



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

## Issued by the Chief Inspector

Name of designated centre:	Iona House
Name of provider:	Praxis Care
Address of centre:	Monaghan
Type of inspection:	Announced
Date of inspection:	09 June 2025
Centre ID:	OSV-0003415
Fieldwork ID:	MON-0038526

## About the designated centre

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

Iona House provides full-time residential services to seven adults with an intellectual disability who may have associated physical disabilities. The centre is a purpose-built bungalow close to a nearby town, with easy access to all local amenities and shops. The service is staffed on a twenty-four-hour basis by a team made up of the person in charge, team leaders, and support workers. Two residents are supported in individual self-contained apartments. The remaining residents are supported in the main part of the centre, with five single bedrooms including four with en-suite facilities.

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

Number of residents on the date of inspection:	6
--	---

## 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
Monday 9 June 2025	09:15hrs to 17:00hrs	Eoin O'Byrne	Lead

## What residents told us and what inspectors observed

This was an announced inspection. The findings from the inspection were a mix of positive aspects and areas needing improvement to ensure compliance with regulations.

For instance, the inspector identified issues related to fire safety and the management of fire evacuation drills, as well as infection prevention and control (IPC) practices. Additionally, some residents' behaviours of concern were affecting those they lived with. These concerns will be discussed in more detail under the relevant regulations later in the report.

During the inspection, the inspector met with or observed four residents and spoke with the person in charge, members of the staff team, and a member of the provider's senior management team who was involved in the running of the service.

As noted previously, there were areas that required improvement; however, there were also positive findings. The review of the information, discussions with residents, and observations conducted on the day indicated that the provider and the staff team were effectively supporting residents to engage in activities they enjoyed. They encouraged participation in everyday activities outside the home, and some residents were involved in social clubs. Out of the seven residents, five were participating in day service or activation programmes, while two received support from their home each day.

The inspector spoke with a resident before they left to go shopping with a staff member. The resident shared their interests, mentioning a large DVD collection, and they chatted about some of these. The resident expressed happiness with their living situation, emphasizing how accepted they felt by the staff team and highlighting the positive relationships they had with them. They felt safe in their environment.

Later in the afternoon, the inspector met with a second resident who had just returned from their day service programme. This resident introduced themselves and was eager to show the inspector a poster they had created about healthy eating. They spoke enthusiastically about their experience living in the service, expressing contentment with their home and stated that they got on with the other residents. The resident had a keen interest in music and was supported in attending concerts and play instruments, which included participating in a weekly music program at another of the provider's services.

The inspector also greeted two other residents. One resident had been out with staff in the morning and was engaging in their preferred activities, relaxing in a room they enjoyed. The other resident had attended their day service programme that

morning and was observed relaxing in the kitchen dining area, engaging in sensory activities, they appeared relaxed and happy in their environment.

As mentioned in the service description, the premises consisted of two self-contained apartments and the main part of the house. The inspector visited all areas and found them well presented. Where necessary, the provider had made adaptations to the premises to best support the residents.

In preparing for the inspection, the inspector reviewed a substantial amount of solicited information submitted by the provider. Some of this information indicated that there had been instances where residents engaged in behaviours that negatively impacted their peers. The inspector reviewed adverse incidents that occurred in the service in 2025, along with a sample of daily notes from ten days preceding the inspection. This review identified regular incidents where some residents sought to antagonize their peers through name-calling, shouting, and in some cases, physical aggression. The inspector found that these incidents negatively impacted the rights of the targeted residents.

Prior to the inspection, the inspector was aware that the provider was working to address these issues with risk control measures in place and was providing additional positive behaviour support for residents, along with guidance for the staff team. However, the incidents continued to occur, leading to instances where the residents' home environment was unsettled, loud, and potentially frightening for some. The provider was taking further steps to address these challenges.

