Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Northfields Respite Centre
Name of provider:	RK Respite Services Ltd
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	10 March 2026
Centre ID:	OSV-0001863
Fieldwork ID:	MON-0049854

About the designated centre

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

Northfields Respite Centre is a designated centre operated by RK Respite Services Ltd. It is a children's respite service which is intended to meet the needs of up to six male and female respite-users, who are under the age of 18 years and who have an intellectual disability. At the time of the inspection, 42 children availed of the respite service. The centre consists of one large bungalow, located on the outskirts of a town in Co. Tipperary and is close to local amenities. The designated centre comprises of five respite-user bedrooms (one of which provides an option to share with a sibling or friend for the duration of their stay), a staff bedroom, kitchen, dining room, sitting room, play room, utility room, a shared bathroom, laundry and storage room. A large garden areas to the rear of the centre provides respite users with large play and seating areas. Staff are on duty both day and night to support the respite-users who avail of this service. The staff team are supported by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Tuesday 10 March 2026	15:30hrs to 18:30hrs	Sarah Mockler	Lead
Wednesday 11 March 2026	10:00hrs to 16:00hrs	Sarah Mockler	Lead
Tuesday 10 March 2026	15:30hrs to 18:30hrs	Eoin O'Byrne	Support
Wednesday 11 March 2026	10:00hrs to 16:00hrs	Eoin O'Byrne	Support

What residents told us and what inspectors observed

This was a short-noticed, announced inspection carried out over two days. The purpose of the inspection was to monitor the designated centre's compliance with relevant Regulations. Overall, the findings of the inspection were positive with the young people being in receipt of good care and support while on their respite stay. However, some improvements were required in relation to fire safety, staff training, medicine administration practices and storage of equipment.

Two inspectors completed the inspection. The first day focused on spending time with the young people, the staff team, and the person in charge. This part of the inspection process primarily focused on observations and spending time with the young people in the centre. The inspectors spent approximately three hours of this time with the young people and staff in the centre.

The second day involved a more formal review of documentation and records, including governance arrangements and information relating to how the service was being managed and the type of care and support being provided to the young people availing of respite.

During the inspection, the inspectors met with six young people who were receiving respite services. Inspectors also interacted with four staff members and the person in charge. In addition, inspectors had the opportunity to speak with 14 young people's family representatives to gather their views on the service. One family representative was met in person, while the remaining conversations took place by telephone on the second day of the inspection. Feedback from representatives was highly positive. Many described the young people as well cared for and happy during their respite breaks, with several noting that they looked forward to attending and enjoyed both the activities and time spent with peers. Family representatives used positive comments such as 'they had no complaints'; 'they love it'; 'very well looked after' and incredible service'.

On arrival, inspectors observed a busy, homely environment as young people returned from school. They were moving between their chosen rooms, requesting food, relaxing with television programmes, or using tablet devices. Although lively, the environment was calm and welcoming. Inspectors noted that the house was clean, warm, safe, and child-appropriate. Staff engaged with the young people in a caring, patient, and attentive manner, and the young people appeared comfortable and at ease in their interactions with staff.

Each young person had their own bedroom, and many brought toys or personal items from home to help them settle. Inspectors also observed that the house was well-resourced with board games, puzzles, toys, smart TVs, a large play area, and an art room. During the inspection, one young person had recently celebrated a birthday, and staff and peers had organised a small celebration with a cake.

Inspectors observed a young person creating a handmade birthday card in the art room and speaking briefly about how much they enjoyed visiting the respite house, which many young people referred to as their "holiday home". The group gathered in the dining area to sing "Happy Birthday", and they appeared to enjoy the celebration.

Later that evening, an inspector spoke with one of the young people while they watched YouTube. The young person spoke positively about their stays and said they enjoyed both the activities provided and the opportunity to relax during their time in respite. Inspectors also observed staff consulting with each young person about their preferences for activities, food, and items they might like to have in the house during their stay. For example, on the first day of the inspection, all of the young people chose to accompany staff to a nearby supermarket to select food for their respite break.

