



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

Issued by the Chief Inspector

Name of designated centre:	Ashlan House
Name of provider:	Resilience Healthcare Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	27 January 2025
Centre ID:	OSV-0007749
Fieldwork ID:	MON-0045973

About the designated centre

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

Ashlan House provides a shared care service for children and young people with an autism spectrum disorder, intellectual disability and or sensory and physical needs. The age range of residents attending is 8 to 19 years. The purpose of the shared care service is to allow children and young people to stay living at home for as long as possible. Residents attending spend on average 3 to 4 nights a week in the centre with the remaining nights in their family home. The centre can accommodate a maximum of five residents, either male or female, at any one time. The centre is located in a rural setting but close to a village and a number of towns in county Kildare. There were a good selection of shops and local amenities within driving distance of the centre. It comprises of six bedrooms, five bathrooms, a living room, family room and good sized kitchen come dining room. The house is set back from the main road and has an enclosed and secure back garden for residents use. The centre is staffed by a person in charge, senior support workers and support workers.

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
Monday 27 January 2025	10:10hrs to 18:10hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

Based on what the inspector observed, children were busy and active and supported to make healthy lifestyle choices. They were attending school, engaging in meaningful activities and receiving person-centred care. However, the inspection found mixed levels of compliance. While areas of good practice were found across a number of areas, improvements were required in safeguarding, positive behaviour support, premises, the availability of transport to meet children's needs, at times, and fire precautions. These areas will be discussed further in the main body of the report.

Ashlan House can provide 24/7 care and support for up to five children. Shared care is provided for four children at a time with autism, intellectual disability and or sensory and physical needs. There is also one emergency respite bed. Children in shared care spend approximately half their time in the centre and the remaining time in their family home.

The designated centre comprises a large-five bedroomed house on its own grounds. The house is located close to a village and a short drive from a large town in County Kildare. There are a number of vehicles to support children to attend school and activities in their local community. However, in line with presenting risks while using transport, additional transport was required. This will be discussed further under Regulation 23: Governance and Management.

The house is spacious, bright, clean and homely. Downstairs there are four bedrooms and four bathrooms. There is also a large communal living room, a kitchen come dining room and a staff office downstairs. On the first floor there is a further office space, a sitting room, bedroom, bathroom and storage facilities. Bedrooms are neutrally decorated and soft furnishings, toys and children's favourite duvet covers are added in line with their preferences. The house is on a mature site and there is a front garden with parking facilities and a large back garden with space and equipment for children to play. A number of areas of the house required maintenance and repairs and these will be discussed later in the report under Regulation 17: Premises.

On the morning of the inspection four children were supported to go to school after which they were going to their family homes. In the afternoon a different four children came to the centre after school. During the afternoon and evening, the inspector of social services had an opportunity to briefly meet and engage with these four children. Children had a variety of communication support needs and used speech, vocalisations, gestures, facial expressions and body language to communicate. Two children spoke briefly with the inspector by saying hello and then got back to what they were doing. One of them spoke about the inspectors job as staff had shown them an easy-to-read document about it and a picture of them on their way home from school. They said they were "happy" and spoke to staff about their plans for the evening. The other children did not engage verbally with the

inspector, but their body language and interactions with staff indicated that they felt comfortable in the house, with each other, and with the supports offered by staff.

Over the course of the inspection, the inspector observed that there was a warm, friendly and welcoming atmosphere in the house. After the children got home from school they were observed relaxing and spending time with staff. After this they were observed engaging in a number of activities such as water play, watching their tablet computers, watching television and playing with toys. The inspector also had an opportunity to observe a mealtime experience for the children. Prior to their evening meal, the inspector observed staff prepare and cook the meal from scratch using fresh ingredients. They observed that there were also alternative meal and snack options available for children. Children were supported by staff to have their meals in their preferred areas of the house, as there were a number of communal spaces available to them to have their meals.