In summary, the inspection found that while some areas required improvement, the overall care and support provided to the residents was satisfactory. The impact of certain residents' behaviours on their peers was a concern, but the provider and staff team were actively seeking to reduce this impact. They were in the process of making changes to the service layout to better support this goal, which will be discussed further in the report.

The next two sections will present the inspection findings related to governance and management in the centre and how these factors affect the quality and safety of the service being delivered.

## **Capacity and capability**

The inspector evaluated the provider's governance and management arrangements and identified areas for improvement. Specifically, the inspection highlighted issues with the monitoring of fire precautions and the arrangements for evacuating residents in case of an emergency. Additionally, there was a need for better oversight concerning the management of mop buckets and mop heads, as some were found to be stored outside.

On a positive note, the inspector found that the provider's staffing arrangements, staff training, incident notification processes, and statement of purpose were compliant with regulations. The review of a sample of staff rosters indicated that the provider maintained safe staffing levels, and the person in charge ensured that the staff team had access to and completed the necessary training programs to care for the residents.

In summary, the review indicated that the provider needed to enhance their oversight of fire safety management and infection prevention and control practices.

## Regulation 15: Staffing

The inspector sought to ensure that the provider and the person in charge had ensured that the service was appropriately staffed to meet the needs of the residents.

There was a team leader on duty day and night. The team leader was responsible for managing each shift. Team leaders were supported in their duties by a team of support workers. During the day, a team leader and four support workers were rostered to support the residents, and at night time, a team leader and a support worker were on duty to support the residents if required. The review of daily notes and other aspects of the residents' information identified that the current staffing levels were appropriate to the current needs of the residents.

The inspector studied the current roster and the rosters from the first two weeks of January 2025. The comparison between the two rosters revealed that there had been some changes to the staff team, but the residents were still receiving support from a consistent staff team, which was essential for their well-being.

Discussions with the person in charge and a review of the rosters identified two current vacancies. A consistent relief panel covered these vacancies, and the provider ensured that safe staffing levels were maintained.

The inspector found that the provider had taken steps to hire more staff, conducting recruitment drives and interviews in recent weeks. The inspector was, therefore, satisfied that the provider was actively seeking to fill the vacancies.

Additionally, the inspector reviewed the information of three staff team members and found that the provider and the person in charge had gathered the relevant information listed under Schedule 2 of the regulations, ensuring, for example, that the staff members had the relevant experience, appropriate references, qualifications, and were Garda vetted.

The inspector reviewed a large volume of information during the inspection, including adverse incidents and how the provider and staff team managed potential and actual risks. The appraisal revealed that there were regular instances where residents experienced difficult episodes. The inspector found that, despite incidents

occurring, the staff team possessed the necessary knowledge to support the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

The inspector sought reassurance that the staff team had access to and had completed the necessary training. They reviewed the training records for the staff members, which demonstrated that training needs were regularly assessed and that staff members attended training as required.

Staff members had completed training in the following areas:

- Fire safety, firefighting, and evacuation
- Safeguarding vulnerable adults
- IPC
- Human rights-based approaches
- First aid
- Child protection
- Manual handling
- Medication management
- Positive behavior support
- Managing service users' finances
- Restrictive practices.

In summary, the inspector found that the staff team had received training designed to ensure they possessed the knowledge needed to effectively support each resident. The inspector also reviewed information from three staff members and confirmed that they were receiving regular supervision.

Judgment: Compliant

### Regulation 23: Governance and management

This service was managed by the person in charge who was supported in their duties by a team of team leaders, support workers, and a member of the provider's senior management team. A team leader was scheduled for each shift, while the person in charge was on-site from Monday to Friday. There were also on-call management arrangements in place for the weekends.

During the inspection, the inspector found good oversight in most areas, including residents' care plans, risk assessments, and residents' finances. However, the



inspector identified some gaps where the local management team and senior management had not addressed certain issues. For example, the inspector noted issues with how fire drills were conducted and recorded, an inappropriate personal emergency evacuation plan for one resident, and a blocked emergency exit in one resident's apartment during the premises review. Additionally, the inspector discovered that mop buckets were not stored correctly in two separate areas, posing potential infection risks.

