



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

## Issued by the Chief Inspector

Name of designated centre:	No.1 Fuchsia Drive
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	17 April 2025
Centre ID:	OSV-0004578
Fieldwork ID:	MON-0039256

## About the designated centre

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

No.1 Fuchsia Drive is a detached dormer bungalow located in a town that provides full time residential support for a maximum of four residents, of both genders, between the ages of 40 and 75 with intellectual disabilities. Support to residents is provided by the person in charge, a social care leader, a social care worker and care assistants. Each resident has their own bedroom and other facilities in the centre include bathrooms, a living room, a kitchen/dining room, a utility room and a staff room.

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

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

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Thursday 17 April 2025	11:00hrs to 18:35hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

Resident surveys completed with the support of staff members contained positive feedback on life in the centre. The centre where residents lived was seen to be homelike on the day of inspection. Residents appeared to be content in their home environments based on observations made during this inspection.

Four residents were living in this centre and when the inspector arrived to commence the inspection, one of these was sat outside the centre playing an accordion. This resident greeted the inspector and commented on the sun shining at the time. After entering the centre, the inspector was introduced to a further two residents with both also greeting the inspector. These residents seemed comfortable at the time and interacted in a good natured and humorous manner with the person in charge and the staff member on duty.

The fourth resident who lived in the centre was not initially present when the inspection commenced. Soon after inspector arrived, the three residents initially met left the centre via vehicle with the staff member to get lunch out in the town where the centre was located. The fourth resident returned to the centre and was briefly met by the inspector. The resident told the inspector that they were just back from a walk but would be leaving the centre again on foot. The inspector was later informed that the resident had independently walked into the town to meet the other three residents for lunch.

As no residents were present, the inspector used this time to read specific documentation relating to supports provided to residents and to review the premises where residents lived in. Overall, this premises was seen to be clean, well-presented and homelike on the day of inspection. Each resident had their own individual bedrooms which were observed to be personalised to each resident. Communal areas included a living room and a kitchen-dining room which were well-furnished. For example, the living room had couches, television and bright décor present.

The premises where the residents lived was commented upon positively in surveys that had been completed for all residents with the support of staff members in advance of this inspection. These surveys were read by the inspector and it was found that all questions were responded bar three questions in one resident's survey. Overall, these surveys contained positive responses in areas such as staff support, rights and visitors. It was notable that all surveys indicated that each resident felt safe and that they got along with the people that they were living with.

In the afternoon of the inspection, all residents returned to the centre with the staff member who had been supporting them. When asked, the residents told the inspector where they had gone to have their lunch with one resident describing where they had gone as busy. After their return residents much of the remainder of the inspection present in the centre. Ordinarily some residents would be availing of day services operated by the provider away from the centre but such services were

not running on the day of inspection. This had been highlighted to the inspector at the outset of the inspection.

After residents' return, the inspector spent some time in the kitchen-dining room and the staff office as residents went about the remainder of their day. During this time the following was observed and overheard:

- One resident was seen to bring their laundry to the washing machine in the kitchen-dining room. As they did so the resident commented on a new dishwasher that had been installed there.
- Another resident indicated to the staff member on duty that something had been broken in their bedroom. The staff member responded immediately to this and went to the resident's bedroom to fix it.
- Some resident money was kept in a locked press in the kitchen-dining room. One resident entered this room and indicated that they wanted to put their money in there after returning from their lunch out. The staff member on duty supported the resident with this with the resident being encouraged by the staff to help in the recording of their finances.
- Some residents spent time watching television and/or doing some colouring.
- Two residents were seen to make their own cups of teas. One of these residents offered the inspector and the person in charge cups of tea also.
- One resident asked the inspector some questions about the work the inspector did. The inspector informed the resident that he did inspections to see how residents were being supported. The resident was then asked how they were getting on living in this centre. The resident responded by saying "fine".
- The person in charge engaged in jovial conversation with a resident about food.
- At one point a medicines delivery to the centre was made by a local pharmacy. The staff member on duty attended this immediately with a resident also being involved in dealing with the delivery.
- Two residents left the centre independently to go for walks. The inspector was informed that one of these residents had gone to feed some ducks. As the other resident was walking away from the centre they were overheard chatting to a neighbour who also out walking. The inspector was earlier informed that residents were integrated into their local community and were known to their neighbours. Both of the residents who left the centre walking returned before the end of the inspection.
- The other two residents living in the centre were seen to mobilise around the centre with rollators with both of these residents' bedrooms being on the ground floor.
- As the inspection neared its conclusion, one resident was seen doing some shredding while a dinner was being prepared in the centre. One of the residents told the inspector that their dinner would be meatballs.

