Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Bramble Wood
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	18 August 2025
Centre ID:	OSV-0008462
Fieldwork ID:	MON-0039261

About the designated centre

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

This is a service providing care and support to five adults with disabilities. The centre is located in a rural setting in County Meath however, private transport is available to residents so as they can access their various day services and community-based activities. The centre is a two-story detached house. On the ground floor there is an entrance hall, sitting room, kitchen/dining room, a lounge, an additional dining room and sitting room, a sun room, a utility room, one en-suite bedroom and a bathroom. On the first floor there are four double bedrooms of which one is en-suite. There is also a shared bathroom facility and a staff office on this floor. The house is surrounded by a large garden and a driveway with the provision of ample private parking. All residents have access to a telephone and Wi-Fi. The centre is staffed by a person in charge, two team leaders and a team on assistant support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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 18 August 2025	09:40hrs to 16:45hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This inspection took place over the course of one day and was to monitor the designated centres level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). It was also to inform the renewal of the registration of the designated centre.

At the time of this inspection, there were five residents living in the centre and the inspector met with all five of them on and off over the day. Written feedback on the quality and safety of care from five family representatives was also viewed by the inspector as part of this inspection process. Additionally, the inspector spoke with one family member over the phone so as to get their feedback on the quality and safety of care provided to the residents.

The centre comprised of detached two story house in a rural location in County Meath. Within the house, one resident had their own self contained one bedroom apartment. Garden areas were provided to the front and rear of the property for residents to avail of in times of good weather. Additionally, the resident residing in the apartment had their own private garden area to the rear.

On arrival to the centre the inspector met with one resident and one staff member who were in the front garden. The resident was on a swing and appeared to be enjoying themselves. They took time welcome the inspector to their house, said hello and then went back to their activity. On entering the house the inspector met with another resident. They did not converse with the inspector but appeared comfortable in their home and happy in the company and presence of staff. The inspector saw this resident on numerous occasions over the course of day and observed that staff were patient, kind, caring and person centred in their interactions with them. They also demonstrated that they had the knowledge to understand the resident's preferred style of communication.

On review of a sample of documentation the inspector observed that residents enjoyed participating in activities such as swimming, kite flying, using the amenities in the garden (swings and trampolines), going for drives and listening to music on their personal commuters and or phone devices. Some residents also liked to visit salt caves, participate in community-based activities such as tidy towns, go for picnics, avail of equine therapy, plant vegetables and paint. As part of their goals, some residents were being supported to avail of a hotel break, go on a ferry journey, attend music festivals and get new furniture for their rooms. One resident was also in paid employment as a green ambassador where they had the responsibility of promoting environmentally friendly practices within the organisation.

Later in the day the inspector visited the resident in their apartment. The resident was having something to eat and drink and did not engage with the inspector.

However, their apartment was personalised to their individual style and preference and they appeared relaxed in their sitting/dining room while having their meal. A staff member was with this resident and was observed to be kind and caring in their interactions with them. The resident also appeared comfortable in the company and presence of the staff member.

The inspector spoke with this staff member during the inspection process. They were knowledgeable on the assessed needs of the residents and were able to talk the inspector through one healthcare-related plan. The staff member spoke about the residents in a dignified manner and informed the inspector that they had completed training in safeguarding. They also reported that they felt supported in their role and if they had any concerns about the quality or safety of care provided to the residents, they would report them to the person in charge immediately. Two other staff members (team leaders) were also spoken with by the inspector. They also demonstrated a good knowledge of the residents needs and also confirmed that they had completed training in safeguarding. They had no concerns about the quality or safety of care provided in the house however if they had, they also said they would report them to the person in charge.

Later in the evening two other residents returned back to the centre. The inspector met with one of them briefly and shook hands. They appeared in good form but did not speak with the inspector. The staff member with this resident was at all times attentive to them and provided support when required. Towards the end of the inspection this resident was observed to be enjoying themselves in the garden, again being supported by staff.

Staff supported the residents to complete questionnaires on the quality and safety of care provided in the service. Residents were complimentary regarding the level of choice they had, reported that their needs were being met and complimentary regarding the attitude and approach of staff. Residents also said it was a nice place to live, they liked the food, they made their own choices, people were kind to them and they felt safe. They also reported that staff knew what was important to them to include their likes and dislikes. One resident did report however, that they did not always get along with the people they lived with and the process of being supported to make decisions could be better.