While the above concerns were not identified prior to the inspection, the inspector found evidence that regular reviews of service operations and resident care and support were being conducted. For instance, a member of the provider's senior management team carried out monthly monitoring visits, and a report was generated after each audit. The inspector reviewed reports from February to May 2025, which covered topics such as:

- Risk management
- Person-centered services
- Staffing matters
- Staff training
- Restrictive practices
- Safeguarding.

The person in charge was also conducting audits related to residents' finances and medication management. The inspector found that, following these audits and reviews, action plans were created, and it was the responsibility of the person in charge to implement these actions, with evidence of them doing so.

The provider had ensured that six-monthly unannounced visits and annual reviews were completed in accordance with regulations. Action plans were developed after these reviews, and there was also evidence that these were being addressed.

Furthermore, the inspector concluded that the provider had adequately resourced the service and established systems to support staff development and performance management.

In summary, the inspector found that oversight practices needed improvement to ensure that all aspects of the service provided to residents were effectively monitored.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The registered provider prepared a statement of purpose containing the information set out in Schedule 1 of the regulations. The statement was updated when required, and a copy was available to residents and their representatives.

The inspector reviewed the statement of purpose as part of the preparation for the inspection. On the inspection day, the inspector was assured that it accurately reflected the service provided to the residents.

Judgment: Compliant

### Regulation 31: Notification of incidents

As part of the inspector's preparation for the inspection, they reviewed the notifications submitted by the provider. The inspection also involved studying the provider's restrictive practices and adverse incidents. This review showed that, per the regulations, the person in charge had submitted the necessary notifications for review by the Chief Inspector.

Judgment: Compliant

### Quality and safety

The inspector reviewed a large sample of information, conducted observations, and engaged in discussions with staff and management. It was found that there were still instances where the behaviors of some residents negatively affected those they lived with. While the provider aimed to promote positive relationships among residents, incidents of this nature continued to occur. This area requires improvement to minimise the negative impact on residents.

Additionally, the inspector identified issues related to fire safety and evacuation measures. These concerns had not been recognised prior to the inspection, raising questions about the oversight arrangements in place. Further oversight issues were noted when the inspector discovered that mop buckets and mop heads were being stored outside.

In contrast to these findings, the inspector observed that the provider had ensured each resident's needs were assessed, and corresponding support plans were developed. The inspection also noted the creation of guidance documents to assist staff in providing the best possible support to residents.

The inspector evaluated several other aspects, including risk management, overall welfare and development, positive behavioral support, personal possessions, and safeguarding. The review found that all of these areas complied with regulations.

In conclusion, the provider must take appropriate measures to reduce the negative impacts of residents' behaviours on their peers. Furthermore, effective oversight

arrangements are necessary to ensure that all aspects of the service provided to residents are appropriate.

## Regulation 12: Personal possessions

The inspector discovered that the person in charge had completed monthly management assurance reports that monitored the residents' finances. Upon reviewing the previous two reports, the inspector found no concerns raised. Financial capacity assessments were conducted for the residents, and the inspector examined two of these assessments, which indicated that neither resident was managing their finances independently.

Discussions with the person in charge identified that one resident was managing their own finances, while the other five required full support from the staff team.

The inspector discussed the measures for managing residents' finances with the team leader on duty. Additionally, the inspector reviewed the financial records of two residents and found them to be accurate. The residents' finances stored on-site were checked daily. There were also systems in place to monitor the residents' bank and savings accounts, ensuring that their spending aligned with account statements.

In summary, the inspector was satisfied that there were adequate systems in place to safeguard residents from financial abuse.