Throughout the inspection, staff and members of the local management team were observed to be very familiar with children's communication styles and preferences. They spent time listening to children and children were observed seeking them out if they required their support. While speaking with the inspector staff spoke about their concerns relating to the compatibility of some children, particularly when sharing transport and spending time in communal areas. They detailed some of responsive actions and measures they were taking to keep children safe. They spoke about changes to staffing numbers and changes to childrens' routines and supports to attempt to reduce presenting risks. However, they continued to experience difficulties implementing some control measures, particularly on transport and during periods when children were experiencing high levels of anxiety or engaging in certain behaviours, such as property destruction. This will be discussed further under Regulation 7: Positive Behavioural Support and Regulation 8: Protection.

There were easy-to-read documents relating to areas such as safeguarding, transitions, complaints, activities and upcoming events. The inspector observed residents being supported to make choices around how and where they wished to spend their time, and what, when and where they would like to eat and drink. The inspector also observed staff respect children's privacy by knocking on bedroom doors and waiting for a response before entering. Staff who spoke with the inspector used person-first language and focused on childrens' strengths and talents.

Child and family input was sought as part of the provider's annual and six-monthly reviews. In late 2024, all families received a satisfaction survey and the feedback was integrated into the provider's annual review. This feedback indicated high levels of satisfaction with the care and support provided for children. In their latest six-monthly review feedback was provided by one child's parent. This feedback was also positive and indicated that their child was happy and safe in the centre. They were complimentary towards the supports in place since their child transitioned to the centre, including the supports of the staff team.

In summary, children were busy and had things to look forward to. In line with recent changes to some children's care and support needs, the local management

and staff team were escalating their concerns in relation to compatibility, safeguarding, and the premises.

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

Capacity and capability

This risk-based inspection was unannounced and completed to review the arrangements the provider had to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with disabilities 2013 and the National Standards for Adult Safeguarding (2019). It was also completed to follow up on solicited information submitted for the centre in relation to allegations or suspicions of abuse and non-serious injuries.

Overall, the inspector found that the provider had completed a number of actions since the last inspection which had resulted in improvements to the premises and some aspects of fire safety. However, the provider's systems for oversight and monitoring were not proving fully effective. Further improvements were required in both these areas and to the presenting risks relating to positive behaviour support, children's transport needs, safeguarding and compatibility. These areas will be discussed further, later in the report.

The inspector had an opportunity to speak with the person in charge, a team leader, and six staff during the inspection. The inspector also reviewed documentation about how care and support is provided for children and about how the provider ensures oversight and monitors the quality of care and support in this centre.

There was a clear management structure in the centre which was outlined in the statement of purpose. The person in charge was present in the centre regularly and they were supported by a full-time team leader. There was an on-call service available to staff out-of-hours. The person in charge reported to and received support from the director of services.

The centre was not fully staffed in line with the statement of purpose: however, this was not found to be impacting on continuity of care and support for children. Some of the supports in place to ensure that the staff team were carrying out their roles and responsibilities to the best of their abilities included, probation, supervision, training, and opportunities to discuss issues and share learning at team meetings.

Regulation 14: Persons in charge

Prior to the inspection the Schedule 2 information for the person in charge was reviewed. They had the qualifications and experience to fulfill the requirements of the regulations. During the inspection the inspector reviewed the systems they had for oversight and monitoring and found that they were effective in identifying areas of good practice and areas where improvements were required. They were escalating their concerns to the provider, particularly relating to the premises, resident compatibility and fire safety.

The children were observed to be very familiar with them and appeared very comfortable and content in their presence. Staff members who spoke with the inspector was also complimentary towards the support they provided to them.

Judgment: Compliant

Regulation 15: Staffing

The centre was not fully staffed in line with the statement of purpose at the time of the inspection. Through discussions with staff and a review of a sample of rosters for eight weeks the inspector found that this was not impacting on continuity of care and support for children. The same two regular relief staff were completing shifts and part-time staff were completing the rest.