Taking into account the above interactions and observations, residents seemed content and relaxed in their home environment. The atmosphere within the centre on the day of inspection was found to be calm and sociable with residents appearing to be comfortable in the presence of the staff member on duty and the person in

charge. Both of these people interacted with residents in a pleasant, respectful and warm manner which contributed to the atmosphere encountered on the day of inspection.

In summary, all residents living in this centre were met during this inspection with all appearing content in their home. These residents were seen and overheard to be supported appropriately by the staff member on duty. Residents left the centre to get lunch out with some residents leaving the centre independently to go for walks. Positive responses were recorded in surveys read by the inspector.

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.

## Capacity and capability

An overall good level of compliance was found during this inspection. This indicated that appropriate management systems were in operation to ensure that the services provided to residents were safe, appropriate to residents' needs, consistent and effectively monitored.

This designated centre was registered until January 2026 with no restrictive condition. It had been previously inspected on behalf of the Chief Inspector of Social Services in August 2023 in a thematic inspection that focused on restrictive practices. No high concerns were identified during that inspection although it was noted that a six month provider unannounced visit to the centre, a key regulatory requirement had not been conducted between August 2022 and June 2023. On the current inspection it was found such provider unannounced visits had been conducted in a timely manner since the August 2023 inspection. Such visits formed part of the management and monitoring systems for the centre that contributed to an overall good level being found on this inspection. These compliance levels indicated that residents were in receipt of a safe and quality service. However, it was identified that a change in the management of the centre had not been notified in a timely manner.

## Registration Regulation 7: Changes to information supplied for registration purposes

Under this regulation, the register provider must notify the Chief Inspector of a change of person participating in management (PPIM) within 28 days of the change. When the centre had its registration previously renewed, a PPIM for the centre was in place in addition to the person in charge. However, this PPIM left their role with the provider in November 2024 and ceased to be a PPIM for this centre at that time.

Despite this, the provider had not formally notified the Chief Inspector of this in the context of this designated centre by the time that this inspection commenced. After raising this during the early stages of this inspection, a relevant notification to confirm this change in PPIM was formally submitted before the end of the inspection day.

Judgment: Not compliant

### Regulation 15: Staffing

Based on planned and actual staff rotas reviewed for 2025, and discussions with the person in charge and staff member on duty, appropriate staffing levels were being maintained in the centre to support the needs of residents. Such rotas also indicated that there was continuity of staff support provided to residents which is important in promoting consistent care and familiarity for residents. The staffing arrangements in place were generally in line with the staffing details as outlined in the centre's statement of purpose.

It was noted though that according to the centre's statement that a social care leader was to be working in the centre. However, the inspector was informed that the social care leader for this centre was absent from the centre since February 2025 as they were temporarily supporting another centre. It was indicated that he social care leader was due to return to No. 1 Fuchsia Drive in June 2025 although it was acknowledged by the person in charge that their absence could extend beyond this.

During this inspection, documentation relating to three staff working in a centre were reviewed. Under this regulation specific documentation for all staff working in a centre must be obtained. This documentation includes proof of identity, written references, full employment histories and evidence of Garda Síochána (police) vetting. All of the required documentation was found to be in place for the three staff files reviewed.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Records provided during this inspection, along with some post inspection information, indicated that staff working in this centre were in receipt of timely formal supervision. Training records reviewed for six staff members, which included permanent staff for the centre and regular relief staff, indicated that these staff generally had completed in-training in various areas to support the needs of residents. It was noted though that one staff member was overdue refresher



training in safeguarding and first aid while two staff were not listed as having done food safety training.

Judgment: Substantially compliant

### Regulation 23: Governance and management

An overall good level of compliance was found during this inspection. This indicated that there was appropriate governance and management of the centre. As part of this the governance arrangements for the centre, the person in charge oversaw the staff team in the centre. At the time of this inspection the person in charge held an area manager remit within the provider and was the person in charge role for a total of four centres. The inspector was informed though that a new person in charge was due to be appointed imminently and that this new person in charge would take responsibility for No.1 Fuchsia Drive and another centre initially. This would reduce the current person in charge's remit.