Across the evening of inspection the inspectors observed the young people relax and watch television or use their tablet devices. Some young people listened to music, played games or read books. The young people were observed to play outside on the play equipment such as the swings and climbing frame. The young people were observed to request and get access to snacks and drinks as they so wished. All the young people looked relaxed and happy and readily approached the staff team if they wanted an item or required support.

A wide range of choices was offered to young people, including meals, activities, and daily routines. At the beginning of each stay the staff would hold a meeting or have a conversation with each young person on what activities that they wanted to do and plan the evening meal. On the evening of inspection the inspectors observed this process happening. The young people choose to go on a shopping trip to a local supermarket. The inspectors observed the young people helping prepare the shopping list, carry in the shopping on their return and help to put it away.

An evening meal was prepared for the young people. The inspectors noted that the young people choose what they wanted eat and this was prepared accordingly. The table was set for the evening meal and the young people sat at the table and were supported to enjoy this experience. The young people sat with their peers or staff at this time and meals were offered to the young people at times that suited them. A

The inspectors spoke with all staff present on the evening of this inspection. There were four staff present and the person in charge. Observations throughout the inspection were that staff members knew the children well, including their likes, food choices, preferences for leisure activities and care and support needs.

Inspectors observed staff supporting young people across different aspects of care and support. For example, one inspector saw a staff member appropriately support a young person when they went through a brief period of dysregulation. The young person was appropriately supported and encouraged to engage in activities to help regulate them.

The young people in the centre used used different forms of communication both non-speaking and speaking means to let know staff what they wanted and express

their preferences.Staff responded appropriately to all types of communication cues, demonstrating a good understanding of each young person's needs.

Although there were areas in need of improvement, the overall findings of the inspection were positive. Young people were seen to be relaxed, well-supported, and comfortable in a nurturing, homelike environment. Representatives consistently reported high levels of satisfaction with the service, and the atmosphere within the house reflected warm, child-centred care.

Capacity and capability

Overall, it was found that there were systems in place to monitor the quality of care within the service. However, improvements were required in relation to the submission of notifications to the Office of the Chief Inspector, the systems in place to ensure staff received training and sufficient knowledge in areas of service provision.

Previous inspections had identified the need for the provider to source support in ensuring annual reviews and six-monthly provider audits were occurring in line with the requirements of the Regulations. The provider had successfully achieved this with both these systems for oversight in place. Although, the audits and reviews were driving aspects of quality improvement they were failing to identify or bring the necessary improvement in the areas that required improvement as identified on inspection.

There was a consistent and committed staff team in place. The number of staff in place were sufficient to provide care and support to meet the young people's assessed needs. However, improvement was required in relation to aspects of staff training and knowledge.

Regulation 15: Staffing

The inspectors found that suitable staffing arrangements were in place. This was established following a review of a sample of staffing rosters, discussions with staff members, and an examination of Schedule 2 documents for a selection of 12 staff members.

A review of the current roster, along with a week from January and a week from February of this year, showed that safe staffing levels were consistently maintained. The review also confirmed that there was a consistent staff team in place, which supported good continuity of care for the young people.

During interactions with staff members, the inspectors observed them supporting the young people in a professional and caring manner. One inspector sought clarification from a staff member regarding how they support young people who are non-speaking. The staff member showed the inspector a number of visual aids they utilised, along with sentence boards that can be used.

An inspector also asked two staff members about young people's care plans and how they record changes in young people's presentations. Both staff members showed the inspector a section in the care plans where updates would be recorded. They also stated that any changes in the young people's presentation or needs would be reported to the person in charge.

The inspectors reviewed a sample of staff information. Twelve staff files were examined. The inspectors found that the provider had ensured all information required under Schedule 2 of the Regulations had been obtained. This included Garda vetting, evidence of staff members' training, employment history, and suitable references, all of which were available for review.

Judgment: Compliant

Regulation 16: Training and staff development

An inspector reviewed the systems in place for ensuring that the staff team received appropriate training and possessed adequate knowledge in relation to their roles. This was an area that required some improvements.