Written feedback on the quality and safety of care from five family representatives was also viewed by the inspector. They all reported that they were satisfied with the quality and safety of care in the centre, satisfied with the approach taken by staff, satisfied the residents needs were being met and satisfied with the level of choice afforded to the residents. Some family members did however put forward suggestions for improvement. For example, two family members said that there could be more communication with them regarding the activities their relatives were supported to engage in and one family member said that a second mode of transport would be beneficial.

One family representative spoken with over the phone on the day of this inspection was very complimentary of the service. They said that they were absolutely happy with the service and were confident that their relative was happy living there and

since they day they moved into the house, they have never looked back. They said that they call their relative every day on the phone to see how their day had gone and staff were very supportive of this. They also said that their relative's personal belongings were well looked after and that they could could speak with staff about anything. They were satisfied that the healthcare-related needs of their relative were being provided for and said that their bedroom was very comfortable and decorated to suit their personal preferences. They also made some suggestions for improvement in the service. For example, they said that there five individual men living in the house yet staff only had access to one mode of transport. At times there relative had to double up with another resident on outings and while they reported this wasn't an issue, the house could definitely benefit by having a second car. The director of operations and person in charge informed the inspector that they would respond to the feedback on the service accordingly.

While some minor issues were identified in this inspection with communication, personal possessions, risk management and premises, the inspector observed staff supporting the residents in a professional, person-centred and caring manner at all times. They were attentive to the needs of the residents and residents were observed to be relaxed and comfortable in their home. Additionally, staff were respectful of the individual choices and preferences of the residents and feedback from family members on the quality and safety of care was positive and complimentary.

The next two sections of the report outline 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 care provided to the residents.

Capacity and capability

On the day of this inspection residents appeared happy and content in their home and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge and two team leads. They were supported in their role by an assistant director of services. The person in charge was aware of their legal remit to update the statement of purpose on an annual basis (or sooner) if required and aware of their legal remit to notify the Office of Chief Inspector of any adverse incidents occurring in the centre as required by the regulations

The staffing arrangements were as described by the person in charge. Staff also had as required training relevant to the assessed needs of the residents. Staff spoken with on the day of this inspection demonstrated that they were aware of the assessed needs of the residents.

The centre was being audited and monitored as required by the regulations. An

annual review of the quality and safety of care had been completed for 2024 and a six monthly unannounced visit to the centre had also been facilitated in April 2025. Any actions arising from the auditing process were being addressed in a timely manner.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application for the continued registration of this centre to the Office of Chief Inspector prior to this inspection.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had a qualification in management and had successfully completed a number of modules in social care (they were close to completion of their degree in social care at the time of this inspection).

Through discussions and the review of information, the inspector found that the person in charge had good oversight of practices and the care provided to the residents residing in this service. Throughout the inspection, the person in charge demonstrated their knowledge of the residents' assessed needs.

They worked on a full-time basis in this centre and overall demonstrated that they had the appropriate skills and experience required to manage the day-to-day operations of the designated centre.

The person in charge was also found to be aware of their legal remit in line with the regulations, and was found to be responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

A review of a sample of rosters for the month of July 2025 and first two weeks of August 2025 indicated that there were sufficient staff members on duty to meet the needs of the four residents as described by the person in charge on the day of this inspection.

For example, in additional to the person in charge (who worked Monday through to

Friday in the centre):

- four staff worked a 12 hour shift every day (when there were five residents in the house) and,
- three staff worked night duty each night

The person in charge confirmed at the opening of this inspection that they had a full staff team in place with no vacancies at this time. They also had systems in place for the professional supervision of their staff team. One inspector reviewed the supervision records for two staff members over this course of this inspection.

The inspector met with four staff members and spoke with three of them over the course of this inspection. They were familiar with the needs of the residents and were observed at times to support them in a kind, caring and person centred manner.

The provider and the person in charge were found to have gathered the required information for staff listed under Schedule 2 of the regulations. Schedule 2 files contain information and documents to be obtained in respect to staff working in the centre to include photographic evidence of their identity, dates they commenced employment, details and documentary evidence of relevant qualifications and vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. The information for two staff members was reviewed by the inspector and met the requirements of the regulations.

Staff meetings were also being facilitated and at these meetings staff had the opportunity to talk about the residents progress with their goals, healthcare-related needs, rights and safeguarding.

Judgment: Compliant

Regulation 16: Training and staff development

From reviewing the online training matrix, the inspector found that staff were provided with training to ensure they had the necessary skills and or knowledge to support the residents.