The provider was reviewing staffing supports for children on an ongoing basis and had recently increased staffing supports, at times, in line with children's changing needs.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix in the centre for 21 staff. Staff had completed training listed as mandatory in the provider's policy including, fire safety, safeguarding, manual handling, and infection prevention and control. A small number of staff were due refresher training in areas such as, managing behaviour that is challenging, the safe administration of medicines, CPR and first aid, food safety and fire safety. They were booked onto the next available courses.

Staff had also completed additional trainings in line with childrens' assessed needs such as autism awareness. They had also completed one or more modules on applying a human rights-based approach in health and social care.

The inspector reviewed probation and supervision records for six staff. The agenda was varied with discussions held in relation to areas such as childrens' needs, staff

roles and responsibilities, workload, team dynamics, incidents and debriefs, safeguarding, risk management and training and development.

The six staff who spoke with the inspector stated they were well supported and aware of who to raise any concerns they may have in relation to the day-to-day management of centre or childrens' care and support. They spoke about the availability of the person in charge and team leader to support them. Each staff spoke about their commitment to maintaining a safe environment for children.

The minutes of seven staff meetings were reviewed. Agenda items were varied and included discussions around incident review and learning, childrens' support needs and goals, positive behaviour support, safeguarding, risk management, staff training and fire safety.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents available and reviewed in the centre and it met the requirement of the regulations. It contained accurate, up-to-date information in respect of each child.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the provider's systems for oversight and monitoring were not proving fully effective at the time of the inspection. The inspector also reviewed 21 area-specific audits for 2024 and the provider's six-monthly and annual reviews were sent to the inspector after the inspection due to issues relating to accessing the Internet following a significant storm prior to the inspection. For the most part, these documents were identifying areas of good practice and areas for improvement in line with the findings of this inspection. However, they were not capturing some and the provider had not completed the six-monthly review in line with the timeframe identified in the regulations. It had been nine months since the last review. The inspector requested that written assurances were sent by the the provider post-inspection in relation to Regulation 17: Premises and Regulation 28: Fire Precautions.

The provider had not ensured that the centre was fully resourced to meet the transport needs of children. Through a review of incident reports and discussions with staff, it was evident there were not sufficient vehicles to meet the childrens' needs number, particularly relating to identified risks for two children currently

sharing transport to school.
Judgment: Not compliant
Regulation 24: Admissions and contract for the provision of services
<p>The inspector found that the provider has an admissions policy and the process was also outlined in the statement of purpose. Five children had transitioned into the centre in 2025 and the admission and transition documentation relating to four children was reviewed. These documents demonstrated that children and their representatives had an opportunity to visit the centre prior to admission. One month, three month and six month reviews were occurring, as planned. Four contracts of care were reviewed and they contained the required information.</p>
Judgment: Compliant
Regulation 31: Notification of incidents
<p>The inspector reviewed a sample of 29 incident reports, completed a walk around the premises and reviewed restrictive practices. They found the Chief Inspector of Social Services had not been notified of the some incidents in line with regulatory requirements. Three allegations of abuse had not been notified in line with the three day timeframe identified in the regulations. In addition, while reviewing incidents the inspector found three incidents relating to allegations of suspicions of abuse which had been recognised or reported as such.</p>
Judgment: Not compliant
Quality and safety
<p>Overall, the inspector found that children had opportunities to take part in activities they enjoy. The house was found to be warm, clean and homely during this unannounced inspection. The local management team were aware of the works that were required in the premises and had escalated this using the provider's systems. Further improvements required in relation to safeguarding, positive behaviour support and fire safety and these will be discussed further under the relevant regulations.</p> <p>The inspector reviewed a sample of records relating to four children and found that these documents positively described their needs, likes, dislikes and preferences. A</p>

sample of four behaviour support plans were reviewed and two of these plans were found to promote a proactive approach to care and support. However, one interim plan reviewed was not found to contain sufficient detail to guide staff practice to support them. This will be discussed further under Regulation 7: Positive Behavioural Support. Restrictive practices were documented and regularly reviewed to ensure that they were the least restrictive and used for the shortest duration.