For example, when reviewing medication practices with a staff member, the inspector enquired whether the staff member had sufficient knowledge of the four medications prescribed to a particular young person. While the staff member demonstrated appropriate knowledge of one medication, they were unable to explain the intended purpose or desired outcome of the remaining three medications.

The inspector also reviewed the information available to staff regarding medications administered to young people during respite stays. Although a list of prescribed medications was available, there was no accompanying information to support staff understanding. Specifically, there was no detail outlining why each medication was prescribed, the intended therapeutic outcome, or any potential side effects staff should be aware of when administering it.

Records reviewed showed that staff members had completed medication management training. However, improvements were required to ensure that staff have access to adequate, up-to-date information relating to the medications they administer. Staff also required access to appropriate learning materials and reference information to support safe practice if queries arise.

A review of the available training records during the inspection raised concerns that the staff team had not completed training in the management of behaviour that challenges. This was of particular concern as the review of adverse incidents occurring within the service showed that some young people had engaged in challenging behaviours. Therefore, it was essential that staff members had appropriate and up-to-date training in this area. The person in charge was offered the opportunity to submit evidence demonstrating that the staff team had completed the required training on the day following the inspection.

The person in charge submitted information that 13 members of the staff team had completed crisis prevention intervention training in 2025. However, the training had been conducted in the school setting the staff members also worked in and was not specific to the respite service. Furthermore, evidence was submitted indicating that three staff had previously completed training in the area but had not completed refresher training within the prescribed time frame.

Inspectors did confirm that the staff team had been provided with training in the following areas:

- Fire safety
- Children First
- Human rights
- Manual handling
- First aid

An inspector also requested to review staff supervision records. The person in charge provided evidence that the staff team had completed medication competency supervision this year. However, as noted above, improvements were required to ensure staff members had adequate knowledge of the medications they were administering and had access to appropriate, up-to-date information to support safe practice.

In summary, the inspection identified gaps in staff training and knowledge within the respite service. Although staff had completed medication management training, they lacked sufficient understanding of the medications they administered and lacked access to clear, up-to-date reference information.

Training records also showed that staff had not completed appropriate behaviour-management training specific to the respite setting, despite incidents of challenging behaviour. Some staff were out of date with refresher requirements. While mandatory training such as fire safety, Children First, human rights, manual handling, and first aid was in place, overall systems for ensuring staff competency and access to essential information required improvement, particularly in medication knowledge and behaviour-management practices.

Judgment: Not compliant

Regulation 23: Governance and management

Overall, it was found that although there were systems in place to monitor the quality of care within the service some improvement was required in this area. None withstanding this, the young people were in receipt of a good service that met their assessed needs and ensured that the respite stay was a positive experience for the young people and their families. The designated centre was well resourced. Improvements were required in relation to the systems in place to monitor fire safety, submission of notifications to the Office of the Chief Inspector and the systems in place to ensure staff received training to meet the needs of the young people using the respite service. Additionally the content of staff meetings required review to ensure the meetings were child-focused and concentrated on key components of care and support.

The centre was run by a suitably qualified and experienced person in charge. The staff team reported directly into the person in charge. There was also a person participating in management appointed to the centre. Both the person in charge and person participating in management were also the registered provider of the designated centre.

The inspectors observed a number of good systems in place. This included the systems in place to ensure young people's belongings were adequately accounted for on their stay. These systems required the staff to provide a written account of each item as it came into the respite stay. Additionally, the systems in place around medication management were effective and safe.

The provider had a number of systems to monitor care and support which included audits as required by the regulations. The inspectors reviewed the most recent annual review which covered the period from January 2025 to December 2025 and the last two six-monthly provider audits. Although there were areas identified for improvement such as staff training and reporting of incidents to the Chief Inspector, these issues remained on the day of inspection. For example, in the six-monthly annual review that occurred in September 2025 identified that notifications were not submitted in line with the requirements of Regulations this remained an issue on the day of inspection.

In addition the systems in to review fire safety measures required review. The inspectors reviewed the fire safety folder and saw that it had been recorded that fire doors were in a satisfactory condition. However, this was not in line with the findings of the inspection.