Judgment: Compliant

## Regulation 13: General welfare and development

As discussed in the opening section of the report, the inspector found that residents were supported in engaging in regular activities outside of their home. The inspector reviewed the daily key working meetings and the goals that had been set. It was found that residents were attending local groups, visiting family and friends, going to sporting events, and taking holiday breaks. Additionally, the majority of residents were participating in a day service or daily activity program. As a result, residents were busy during the day and often chose to relax at home in the evenings. The review of information indicated that the staff team encouraged residents to identify their interests. Whenever possible, residents were supported to engage in activities they enjoyed or to work toward achieving their goals with the assistance of staff. In summary, while there were instances where residents negatively affected one another, which has been addressed under regulation 9, the inspector determined that residents were generally being supported to participate in activities that they enjoyed.

Judgment: Compliant

### Regulation 20: Information for residents

A resident's guide had been developed. The inspector reviewed this and found that the document contained the information per the regulations and was readily available for residents to review.

Judgment: Compliant

### Regulation 26: Risk management procedures

The inspector reviewed the risk assessments and the systems in place for reviewing and responding to adverse incidents. They found that the provider and the person in charge had ensured that both actual and potential risks were being identified and addressed appropriately.

The inspector examined the risk assessments developed for two of the residents. They noted that the identified risks were linked to the residents' other documents, including care plans and behaviour support plans. The risk rating levels and the risk control measures employed to maintain residents' safety were found to be appropriate.

The inspector also reviewed the records of adverse incidents that occurred in 2025. This review identified compatibility issues among the residents, which is being addressed under Regulation 9. The examination of the records further demonstrated that the staff team was responding to risks and managing them appropriately, supporting residents in calming down and minimizing their impact on others.

Additionally, the inspector found that risk assessments were reviewed regularly and that the provider had occasionally requested additional multidisciplinary input to support residents and guide staff approaches when needed.

Judgment: Compliant

### Regulation 27: Protection against infection

The inspector asked a member of the staff team to show them around the premises. During this time, the inspector observed that two mop buckets were being stored outside with mops sitting in them. When questioned by the staff member, the

inspector was informed that there had been appropriate storage, but it had been damaged and had not been replaced.

The inspector raised the issue with the person in charge, explaining that such practices were not appropriate or in line with best practices. The person in charge had the staff address the problem quickly, but storing mop buckets and mop heads outside was not an appropriate solution. Mops and mop buckets should be stored in a way that allows them to dry thoroughly after use in order to stop the spread of infections. The person in charge and the provider, therefore, needed to improve practices.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

During the inspection of the apartments, the inspector discovered that some equipment had been left next to a door in the garden, which was identified as an emergency exit. The equipment was partially blocking this exit. Neither the staff nor the management team had previously recognised this as an issue. A staff member promptly removed the equipment, but this situation should not have occurred in the first place.

The inspector also reviewed a sample of residents' Personal Emergency Evacuation Plans (PEEPs). These plans are intended to outline how to best assist residents in safely evacuating their homes in case of an emergency. During the review, the inspector examined two plans and found that one plan for a resident who uses a wheelchair did not reflect best practices for supporting that resident in the event of a fire at night. The inspector raised concerns with both the person in charge and a member of the provider's senior management team. They both agreed that the plan was inadequate and did not conform to best practices. Despite previous audits and reviews focusing on fire management practices, these issues had not been identified.

Next, the inspector assessed whether the provider had demonstrated their ability to safely evacuate residents during both day and night scenarios through completed fire drills. The inspector found that the provider could safely evacuate residents during daytime drills. However, a review of the recent night time drills revealed that they had not been conducted with the appropriate staffing levels. Three staff members participated in the drills instead of the two that comply with night time staffing requirements. A night time drill had been conducted in late 2024 with the correct two staff members, but the recording sheet lacked sufficient details about where residents were located at the time of the drill and how they were supported during the evacuation.

The member of the provider's senior management team informed the inspector that a night time drill would be completed the following day as there was poor weather

on the day of the inspection. The provider submitted evidence for review two days after the inspection, which demonstrated that the residents were supported to safely evacuate their home under night time circumstances.