In addition, the governance arrangements for the centre also had the following systems in place to monitor the services provided in the centre and provide support to staff:

- Based on documentation reviewed, audits and reviews were being conducted in areas such as restrictive practices and safeguarding.
- Since the August 2023 inspection, three provider unannounced visits to the centre had been conducted. Under this regulation, such visits must be conducted every six months with these three provider unannounced visits having been done in December 2023, June 2024 and December 2024 by a representative of the provider. These visits were reflected in written reports, which were provided to the inspector as part of the inspection process, were seen to consider relevant matters about the quality and safety of care and support provided in the centre. They also included actions plans to address issues raised but it was observed that such action plans did not always indicate how actions had been followed up. It was acknowledged though that the overall compliance on this inspection were found to be good.
- An annual review, another regulatory requirements, had been completed that assessed the period August 2023 to August 2024. A report of this was also provided to the inspector and it was seen that it assessed the centre against some relevant national standards while also containing some feedback from residents and their representatives.
- Staff team meetings were taking place regularly in the centre based on records reviewed. Five such meetings had been held since November 2024 with the notes of these indicating that matters such as audits, incidents and restrictive practices were discussed with staff members.
- An on-call system was available for staff to seek out-of-hours support if needed. The one staff member spoken with during this inspection was aware

of these on-call arrangements.
Judgment: Compliant
<b>Regulation 4: Written policies and procedures</b>
<p>Under this regulation, a provider must have specific policies in place with such policies being important to guide staff practices. The required policies must also be reviewed in a timely manner. During this inspection, all of the required policies, which covered areas such as complaints, visitors and safeguarding, were found to be in place. It was noted though that the provider's national policies for communication and nutrition were overdue a review. In addition, from documentation reviewed on the inspection it appeared that the provider's local procedure related to residents' finances was overdue a review since January 2025. Following the inspection, communication was received which indicated that the review of this local procedure had not yet been finalised.</p>
Judgment: Substantially compliant
<b>Quality and safety</b>
<p>Some risk assessments required further reviewed. Appropriate fire safety systems were present in the centre's premises. While this premises was seen to be well-presented, the long-term suitability of this premises to meet residents' needs was raised during this inspection.</p> <p>No immediate safeguarding concerns were found during this inspection but it was identified that the contents of a previous safeguarding plan for the centre had not been followed in full. Records provided indicated that staff had completed training in safeguarding and fire safety. Appropriate fire safety systems were present within the premises provided for residents to live in. This premises was seen to be well-presented on the day of inspection although it was highlighted that some maintenance was needed on the flooring in two bathrooms. It was also observed that some aspects of the premises were not ideal for residents who used a rollator. The inspector was informed that in the longer-term the current premises would not be suited to meet the needs of residents. A new vehicle for the centre was also needed to suit the needs of residents based on a risk assessment reviewed. Other risk assessments seen needed further review to ensure some specific control measures were clearly outlined.</p>

## Regulation 10: Communication

Within the centre it was seen that residents had access to appropriate media such as radios and televisions while Internet access was also provided for. All residents communicated verbally with the person in charge and staff member on duty appearing to understand and communicate with residents throughout the inspection. It was also seen that the names of staff on duty were shown on a whiteboard in the centre's dining-living room rather than showing a visual schedule of staff. The inspector was informed that this was done as residents were able to read staff members' names.

Judgment: Compliant

## Regulation 17: Premises

The premises provided for residents to live in was a two-storey dormer bungalow that was seen to be clean, well-presented and homelike on the day of inspection. Various art works, pictures and framed resident photographs were on display in the centre while certain areas such as the kitchen-dining room and the stairwell had been refurbished or repainted since previous inspections. Some plants and flowers were present just outside the centre also. Such matters contributed to the homely feel of the centre and overall the centre was seen to be well-furnished. The furniture provided in the centre included couches, arm chairs, beds and wardrobes.

The presence of such furniture seemed consistent with the requirements of residents' contracts for the provision of services which indicated that the provider was to provide essential furniture for the centre. However, when reviewing one resident's list of personal possession it was seen that a specific bed and two arm chairs, which were required to meet assessed needs of the resident, were listed as items that the resident owned. Given this, the inspector queried if the resident's own money had been used to purchase these. The person in charge confirmed that the provider had purchased this furniture.

