselves, receiving information and being communicated with in the best way that met their assessed needs. The inspector found that residents were cared for by staff who understood their communication needs and could respond accordingly.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises was not suitable for the number and needs of residents and as a result the registered provider had not made provision for the matters as set out in Schedule 6 of the regulations.

For example:

- All of the residents in the house had mobility needs and required the use of mobility aids. There was a lack of adequate space and suitable storage throughout the house.
- The main hallway was narrow and not conducive to ease of navigation for wheelchair users. Throughout the house door frames, storage presses and skirting boards were observed to be heavily scuffed and damaged in some parts.
- A ceiling track hoist in one of the residents bedrooms was not operating after a recent power cut. As a result the resident had to move bedrooms while they waited for it to be fixed. The residents bedroom was quite small and the use of a manual movable hoist was not an option.
- The kitchen was in a poor state of repair and required upgrading. There are plans in place to upgrade the kitchen and approval has been granted.

The provider has secured a new property and residents and their representatives have seen the new house. The person in charge told the inspector that both residents and staff are happy with the new house. However, the proposed plan to move residents to a new home has been delayed. The provider has said this is due to external factors beyond their control namely planning applications. As a result, these processes have been delayed. The provider has stated that based on the current timeline, the estimated move-in date for the house is projected for Q4 of 2026.

Judgment: Not compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide which had been made accessible and contained information relating to the service. This information included the facilities available in the centre, the terms and conditions of residency, information on the running of the centre and the complaints procedure.

The guide was written in easy-to-read language and was available to everyone in the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fighting equipment.

There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements. The exit doors were easily opened to aid a prompt evacuation, and the fire doors closed properly when the fire alarm activated.

Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

The inspector reviewed fire safety records. All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly, and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had ensured that there were arrangements in place to meet the needs of each resident.

Two residents' files were reviewed and it was found that comprehensive assessments of need and support plans were in place for these residents.

Care plans were derived from these assessments of need. Care plans were comprehensive and were written in person-centred language. Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met.

Support plans included communication needs, social and emotional well being, safety, health and rights. They were personalised to reflect the needs of the resident including what activities they enjoy and their likes and dislikes. Furthermore there was very clear evidence that goals were person centred. Goals included activity activation, maintaining relationships with friends and family and going on holiday. The person in charge showed the inspector how goals are measured and tracked by using an online system which is populated from records made in the residents 'daily files.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that where residents required behavioural support, suitable arrangements were in place to provide them with this.

There was evidence to demonstrate that the traffic light plan, to identify and prioritise positive behaviour supports needs, was in place in the centre. One resident's positive behaviour support status was recorded on the live system as 'green'. It had recently been updated on the 6th May 2025.

The inspector reviewed the resident's positive behaviour support plan and found that it clearly documented both proactive and reactive strategies.

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

Restrictive practices were regularly reviewed with clinical guidance and risk assessed to use the least restrictive option possible. Furthermore restrictive practices were discussed at team meetings and all staff spoken to on the day of inspection were aware of the restrictive practices in place and the rationale for their use.

Judgment: Compliant

Regulation 8: Protection

The registered provider had implemented systems, underpinned by written policies and procedures, to safeguard residents from abuse. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit.

Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations. Safeguarding plans were reviewed regularly in line with organisational policy. Formal and interim safeguarding plans were implemented and were supported by risk assessments. The control measures to protect residents from abuse were seen to be proportionate, person-centred and mindful of the residents' rights and wishes.

Staff spoken to on the day of inspection reported they had no current safeguarding concerns. The person in charge told the inspector there had been a significant reduction in peer to peer incidents due to improved behaviour support strategies.

All staff were trained in Safeguarding and some had received enhanced training as outlined in the providers action plan.
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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Beeches OSV-0003322

Inspection ID: MON-0046787

Date of inspection: 05/06/2025

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: The provider has reviewed the suitability of the designated center in relation to the changing needs of the residents and engaged with the funders. A new property was purchased. Applications to the local County Council have been submitted for works to be completed on the new property. Transition plan in place, Three residents to move to the new property by- 31st December 2026 Damage to parts of some door frames and skirting boards to be completed by- 31st October 2025. Flooring completed in the hall and dinning room -19th June 2025. The kitchen will be refurbished by the- 31st of August 2025. Flooring in the kitchen will be replaced when the works to the kitchen is completed by the - 31st August 2025. The PIC has scheduled the outstanding staff members for key worker training between July and October 2025. All staff will have completed the key working training by -23rd October 2025.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The provider has reviewed the suitability of the designated center in relation to the changing needs of the residents and engaged with the funders. A new property was purchased.	

Applications to the local County Council have been submitted for works to be completed on the new property.
Transition plan in place, Three reidents will transition to the new property by -31st December 2026.
Damage to parts of some door frames and skirting boards to be completed by- 31st October 2025
Flooring completed flooring in the hall and dinning room -19th June 2025.
Flooring in the kitchen will be replaced when new kitchen is been completed -31st August2025.
The kitchen will be refurbished by the -31st of August 2025.
The hoist is now in good working order. This was completed on the- 13th June 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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/12/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	31/10/2025
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in	Not Compliant	Orange	13/06/2025

	good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/12/2026
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they	Substantially Compliant	Yellow	23/10/2025

	are delivering.			