In summary, the inspector concluded that the oversight of fire safety and evacuation procedures was inadequate. The provider had failed to ensure that sufficient measures were implemented.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

The inspector found that the provider had effectively captured both the strengths and the areas where residents required support through detailed assessments. A document known as an Everyday Living Plan was created for each resident. The inspector reviewed the plans of two residents, which covered various topics, including:

- Mental health
- Physical health
- Communication
- Daily living skills
- Interpersonal relationships.

The inspector concluded that the everyday living plans were person-centered and provided sufficient information to understand when and how to best support the residents. In summary, the person in charge had ensured that thorough assessments and care plans were developed. The plans were well-written and offered the essential details needed for providing care and support to the residents.

Judgment: Compliant

### Regulation 7: Positive behavioural support

As discussed in earlier sections of the report, some residents engaged in behaviors of concern. The review of information indicated that the provider had ensured residents had access to positive behavior support when necessary. The inspection included a review of two residents' positive behavior support plans. These plans focused on understanding the residents' behaviors, offering insights into why these behaviors may occur, and outlining the best ways to prevent and respond to incidents when they arise.

The inspector examined a large number of adverse incident recordings, which demonstrated that staff members responded to residents appropriately, adhered to

the behavior support plans, and maintained the residents' safety during challenging situations. This indicated that the staff were receiving appropriate training and were following the prescribed methods for responding to the residents.

The inspector was therefore satisfied that the residents' behaviors of concern were being closely monitored, and that both the provider and the staff team were actively working to reduce incidents and promote positive outcomes for the residents.

Judgment: Compliant

## Regulation 8: Protection

It is the provider's responsibility to protect residents from all forms of abuse. The inspector reviewed the active safeguarding plans in place, noting that the provider had implemented measures to address the concerns and there were plans to reconfigure the premises to minimise the risk of residents behaviour of concern impacting negatively on other residents.

However, during the inspection, despite the strategies employed by the staff and the provider to de-escalate residents' behaviors and minimize their impact on one another, there were still instances where residents upset each other. Therefore, the provider is required to take further steps to reduce the negative impact some residents were experiencing.

The inspector found that the provider and the person in charge had ensured that safeguarding incidents were addressed appropriately. Residents received the necessary support, and safeguarding concerns were investigated, with the relevant authorities notified according to best practices. The provider ensured that the staff team completed training in this area.

Additionally, there were examples of residents being provided with information about safeguarding and the potential impact their behaviors might have on others.

In conclusion, while the provider has taken steps to safeguard residents and address incidents of abuse, there is a need for ongoing improvements to further reduce negative interactions among residents.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

As discussed in the opening section of the report, the review of information before and during the inspection revealed some compatibility issues amongst residents. There were frequent incidents where residents exhibited behaviours of concern,

often targeting their peers with verbal or intimidating language, entering other residents' rooms without permission, and in some cases, physically hitting one another with low force.

These incidents negatively impacted the rights of the targeted residents and disrupted the home environment for others.

The inspector spoke with the person in charge and a member of the provider's senior management team regarding the measures in place. A plan had recently been agreed upon to re purpose an unused bedroom into an activity and living space for residents. It was hoped that this change would help reduce incidents and mitigate their negative effects.

There was evidence that the staff team was actively promoting positive outcomes for all residents. They also demonstrated appropriate responses to incidents, following guidance documents and taking steps to de-escalate situations and ensure residents' safety.

Despite these efforts, incidents continued to occur, for example in the days leading up to the inspection a residents had been antagonising or acting out against their peers. This issue requires particular attention to ensure that the rights of all residents are promoted and upheld.