For example, staff had undertaken a number of in-service training sessions which included:

- fire safety
- manual handling
- Children First online - (training in relation to the Children First National Guidance for the Protection and Welfare of Children 2017 and the Children First Act 2015)
- medication training (theory and competency)
- epilepsy awareness (to include the administration of rescue medication)

- a number of modules covering the management challenging behaviour and positive behavioural support
- safeguarding of vulnerable adults
- communication effectively through open disclosure
- trust in care (the purpose being to promote a safe and caring environment in health care settings where the dignity of the clients is paramount and they are afforded the highest possible standards of care)
- supporting people on the autistic spectrum
- infection prevention and control (IPC)
- food hygiene
- feeding, eating, drinking and swallowing (FEDs)
- basic first aid

The inspector asked to view hard copies of safeguarding certificates for four staff members working in this centre and the person in charge presented all certificates for review, prior to the end of the inspection process. Additionally, the inspector could see that all staff working in this service had their training certificates on line and available for review on the day of this inspection.

Judgment: Compliant

Regulation 22: Insurance

Prior to this inspection the provider submitted up-to-date insurance details to the Office of Chief Inspector as required for the continued registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in place in this service. It was led by a person in charge who was supported in their role by an experienced assistant director of operations and two team leads.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2024 and, a six-monthly unannounced visit to the centre had last been carried out in April 2025. On completion of these audits, an action plan was developed and updated as required to address any issues identified in a timely manner.

For example, the auditing process identified the following:

- the person in charge was to review all staff files (the inspector reviewed two

staff files on the day of this inspection and found they both met the requirements of the Regulations)
- a care plan concerning a resident refusing their medical appointments was to be updated
- a bathroom floor needed attentions
- the hallway required painting
- some restrictive practices required review
- a rug was to be replaced in a residents bedroom

These issues had been addressed (or plans were in place to address them) at the time of this inspection.

Systems were in place to support and facilitate staff to raise concerns about the quality and safety of care and support provided to the residents' living in this service. For example, three staff members spoken with said they would have no issue reporting a concern to the person in charge if they had one. Safeguarding was also discussed at staff meetings.

The annual review also included an overview of feedback from family representatives on the quality and safety of care provided in the centre. This feedback was mainly positive and complimentary. For example, one family member said that their loved one was well cared for, another said that staff were respectful and the centre provided a high standard of care and another said that they residents had a number of activities available to them that they enjoy. One family member did say that they would like pictures or photographs of their relative when they are on social outings with staff. The person in charge was aware of this and had informed the inspector that this request would be provided for going forward.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and was found to meet the requirements of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis, or sooner, as required by the regulations.

In summary, the statement of purpose set out how the service was designed and delivered to meet each resident's needs.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Office of Chief Inspector of any adverse incident occurring in the centre as required by the regulations.

Judgment: Compliant

Quality and safety

The residents living in this service were being supported to live their lives based on their assessed needs and preferences. However, some issues were found with Regulation 10: communication, Regulation 12: personal possessions, Regulation 17: premises and Regulation 28: fire precautions.

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to achieve goals of interest to them and frequent community-based activities of their choosing.

Residents were being supported with their healthcare-related needs and had access, as required, to a range of allied healthcare professionals to include speech and language therapy (SALT) and behavioural support. However, not all staff had bespoke training in a communication method used by one of the residents.

Systems were in place to safeguard the residents and at the time of this inspection, there were some safeguarding issues ongoing which were being managed in line with policy and procedure. While residents personal belongings were kept safe in the centre, one aspect of the upkeep and recording of residents finances required review.

Systems were in place to manage and mitigate risk and support residents' safety in the service. Firefighting systems were also in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. However, one aspect of the fire precautions required review.

The house was found to be homely, clean, warm and welcoming on the day of this inspection and residents rooms were personalised to their individual preference and taste. It was observed however, that the centre required access to a second mode of transport as there was only one car available to the five adults living in this

service.

Overall this inspection found that the residents living in this house were being supported to live their lives based on their preferences and assessed needs with input and support from allied healthcare professionals and family members. However, some minor issues were identified as highlighted above on this inspection.

Regulation 10: Communication

While the residents' were being supported to communicate their choices and preferences in line with their needs and wishes, not all staff had received bespoke training in a communication method used by one of the residents living in the centre.