Aside from the furniture, the centre, both internally and externally, was generally seen to be well-maintained. It was observed though during the inspection that a maintenance person arrived to replace the centre's dishwasher with the new dishwasher installed and turned on shortly after installation. The inspector observed that the flooring in one bathroom was stained. The person in charge later confirmed that maintenance was needed for this bathroom floor and the floor of another bathroom in the centre.

It was also indicated by the person in charge that long term, having a two-storey setting was not suited to meet the needs of some residents. As mentioned earlier in this report, two residents used rollators to mobilise with both residents having their bedrooms on the ground floor. One of these resident's mobility had noticeably

decreased since previous inspections of this centre in August 2022 and August 2023. On the current inspection the resident was seen to take a relatively long period to exit the centre's front door and walk up the short driveway in front of the centre which had a gentle upslope. The resident was assisted and reassured by a staff member as they moved up this driveway.

The centre did have some features which promoted accessibility for residents with mobility issues. For example, the front door had a ramp while grab rails were in place at different points including in bathrooms used by the two residents with rollators. It was observed though the front doorway had a slight lip which one resident had to lift their rollator over. In addition, the rear exit from the centre, which was an identified fire evacuation route, did not have a ramp but instead needed two steps down to exit the centre. While a grab rail was present at the rear door, this was not ideal from a mobility and accessibility perspective.

It was subsequently indicated that a review of the premises overall had not been conducted by an occupational therapist (OT) but that residents did have access to an OT for specific issues. However, the inspector was informed that a maintenance person was due to visit the centre the week following this inspection with a view to potentially installing a ramp in the rear exit. It was also indicated that the centre had been added to a list within the provider to source a bungalow for residents to live but management of the centre highlighted how securing such a bungalow could be challenging.

Judgment: Substantially compliant

### Regulation 20: Information for residents

A residents guide was seen to be present in the centre which contained all of the required information such as details about how to access inspection reports and a summary of the services and facilities provided in the centre. However, it was noted that the guide initially present contained some outdated information relating to the management of the centre. This was highlighted to the person in charge who took steps to rectify this matter before the end of the inspection.

Judgment: Compliant

### Regulation 26: Risk management procedures

A risk management policy and risk register was in place for the centre. When reviewing the risk register it was seen that it outlined identified risks for the centre with each risk having a corresponding risk assessment that outlined control measures for mitigating these risks. Such risk assessments were noted to have been

reviewed during April 2025. Included within these were risk assessments relating to the individual residents remaining in the centre unsupervised. Such risk assessments set out specific time periods that each resident could remain alone in the centre without staff being present as being control measures.

While this was noted to reflect positive risk rating and promote residents' independence, the recent review of the risk assessments for two residents referenced that the time for these residents to be left unsupervised should be reduced. However, it was not stated how much time it should be reduced by and the inspector received different information in this regard when querying this matter with the person in charge and the staff member on duty. As such, these risk assessments required further review to ensure that the control measures in this regard were clearly outlined.

In addition, it was also noted that another risk assessment was in place relating to a resident walking independently from the centre. Again such a risk assessment reflected positive risk taking and promoted the resident's independence. This risk assessment had been put in place originally in November 2023 and had been reviewed three times thereafter in May 2024, October 2024 and April 2025. However, a relevant incident was reported related to this resident when they were out walking in February 2024. This risk assessment had not been reviewed in the immediate aftermath of the incident nor had any of the subsequent reviews since then made any reference to it. It was acknowledged that no similar incident reports had been made since February 2024.

A risk assessment was in place also related to the risk of potential injury due to reduced mobility. While this outlined existing control measures in place, it also indicated that an additional control measure was required. This was stated as "awaiting change in transport to suit needs". At the time of this inspection, the centre had only one vehicle assigned to it. While the inspector was informed that all residents could access this vehicle, it was indicated that the bus had to be parked near a kerb so a residents could access it or that residents needed to use a step.