Additionally, although staff meetings were occurring at set intervals throughout the year on review of the notes of these meetings the inspectors found that some improvements were required. The inspectors reviewed staff meeting notes dated September 2025 and January 2026. There was a limited agenda in place and key areas of care, support and service provision were not discussed during this time. For example, the agenda and notes in place did not evidence that child protection,

safeguarding, incidents, or young people's specific care needs were discussed during this time.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Documentation in relation to notifications, which the provider must submit to the Chief Inspector under the regulation, was reviewed during this inspection. Such notifications are important in order to provide information around the running of a designated centre and matters which could impact the young people. It was found that not all required notifications had been submitted as required

On review of the incident log, the inspectors identified two incidents that met the threshold of a safeguarding incident that had not been reported to the Chief Inspector. This included minor peer to peer incidents. Although the incidents were managed appropriately they had not been notified in line with the requirements of the regulations.

Judgment: Not compliant

Quality and safety

The inspectors found that the centre presented as a comfortable home and care was provided in line with each young person's assessed needs. A number of key areas were reviewed to determine if the care and support provided to children was safe and effective. These included meeting and spending time with each of the young people and staff, a review of risk documentation, fire safety documentation, Children's First documentation and documentation around care and support needs. It was found that child-centered care was evident many areas of service provision. However, improvements were required in relation to fire safety measures, aspects of premises condition and storage.

The inspector reviewed the measures in place to keep the children safe. This included the measures around child protection, risk and fire safety. A number of good practices were in place such as adherence to the *Children First: National Guidance for the Protection and Welfare of Children (2017)* which included staff knowledge around the indicators of abuse and reporting requirements. In addition the practices around risk management were found to be in line with best practice. However, some fire safety measures required improvements to ensure that this risk was mitigated accordingly.

Regulation 13: General welfare and development

The inspectors found that when young people were visiting the service, they were provided with a good service that was responsive to their needs and, where possible, supported respite users to engage in the things they enjoyed.

For example, an inspector reviewed a respite planning meeting held with the young people who had stayed in the service over the previous weekend. They had identified the activities they wanted to do and the food they wanted in the house. The inspector reviewed the activities the young people had engaged in and found that they had gone swimming, visited a sensory garden, gone out for food, and engaged in play activities in the respite service.

As discussed earlier, the inspectors spoke to a number of the respite users' representatives. Their feedback was very positive, with many of them referencing the range of activities their loved ones engaged in when attending the respite.

In summary, the inspection found that young people receiving respite services received high-quality, responsive care tailored to their needs. Inspectors found that the service actively involved young people in planning activities and meals, resulting in a variety of enjoyable outings and experiences. Feedback from families and representatives was overwhelmingly positive, particularly regarding the engaging range of activities provided during respite stays.

Judgment: Compliant

Regulation 17: Premises

During the course of the inspection, inspectors reviewed the premises both internally and externally.

Internally the premises was maintained to an overall good standard. All aspects of the premises was clean. Each young person were allocated their own bedroom for their respite stay and there were sufficient communal spaces for the young people to relax and play in. For example, there was an arts and crafts room in place full of equipment and activities.

Some wear and tear was evident in aspects of the premises such as minor paint works, stained grouting in the main bathroom and water damage to door, and some minor paint works required in some parts of the centre.

During the review of the gardens, it was found that improvements in the storage of equipment was required. In the front garden, an inspector found that three shovels had been left leaning against a shed, which posed a potential risk. In the back

garden, the inspector found a large wooden playhouse for young people to use. However, when the inspector entered the playhouse, they found that a power washer was being stored there, along with a small amount of petrol and a food bin. Once identified, the inspector raised their concerns with the person in charge. The person in charge stated that the items would be moved to a suitable storage area and conceded that they should not have been left where they were.

During the review of the large back garden, the inspector also found that the provider had ensured there were play facilities for children and young people. These included a playground with a climbing frame, swings and slides, football nets, a large trampoline with a roof over it, and a water play area. This large area was very child-centred with loads of space and overall very well maintained.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider's risk management policy contained information as required by Regulation. The provider was identifying safety issues and putting risk assessments and appropriate control measures in place. Risk assessments considered each young people's needs and the need to promote their safety.