Staff had completed training on child protection and safeguarding. From a review of incidents, particularly in the weeks preceding the inspection, some were found to have resulted in a number of safeguarding concerns. While significant work had been completed in relation to safeguarding and protection, further improvements were required and these are discussed further under Regulation 8.

Regulation 11: Visits

Children were supported to maintain family relationships. They were spending, on average, half their time in the centre and half their time in their family home. The provider had policies and procedures on visiting and there were no restrictions unless there was an identified risk, or if children chose not to have visitors. There were a number of private and communal spaces available to receive visitors.

Judgment: Compliant

Regulation 13: General welfare and development

Children had access to opportunities for play, and to access education. There were toys and play equipment available to them both indoors and outdoors in the centre.

The inspector spoke to staff, observed children engaging in activities and reviewed a sample of four childrens' personal plans. Children were supported to engage in a range of activities in line with their interests and goals. These included spending time in in their local community, using local amenities, and going on day trips.

Judgment: Compliant

Regulation 17: Premises

The premises was found to be clean, warm and designed and laid out to specifically meet the needs of children. A number of improvements had been made since the last inspection including painting in a number of areas. A number of maintenance and repair requests were submitted for other works that were required. Examples of

<p>these works included, damage to walls and chipped paint in a number of areas, two broken light switches, a number of broken pieces of furniture, a broken hob in the kitchen, damaged toilet seats, and damaged grout in the kitchen and one bathrooms. However, during the inspection the inspector requested that the provider remove a number of pieces of furniture from communal spaces in line with the potential risk of harm to children, and that the exposed wires in a broken light switch was covered. This was completed and the provider sent written confirmation that a number of other maintenance and repairs were completed in the days after the inspection.</p>
<p>Judgment: Not compliant</p>
<p>Regulation 20: Information for residents</p>
<p>The inspector reviewed the residents' guide submitted prior to the inspection and it was also reviewed in the centre. It had been recently reviewed and contained all of the information required by the regulations.</p>
<p>Judgment: Compliant</p>
<p>Regulation 28: Fire precautions</p>
<p>The inspector found that the centre had containment measures, emergency lighting, smoke alarms and fire fighting equipment in place. However, one door had a wedge to hold it open and two doors were held open by placing furniture in front of them. These doors had swing closers but no hold-open devices. In addition, there were two doors that were not operating fully and these had been reported through the provider's systems in the weeks before the inspection. One door was not closing fully and the swing closer was broken on the other. The inspector requested provider sent written confirmation that these doors were fixed which was send after the inspection.</p> <p>The fire evacuation plan was on display to ensure children and staff were familiar with the routes to evacuate the centre. Children had a personal emergency evacuation plan in place, and the inspector reviewed a sample of four and found these to be detailed in line with their assessed needs. Regular drills took place, and the inspector viewed the records for nine drills which showed different scenarios and evacuation routes. The inspector reviewed service and maintenance records for fire equipment for 2024 and it had been completed as planned.</p>
<p>Judgment: Not compliant</p>

Regulation 7: Positive behavioural support

The inspector found that the provider was not fully considering the safeguarding needs of children in the management and response to behaviours that challenge. This is discussed further under Regulation 8: Safeguarding.

The behaviours of concern for some children, particularly in the weeks preceding the inspection, were found to have resulted in a number of safeguarding concerns for others. The impact of residents observing their peer engaging in some behaviours was not always recognised or reported as a safeguarding concern.

The inspector reviewed a sample of positive behaviour support plans for three children. Overall they were detailed in nature and guiding staff practice; however one child had an interim plan which was developed in August 2024. This interim plan did not contain information on the child's likes and dislikes, the restrictive practices in place, or the direct interventions to support them. It did not reflect presenting risks or guide staff on how to best support. The inspector acknowledges that following a review by the behaviour specialist and occupational therapist the week before the inspection, and a new plan was now being drafted.