It was also highlighted that some residents could take time to enter the vehicle with such matters having also been noted during the August 2023 inspection. It was notable that while the centre's vehicle was present on the day inspection, when residents left the centre to get lunch out, a different vehicle sourced from the provider's day services was used to transport residents. When queried, the inspector was informed that the centre was waiting on a new bus for residents and in the interim some other vehicles were being trialled.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Records reviewed indicated that staff working in this centre had completed fire

safety training. Based on observations made, this centre was provided with various fire safety systems. These included:

- A fire alarm and emergency lighting.
- Manual fire extinguishers within the living areas of the centre and an automatic fire extinguisher in the centre's boiler room.
- A fire blanket in the centre's kitchen-dining room.
- Fire doors being provided throughout the centre to prevent the spread of fire and smoke.

Records provided indicated that such fire safety systems were in receipt of maintenance checks by external contractors to ensure that they were in proper working order.

Other records reviewed indicated that fire drills had been conducted regularly in 2025. Such drills were done at varying times, including to reflect a night-time situation when residents would be in bed, with low evacuation times recorded. The fire evacuations procedures for the centre were seen to be on display while residents had individual personal emergency evacuation plans which set out the supports they needed to evacuate the centre. An overall evacuation plan for the centre was in place but two versions of this were found within the centre's fire folder which was highlighted to the person in charge. Two unobstructed fire exits were seen during this inspection. It was observed though that the rear exit route was not best suited to the two residents who mobilised with rollators. This is addressed further under Regulation 17 Premises.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident should have an individualised personal plan in place in order to comply with this regulation. Such personal plans are intended to set out the health, personal and social needs of residents and to provide guidance for staff on how such needs are to be met. A sample of personal plans were reviewed during this inspection. From this sample the following was noted:

- The contents of the personal plans had been reviewed within the previous 12 months
- The personal plans contained guidance on supporting residents' assessed needs in areas such as intimate personal care.
- Personal plans were subject to an annual multidisciplinary review where matters such as safety and residents' goals were recorded as being discussed.

Such goals, which included going on holidays, had been identified for residents. Responsibilities and time frames had been assigned to support residents with goals

with documentation reviewed indicating that residents had achieved these goals.

Supporting such goals helped to provide for residents' social needs while the findings under Regulation 6 Healthcare indicated that residents' health needs were also being met. The staff member spoken with during this inspection demonstrated a good awareness of residents' needs generally and how to support these needs. The staff member's knowledge of residents' needs was consistent with the information contained within the sample of personal plans reviewed.

As such, the findings of this inspection indicated that, on balance, there were appropriate arrangements in place to meet the needs of residents. However, given the age of residents, there were indications that the needs of residents could increase over time particularly related to their mobility. This is further discussed under Regulation 17 Premises. In addition, there was also indication that the centre needed a new vehicle to better suit the needs of residents which is addressed under Regulation 26 Risk management procedures.

Judgment: Compliant

### Regulation 6: Health care

Records reviewed and discussions with the person in charge during this inspection indicated the following:

- Guidance on supporting residents assessed health needs was present within residents' personal plans.
- There was active monitoring of residents' health needs. This monitoring included monthly checks and annual assessments.
- Residents were supported to avail of health and social care professionals including general practitioners and physiotherapists.
- Support was provided to residents to avail of specific health interventions such as vaccines and to participate in national screening services.

Judgment: Compliant

### Regulation 8: Protection

A designated officer has been appointed by the provider to review any safeguarding concerns if they arose. Contact information about this designated officer was on display in the centre. The staff member spoken with during this inspection demonstrated a good awareness of how to respond to and report any safeguarding concern. This included being aware of who the designated officer was. Documentation reviewed confirmed that the safeguarding officer was involved in

putting in place a safeguarding plan for the one safeguarding incident that had been notified as occurring in the centre since the August 2023 inspection.

This safeguarding plan, which was dated 27 March 2024, outlined specific measures to take to prevent reoccurrence. Such measures included increasing the frequency of resident meeting to weekly. However, based on documentation, this with had not been done with resident meeting notes reviewed indicating that only one such meeting had taken place between 27 March 2024 and 2 May 2025. As such the safeguarding plan had not been implemented in full. It was acknowledged though that this safeguarding plan had since been closed and that there had been no reoccurrence of any similar safeguarding incident based on documentation reviewed and discussions during the inspection. As such, no immediate safeguarding concerns were identified during this inspection.