Judgment: Substantially compliant



## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Iona House OSV-0003415

Inspection ID: MON-0038526

Date of inspection: 09/06/2025

## 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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Person Participating in Management will monitor infection control compliance and, fire safety in monthly monitoring visits. To commence 01.07.2025.</p> <p>The Registered Provider's Fire safety officer will complete a fire risk assessment to include a full review Personal Emergency Evacuation Plans, fire drills and fire safety in the centre. To be completed by 31.07.2025</p> <p>The Registered Provider will ensure any concerns in relation to fire safety are escalated in accordance with the organization's escalation policy. To commence 01.07.2025</p> <p>The Regional Director of care will visit the centre at a minimum of monthly to monitor compliance for three months. To commence 01.07.2025</p> <p>Person In Charge has ensured that there is adequate mop storage facilities in the centre. Completed 01.07.2025</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Person In Charge has ensured that there is adequate mop storage facilities in the centre. Completed 01.07.2025</p>	

Person in Charge has brought infection control policy including appropriate management of mop storage to June staff meeting. Completed 30.06.2025

Person in Charge will ensure infection control is a standing agenda item on staff meetings. Commenced 30.06.2025

Person in Charge to ensure all staff re-complete infection control training. To be completed by 30.09.2025

The Person Participating in Management will monitor infection control compliance in monthly monitoring visits and escalate any concerns. To commence 01.07.2025.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Registered Provider is updating weekly fire check to include means of escape route kept clear at all times visual check. To be completed by 18/07/2025

The Person Participating in Management has reviewed all residents Personal Emergency Evacuation Plan(s) to ensure best practice is adhered to. Completed 10.06.2025

The Registered Provider's Fire safety officer will complete a fire risk assessment to include a full review Personal Emergency Evacuation Plans, fire drills and fire safety in the centre. To be completed by 31.07.2025

The Person in Charge has ensured that a night time fire drill completed on the 11.06.2025 is in compliance with regulations. Completed 11.06.2025

The Person in Charge will ensure Fire safety , fire drills and management is a standing agenda item in monthly staff meetings. Commenced 30.06.2025

The Person Participation in management will monitor fire safety in monthly monitoring visits. To commence 01/07/2025

The Registered Provider will ensure any concerns in relation to fire safety are escalated in accordance with the organisation's escalation policy. To commence 01.07.2025

Regulation 8: Protection

Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 8: Protection: The Registered provider has scheduled a multi-disciplinary meeting to review all safeguarding in the centre. To be completed by 31.07.2025</p> <p>The Registered Provider has submitted an application to vary to create an additional living area in the property to reduce opportunity for negative interactions between residents. To be completed by 31.07.2025</p> <p>The Registered Provider's positive behavior support therapist will conduct a monthly analysis of incidents to continually monitor and manage the impact of negative behaviours on residents. To commence 01.07.2025</p> <p>The person in charge will ensure that safeguarding is a standing agenda item on monthly staff meetings. Commenced 30.06.2025</p> <p>The person participating in management will monitor all safeguarding concerns in monthly monitoring report and escalate concerns accordingly. Commenced 01.06.2025</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Registered Provider has submitted an application to vary to create an additional living area in the property to reduce opportunity for negative interactions between residents. To be completed by 31.07.2025</p> <p>The Registered Provider's positive behavior support therapist will conduct a monthly analysis of incidents to continually monitor the impact of negative behaviours on residents. To commence 01.07.2025</p> <p>The person in charge will ensure that resident's rights are a standing agenda item on monthly resident meetings. To commence 01.07.2025</p> <p>The Registered Provider will ensure that the organisational Human Rights committee monitors and reviews resident's rights to ensure that resident rights are promoted. To commence 01.07.2025</p> <p>The person in charge will ensure that residents are aware of right to make a complaint if impacted by peer's behaviour. To be completed by 31.07.2025</p>	

## 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 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	31/07/2025
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the	Substantially Compliant	Yellow	30/09/2025

	prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/07/2025
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	31/07/2025
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/07/2025
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	31/07/2025
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in	Substantially Compliant	Yellow	31/07/2025

	<p>relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.</p>			
--	--	--	--	--