There were a number of environmental restrictive practices in place such as locked doors and presses. There were also physical restrictions for some children while on transports such as car harnesses. These were reviewed on a regular basis to ensure they were the least restrictive for the shortest duration.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector found that significant efforts were being made by the provider and staff team to safeguard children, particularly in the weeks preceding the inspection. This included increasing staffing numbers, at times, and implementing a restrictive practice for one child while on transport. This had resulted in a reduction of some risks of some relating to safeguarding; however, some risks continued to present and as previously mentioned, the inspector found that the provider was not fully considering the safeguarding needs of children in the management and response to behaviours that challenge. From reviewing a sample of 29 recent incident reports, the inspector found four incidents which indicated there was an impact for children when their peer was engaging in behaviours such as property destruction or physical aggression.

Six staff who spoke with the inspector were knowledgeable in relation to different types of abuse and their roles and responsibilities. They were focused on ensuring that each child was safe and enjoying their time in the centre. However, they described steps they were taking to safeguard children during incidents such as

supporting children to move to other areas of their home for safety which was impacting on their freedom of movement. They also described the impact for some children while their peers were engaging in some behaviours, and their concerns about the compatibility of some children to share their time in the centre.

There was a child safeguarding statement available and on display in the centre. A review of the compatibility of children was completed at the time of admission; however, further compatibility assessments had not been completed in line with risks presenting in the weeks prior to the inspection. In addition, the risk register and two children's individual risk assessment did not reflect these presenting risks. The inspector acknowledges that the week before the inspection an occupational therapist and behaviour specialist had visited the centre to commence assessments. The inspector was informed by staff that they had observed children and met with members of the staff as part of their visits and that they were planning to update children's plans and offer bespoke training to staff. They had also created a risk assessment in relation to the relationship breakdown between two children.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Ashlan House OSV-0007749

Inspection ID: MON-0045973

Date of inspection: 27/01/2025

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	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The six-monthly providers' inspection took place on 19/02/2025. Prior to the inspection, a new Quality Manager was appointed to oversee timely service audits. A new transport vehicle was also approved and purchased 12/02/2025, and internal systems were evaluated to ensure maintenance is carried out promptly. All outstanding maintenance was completed during the week of the inspection.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Review of incident report system with staff members reporting suspected abuse to ensure all incidents are reported within the 3 day notification timeframe. Recent incidents were assessed, and necessary notifications were created.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

<p>Internal systems were evaluated to ensure timely maintenance and that all listed items are risk-assessed to guarantee service safety. Due to service users residing in the house, a heavy layer of wear and tear is evident. However, daily walkthroughs and weekly environmental audits are conducted to ensure that all health and safety risks, along with any outstanding maintenance, are promptly reported by the person in charge to the maintenance team. All outstanding maintenance was completed during the week of the inspection.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Internal systems were evaluated to ensure timely maintenance and that all listed items are risk-assessed to guarantee service safety. Since the inspection, both fire doors have been repaired and are now fully operational. Fire safety is a standing agenda item in both team meetings and staff supervisions. During the Jan team meeting all team members were reminded of the importance of maintaining proper fire door usage. Since the inspection, no fire doors have been propped open by any items.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: All positive behavioral support plans were promptly implemented after the inspection and reviewed by the Behavioral Support Specialist. The clinical team continue to work closely with the service users and staff team.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The clinical team continues to collaborate closely with service users and staff to ensure a safe and supportive environment. A separate vehicle has been approved and purchased 12/02/2025, and an environmental review is underway to explore potential adaptations that better support service users attending the service. Property meeting took place on</p>	

the 24th February regarding same. All positive behavioral support plans are in place. Additionally, all staff have completed trauma-informed care and self-injurious behavior training. A reduction in incidents has been observed since the inspection.

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)(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	04/02/2025
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.	Not Compliant	Orange	19/02/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is	Substantially Compliant	Yellow	19/02/2025

	safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Not Compliant	Orange	19/02/2025
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	04/02/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	04/02/2025
Regulation 31(1)(f)	The person in charge shall give the chief inspector	Not Compliant	Orange	28/01/2025

	notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 31(1)(g)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation of misconduct by the registered provider or by staff.	Not Compliant	Orange	28/01/2025
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	19/02/2025
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	12/02/2025