Residents were supported to communicate in a format they preferred and the inspector observed that their individual communication preferences was understood and respected by the staff team on duty on the day of this inspection. For example, staff demonstrated to the inspector that they were familiar with how each resident communicated by means of speech, symbols and computer applications.

However (and as identified above), not all staff had received bespoke training in a communication method used by one of the residents living in the centre. This training was important as it could support the resident to communicate their needs to all staff members and better support staff to understand what the resident was communicating.

Notwithstanding, residents had access to telephones and appropriate media such as person computers, televisions, radios and easy-to-read information/pictures/symbols.

Judgment: Substantially compliant

Regulation 12: Personal possessions

Each resident had access to and control of their personal property and possessions and where necessary, support was provided by staff and or family representatives to residents in order to manage their financial affairs.

The inspector reviewed one residents finances and found that receipts were available for any item they purchased with cash and the balance of money available in their individual petty cash box was correct and signed off by two staff members.

However, an aspect of the upkeep and recording of residents finances required review. This was because the inspector noted that a receipt was not available in the

centre for one purchase made with the resident's debit card and, it was unclear as to what the actual purchase was. Staff were transparent in their dealings with the inspector when this was brought to their attention and also made contact with the resident's family. It was clarified before the end of this inspection that the resident had actually purchased tickets to a musical festival that they wanted to attend. However, this issue required review so as the service could be assured going forward that they had receipts available for inspection and audit for all purchases made by the residents.

Residents also had their own personalised furniture and furnishings into their rooms and had adequate storage space for their clothes, personal property and possessions.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The residents were being actively supported and encouraged to engage in social and recreational activities in line with their assessed needs and preferences. They were also being supported to maintain very regular contact with their families.

As detailed in section one of this report *'What the residents told us and what we observed'*, the inspector observed that residents enjoyed participating in activities such as swimming, kite flying, using the amenities in the garden (swings and trampolines), going for drives and listening to music on their personal commuters and or phone devices.

Some residents also liked to visit salt caves, participate in the community-based activities such as tidy towns, go for picnics, avail of equine therapy, plant vegetables and paint.

As part of their goals, some residents were being supported to avail of a hotel break, go on a ferry journey, attend music festivals and get new furniture for their rooms. One resident was also in paid employment as a green ambassador where they had the responsibility of promoting environmentally friendly practices within the organisation.

Residents were also supported to keep in contact with their families.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of detached two story house in a rural location in County

Meath. Within the house, one resident had their own self contained one bedroom apartment.

Garden areas were provided to the front and rear of the property for residents to avail of in times of good weather. Additionally, the resident residing in the apartment had their own private garden area to the rear.

The house was found to be welcoming, spacious, generally well maintained and each resident had their own large bedroom. Bedrooms were individualised to the residents individual style and preference.

Facilities such as seating, swing sets and a large trampoline was available in the garden for the residents to use as they so wished.

It was observed however, that the service had access to only one mode of transport for the five young men living in the centre. This required review so as to ensure adequate opportunities were available for residents to engage in activities on an individualised basis when they wanted to. A family member also brought this to the attention of the inspector on the day of this inspection. While they were exceptionally complimentary and positive about the quality and safety of care provided to their relative, they also said that as there were five men living in the house, a second mode of transport would be welcome.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was available in the centre. It was up-to-date and contained information which was relevant to the residents' needs and aligned with the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and support residents' safety in the centre.

There was a policy on risk management available and each resident had a number of risk assessments on file so as to support their overall safety and wellbeing.

For example, a risk was identified for one resident who could decline to attend medical appointments however, a number of measures were being taken to manage

this to include the following:

- an educational piece had been done with the resident on the importance of attending appointments
- where the resident declined to attend a schedule appointment, a new one was made
- staff had liaised with the resident's GP about the issue

Additionally, where a risk had been identified relating to behaviour the following measures were in place:

- staff had training in positive behavioural support
- 1:1 staff support was provided for where required
- access to a community nurse was available to the centre
- access to a multi-disciplinary team was also available

Judgment: Compliant

Regulation 28: Fire precautions

Firefighting systems were in place to include a fire detection and alarm system, fire doors, fire extinguishers and emergency lighting and fire signage. However, one aspect of the fire precautions required review.

Equipment was also being serviced as required by the regulations.

For example:

- the fire detection and alarm system was serviced in January, May and August 2025
  the emergency lighting had also been serviced in January, May and August 2025
  and the fire extinguishers had last been serviced late in October 2024.