There was an organisational risk register in place which accounted for a number of risks within the centre. The inspectors saw risk assessments in relation to child protection, medication management, behaviour management, young people's activities, driving risks and equipment risks. All risks had recently been reviewed in January 2026 and the control measures in place were proportionate to the relevant risks. There was a quarterly review of all risks with control measures comprehensively reviewed with additional actions or controls reviewed in relation to their effectiveness.

The inspectors reviewed four children's individual risk assessments that were in place. These risk assessments were developed in line with their assessed needs with input from family representatives also included in these assessments. For example, the inspectors reviewed risk assessments in relation to the risk of absconscion which accounted for the young person's history of engaging in this type of risk in the home environment. This ensured suitable controls were in place in the respite setting.

The inspectors reviewed the incident log over the most recent 12 month period. Overall, it was found that incidents were recorded, reviewed and learning was identified to ensure that risks were minimised. For example, the provider completed a comprehensive review of four incidents that described a young person engaging in behaviours of concern. Following the review of these incidents it was identified that the young person required a more individualised respite stay which promoted a low arousal environment. This was in place on the day of inspection. This demonstrated

a proactive approach to ensuring the patterns in incidents were identified and rectified in a timely manner.

Judgment: Compliant

Regulation 28: Fire precautions

The inspectors reviewed the systems in place around fire safety. Some improvements were required in this area to ensure that fire containment measures were fully effective and that personal evacuation plans were reflective of the supports in place for day and night time evacuations.

On the walk around of the premises the inspectors noted that there was a suitable fire alarm in place, with smoke detectors in place. Fire extinguishers were present and fire exits were clear. There were certificates in place to indicate that the fire alarm panel, emergency lighting and fire fighting equipment had been serviced as required.

However, on review of the fire containment measures the inspectors noted that improvements were needed. A number of doors had been fitted with intumescent strips which are an essential part in ensuring smoke is contained in the event on a fire. The inspectors noted that on three doors this strip was missing from parts of the door compromising the fire containment integrity and leaving a gap between the door and the door frame. As previously stated the systems in place to check the fire doors had failed to identify this issue.

In addition, the inspectors noted that a number of ceilings in the centre were panelled with wood. The inspectors asked for information in relation to the fire safety measures in place around this type of material being present on the ceiling and if they had been reviewed from a fire safety perspective. There was no evidence available in the centre if this had occurred and the provider was given the opportunity to submit this information the following day post inspection. This was not available for submission the following day.

The inspectors reviewed a sample of the young people' s personal evacuation plans. From the four reviewed, two of the plans did not account for the supports in place to evacuate the young people at night. The plans were not sufficiently detailed for each young person to suitably guide staff.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that suitable arrangements were in place for the intake, storage, administration, and recording of medication. This determination was made following the inspector's review of these practices with a member of the staff team.

The staff member explained that, if a respite user was prescribed medication, information regarding this was recorded on a document called the medication sheet. The medication sheet was also signed by the prescribing doctor. Medications were checked in and out by the provider's senior management team, ensuring appropriate oversight.

Inspectors were informed of, and observed, systems in place to ensure the safe administration of medication. Two staff members were responsible for dispensing and recording the administration of medication.

The staff member also demonstrated the storage arrangements to the inspector. These were found to be suitable, with each young having their own shelf in the medication press.

Weekly medication audits were completed by staff members. There was also evidence of medication competency supervision being carried out with staff members during the year.

Discussions with staff members and a review of information regarding prescribed medications brought to the service by respite users raised some concerns. These issues will be addressed under Regulation 16: Training and Development.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspectors found that the provider had effective systems in place to support the ongoing assessment and review of young people's needs in line with Regulation 5. The inspector reviewed the information for four young people: three who were currently utilising the respite service and another who had used the service. The appraisal of the information found that personal plans had been developed, that the plans gave the reader information about each young person, headings included:

- Any known allergies
- Young Person medication
- How to support young people with their intimate care
- Language and communication
- Routines and comforts
- Safety awareness
- Risk management

The review of the care plans showed that each plan was specific to the young person. That the information had been sourced from the young person's families or

other appropriate sources, such as behaviour specialists. For example, for one of the young people, the inspector found detailed guidance on how to support the young person with their evening and night time routine and a list of steps staff members should take. There was also clear information on how the young person expressed themselves and how staff members should react and support them.