Judgment: Compliant

### Regulation 9: Residents' rights

Throughout the inspection, the staff member on duty and the person in charge were observed and overheard to engage with and support residents in a respectful manner. Notes of staff meeting reviewed for 2025 indicated that such meetings were occurring regularly in the centre, albeit at varied frequencies. Notes of these meeting indicated that residents were given information and consulted in areas such as meal planning, social plans, maintenance issues, complaints and safety. Notes of the most recent resident meeting held the day before this inspection made reference to the inspection being discussed with residents. Aside from these meeting notes, when reviewing the personal plan of one resident, it was seen that guidance was present in the personal plan on how the resident would provide consent. Such information was noted to have been signed by the resident themselves which indicated that they had been involved in developing this.

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
<b>Capacity and capability</b>	
Registration Regulation 7: Changes to information supplied for registration purposes	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for No.1 Fuchsia Drive OSV-0004578

Inspection ID: MON-0039256

Date of inspection: 17/04/2025

## 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
Registration Regulation 7: Changes to information supplied for registration purposes	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: The Provider will ensure that changes to information provided for registration purposes will be made for all centres when such notifications are submitted to the Authority. The November notification of a change in PPIM was made for all Centre' except this one in error. A relevant notification, to cease the previous PPIM attached to the centre, was sent on the day of the inspection [17/04/25]	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Provider will ensure that the actual social care leader whole time equivalent hours is in line with the statement of purpose. A social care leader has been identified and will take up the post by end of June [30.06.2025]	
Regulation 16: Training and staff development	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person in Charge will ensure that all staff are trained and receive refresher training in line with our training policy timeframes. All staff will be up to date with training and booked for refresher training where required within timeframes by end June.</p> <p>[30.06.2025]</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ul style="list-style-type: none"> <li>- National Food Nutrition and Hydration Policy was reviewed in February 2025 and final consultations are complete – this is due to be signed off in June 2025</li> <li>- The National Policy on Communication is currently under review and is due to be signed off in June 2025</li> <li>- The Procedure for The Management of Monies That Belong to People Supported by The Services has been updated to reflect the ADMA Process to Support Informed Decision Making was completed on 15 May 2025 and is now being prepared for circulation by 31/05/2025</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Provider will ensure that the premises is kept maintained and suitable to support the needs of the residents by ensuring</p> <ul style="list-style-type: none"> <li>• The Person in charge will organise a review of the premises to be undertaken by an Occupational Therapist to recommend of additional supports where necessary [30/06/25]</li> <li>• A ramp will be fitted at the rear exit. Completed [24.04.2025]</li> <li>• Outstanding maintenance in bathrooms is carried out [31.08.2025]</li> <li>• Ongoing vigilance for suitable single-story accommodation in the area where the residents are known to support future changing needs of residents.</li> </ul>	
Regulation 26: Risk management	Substantially Compliant

procedures	
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The Provider will ensure that risk descriptions are reviewed by the Staff Team and updated having regard to the type data sources as set out in the Risk Management Procedure including incidents.</p> <p>The Person in Charge will review all risk assessments in the centre to ensure risk are detailed clearly and control measures are up to date and include most recent information. Completed [09.05.2025]</p> <p>For risks relating to a person supported staying in the centre unsupervised, the risk assessment now includes a more description of timeframes and control measures in place. Completed [09.05.2025]</p> <p>For risks relating to a person supported walking in the community, the risks have been updated to include known incidents and frequency of occurrence. Completed [09.05.2025]</p> <p>Transport Risks due to changing need of residents – the additional control measures will be clarified on the Risk Assessment i.e. The Person in Charge will continue to ensure vehicles options are trialled to find a suitable transport for residents. Residents are still able and happy to use current vehicle, however, should their need change another vehicle can be sourced. Trialling of vehicles will indicate suitability of potential vehicles should needs change.</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
Registration Regulation 7(3)	The registered provider shall notify the chief inspector in writing of any change in the identity of any person participating in the management of a designated centre (other than the person in charge of the designated centre) within 28 days of the change and supply full and satisfactory information in regard to the matters set out in Schedule 3 in respect of any new person participating in the management of the designated centre.	Not Compliant	Orange	17/04/2025
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and	Substantially Compliant	Yellow	30/06/2025

	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.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/06/2025
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.	Substantially Compliant	Yellow	31/08/2025
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any	Substantially Compliant	Yellow	30/06/2025

	required alterations to the premises of the designated centre to ensure it is accessible to all.			
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.	Substantially Compliant	Yellow	09/05/2025
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/06/2025