Staff also completed as required checks on all fire equipment in the centre, and from reviewing the training matrix it was noted that they had training in fire safety.

Fire drills were being conducted as required. For example, a drill conducted in August 2025 informed that it took three staff and five residents three minutes to evacuate the house.

It was observed however, that a number of residents could disengage from participating in fire drills. This issue was discussed and actioned under Regulation 26: risk management procedures.

It was observed however, that a number of residents could disengage from participating in fire drills. The centre fire risk assessment required review and

updating so as to ensure it contained adequate information to guide staff on how to manage such a situation in the event of a real fire occurring in the centre.

Judgment: Substantially compliant

Regulation 6: Health care

The residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

From reviewing two residents' files, the inspector observed that they had access to the following services:

- general practitioner (GP)
- dietitian
- physiotherapy
- chiropody
- community nurse
- neurology
- dentist

Additionally, each resident, where required, had healthcare-related plans in place so as to inform and guide practice. One staff member spoken with was familiar with the assessed needs of the residents.

It was observed that one resident could disengage from attending some of their healthcare-related appointments however, this issue was discussed under Regulation 26: risk management procedures.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents.

At the time of this inspection two safeguarding plans were in place so as to promote the safety and well-being of the residents.

The inspector also noted the following:

- three staff spoken with said they would have no issue reporting a safeguarding concern to management and or the person in charge if they had one.
- details of the safeguarding officer were on display in the house

- feedback from family members on the service was positive and complimentary. Additionally, they raised no concerns about the quality or safety of care provided in the service
- there were no complaints on file at the time of this inspection
- safeguarding was discussed with residents at their meetings
- safeguarding was also discussed at staff meetings
- information on how to contact an independent advocate was available in the centre.

Additionally, staff had training in the following:

- Children First (training in relation to the Children First National Guidance for the Protection and Welfare of Children 2017 and the Children First Act 2015)
- safeguarding
- communicating effectively through open disclosure
- trust in care.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Bramble Wood OSV-0008462

Inspection ID: MON-0039261

Date of inspection: 18/08/2025

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 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: A review of all staff communication training has been completed. Any staff who have been identified as requiring additional training have now been scheduled for this training. This bespoke training will be delivered by an accredited trainer.	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: All staff have re-completed their training in managing residents' finances. Daily checks of each resident's finances will be carried out by two staff members, with both signatures recorded and receipts retained. Under circumstances where an online purchase is made a digital receipt will be printed. If a situation arises and a receipt is not available and handwritten receipt will be provided by staff and notified to the Person in Charge. Any discrepancy will be reported immediately to the Person in Charge. The Person in Charge has completed weekly audits of residents' finances to ensure all balances are correct and that receipts are available for every transaction. A standardised financial checklist and receipt log is now maintained for each resident to ensure documentation is consistent, clear, and available for inspection at any time. The Assistant Director of servcie will complete a scheduled financial audit as part of governance monthly visits to the centre. The centre's policy on residents' finances has been discussed with the staff at the team meeting and staff have reviewed and signed the financial policy and procedures in place. Residents and their family representatives will continue to be involved, where appropriate, in oversight of financial management to ensure transparency and safeguard residents' rights.	

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

A review has been completed of the transport requirements of all residents within the centre.

The Provider has now put arrangements in place to enhance the transport available within the centre. Additionally, a funding proposal is being developed for submission to the funding agent a specific resident. This proposal will help support their community activation in line with their preferences.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The fire risk assessment has been reviewed and updated to include clear guidance for staff on managing situations where a resident may disengage from a drill or real fire evacuation.
The Person in Charge overseen an additional fire drill in the centre, and all residents evacuated the premises in a timely and safe manner. A social story was developed and shared with residents in advance of the drill to support the residents understanding and prepare both residents who had previously disengaged. An emergency incentive box was prepared, containing motivating items to encourage participation in the drill. The drill was conducted with the maximum number of residents and the minimum number of staff, to ensure realistic conditions. Learning outcomes from this drill have been shared with the staff team during a team meeting to reinforce consistency of approach and staff confidence in supporting residents. Fire drills will continue to be scheduled at varying times, with different scenarios, to ensure ongoing preparedness.

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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	31/10/2025
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	30/09/2025
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be	Substantially Compliant	Yellow	31/10/2025

	required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
Regulation 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.	Substantially Compliant	Yellow	08/09/2025