For some of the young people, documents called "all about me" had been developed. They provided additional information on how the young person communicated expectations for staff responses, and more insight into what the young person enjoyed and what they liked to avoid.

Overall, the inspectors found that the provider and the staff team had ensured that appropriate assessments of the young peoples needs had been conducted and that adequate care plans were in place to guide staff when supporting them.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that the provider had effective measures in place to promote positive behavioural support. As the young people did not live in the service full-time, much of the information regarding the management of challenging incidents had been gathered in consultation with the young people's family members and health and social care professionals and school. This informed the guidance in place.

The inspector reviewed a young person's care plan, which included a section focused on understanding why the young person might present with adverse incidents, how staff should support the young person, maintain their safety, and provide support after the incident. Overall the information present was sufficient to support the young person.

There were systems in place to review restrictive practices in place. The inspectors found through their observations and review of documentation that restrictive practices were only used when required and for the shortest duration necessary indicating a least restrictive environment was in place for the young people that availed of the service.

An inspector reviewed adverse incidents that had occurred in the service. The appraisal showed that staff members had adequately responded to these incidents and had supported young persons to calm and maintain their safety.

Judgment: Compliant

Regulation 8: Protection

There were clear systems in place for reporting child protection and welfare concerns in line with C*hildren First: National Guidance for the Protection and Welfare of Children (2017).* The centre had a safeguarding statement in place and on display in the centre. The person in charge was the designated liaison person (DLP). The staff who inspectors spoke with had a clear understanding of the role and responsibilities of both the DLP and mandated persons.

Staff spoken with were knowledgable around the indicators to relation to identifying abuse and the relevant reporting mechanisms in place.

There had been two notifications of a child protection incidents in the last 12 months. The inspector saw evidence that this had been reported ot to the Child and Family Agency (Tusla) as required under the legislation.

There were systems in place to keep the young people safe when they using technology and on line devices. Staff spoken to outlined that young people could only use their technology devices such as phones and i-pads in communal areas or if their bedroom doors were open. The inspectors observed this happening on the day of inspection. There was a corresponding risk assessment in place with the relevant control measures stated.

In addition, the young people in respite stays were grouped together to ensure they were compatible with each other. This minimised the risk of any peer to peer incidents and ensured that the respite stay was successfully for all the young people that availed of this service.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Northfields Respite Centre OSV-0001863

Inspection ID: MON-0049854

Date of inspection: 11/Mar/2026

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 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Centre's Training Need Analysis will be reviewed and updated and Training Programme will be amended to include refresher training in the management of behaviour that challenges. This training will be specific to our centre. A reference document will be developed for staff to include information on reasons for subscribing, intended therapeutic outcome and any potential side affects to be aware of for all medications administered in the centre. Review of same will be integrated into the Medication Management module of the Formal Supervision program for staff.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Staff Meetings will continue to be held Quarterly and the content of the meetings will be more child focused and include key components of service provision care and support. Annual and Six Monthly audits will continue and any Actions stemming from these audits will be promptly undertaken,	

Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: All incidents reviewed that include any element of potential peer to peer abuse will be deemed to have met the threshold of a safeguarding incident and be reported to the chief Inspector within the recommended timeframe.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Maintenance works will continue to include paint works, works to main bathroom and upkeep to other areas as the need arises.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Intumescent strips have been replaced to ensure any smoke is contained in the event of a fire. All wood paneled ceilings will be painted and certification confirming the use of fire-retardant materials will be retained on file for review. A full independent Fire Safety Audit will be conducted and any actions stemming from this audit will be promptly acted upon.	

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 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.	Not Compliant	Orange	30/Jun/2026
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	1/Sep/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	1/Sep/2026

Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/May/2026
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	1/Sep/2026
Regulation 31(1)(f)	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, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	30/May/2026