Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Seaview Respite Service
Name of provider:	The Rehab Group
Address of centre:	Donegal
Type of inspection:	Announced
Date of inspection:	07 July 2026
Centre ID:	OSV-0002521
Fieldwork ID:	MON-0042113

About the designated centre

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

Seaview Respite service provides a holistic respite service supporting both children and adults on an alternating basis in a home from home environment. Seaview Respite service provides accommodation for up to four residents with autism, intellectual disability, and or physical and sensory disabilities. The age range of adults to be accommodated is from 18 years, and children is from six to 18 years. Adults and children do not avail of respite service at the same time. The designated centre is a two-storey house in a coastal area close to a rural town. The centre has its own vehicle to enable residents to access amenities such as shops, playgrounds, cinemas and restaurants, during their respite breaks. Residents have their own bedrooms, and use of a kitchen, dining room, sitting room, laundry area, bathrooms, an outdoor yard and small garden. Residents are supported during their respite breaks by a staff team including the person in charge, nurses, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 7 July 2026	16:10hrs to 19:10hrs	Angela McCormack	Lead
Wednesday 8 July 2026	10:40hrs to 14:45hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

This inspection found that Seaview respite service provided person-centered care and support to the adults and children availing of respite breaks. The centre was well managed, with good systems in place for monitoring the care and support provided.

This inspection was an announced inspection and was completed over two half days, one evening and the following morning. The inspection was completed to monitor the centre's compliance with the regulations and to help inform the renewal of registration of the centre, which occurs every three years.

The inspector met with three children and young people throughout the two days of inspection. In addition, four staff were met with. The person in charge was present throughout the inspection. As part of the announcement of the inspection, questionnaires were sent to the service seeking the views of residents and their representatives about the care and support provided in the centre. Four questionnaires were received, all of which gave positive feedback on the service provided.

The centre comprised a large two-storey house located in a quiet area just outside of a large town. The service provided respite care to adults and children on alternating weeks. The use of the word 'residents' is used at times throughout this report and is intended to reflect both adults and children that use the service. At the time of inspection three children (one that included a young person who was a teenager) were availing of respite care. All three were met with by the inspector.

Observations throughout the inspection indicated that all three children were comfortable and content in the centre. Children were seen moving freely throughout the house and doing activities of their choosing. On the first evening, one child was observed relaxing while listening to content on their technological device. Two other children went on an outing with staff members to a fast food restaurant and shopping afterwards. This was reported to be a favourite activity for one child when they came in for respite. The inspector met with both later in the evening on their return to the centre.

Children and young people were observed doing various indoor and outdoor activities. The centre benefited from a large outdoor area which was designed in a child friendly, safe manner. The outdoor area included a trampoline, slide, basket swing and other play equipment such as goal posts. In addition, there were indoor leisure facilities, which included arts and crafts supplies, various games and an interactive electronic device that included various games and activities to support the children and adults with skill-building for example.

The layout of Seaview respite was well designed and supported residents to have time alone if they wished. There was a sensory pod located in one of the bedrooms, a sensory chair in a living room and an area of one communal room was designed as a calming space. Bedrooms were nicely designed, clean and well ventilated, and included facilities for safe storage of personal belongings. One bedroom had a double bed, which had been put in place following feedback from residents. One of the questionnaires reviewed by the inspector said 'I like the big bed'.

The children and young people communicated with the inspector in their preferred communication styles. Each of them acknowledged the inspector in their own way, some communicating verbally and some acknowledging the inspector through eye contact and facial expressions. Staff members supported children and young people to communicate with the inspector in line with their communication plans.

The inspector observed positive and respectful interactions between staff members and the children and young people throughout the two days of inspection. Staff members were observed to be kind, caring and responsive to the children's needs. In addition, they demonstrated a good understanding of each child and young person's individual preferences, routines and support requirements. Care and support was delivered in accordance with the children and young people's assessed needs, including supports relating to communication and and dietary requirements.

The inspector was informed that there were 35 adults and thirteen children and young people who used the centre for respite at various times throughout the year. The centre was open six nights per week and the inspector was informed that this had increased to seven nights in July 2026. The centre was observed to be well organized and effectively managed. There were effective systems in place to ensure that important information regarding each resident's health, well-being and support needs were reviewed and communicated. A checklist was completed prior to each resident’s respite stay. This pre-registration checklist allowed for information to be shared if there were any changes in residents' health, medication, sleep or care needs since their last stay. Staff spoken with demonstrated a clear awareness of the children and young people's needs including changes in presentation. Staff members spoken with talked of their enjoyment and pride in working in the centre.

The inspector reviewed the questionnaires that were completed by four residents and their representatives. These included positive feedback regarding the quality of the service provided. Feedback included the following;

- 'I am always happy, content and well cared for- it's home away from home'
- 'There's no expectation on me to do a, b or c - I can just chill, watch TV, go to Supermacs with everyone..'
- 'I love staying at Seaview- it's fab'
- 'I have made friends at Seaview and with around my own age group, and I see my friends when I go in respite'
- In addition, one parent said that their child 'loves going here for his respite always so happy to go'.

In summary, the inspector found that the centre provided person-centred, safe care and support to children and adults that used the service.

The next two sections of the report outline the governance and management arrangements of the centre and describes how this impacts on the quality and safety of care provided.

Capacity and capability

This inspection found that there were good systems in place by the management team to monitor the service and to identify actions that may be required to improve the quality and safety of care provided.

The staffing levels and shift patterns were found to meet the assessed needs of residents. Staff members were provided with ongoing training and supervision. This helped to ensure that they had the skills and knowledge to support residents with their needs.

There were clear governance and management arrangements in place. This included an experienced person in charge who worked full-time. They were supported by a regional manager.

Overall, the centre was found to be well managed and effectively monitored to ensure that the service was to a good quality and met the diverse range of residents' needs.

Registration Regulation 5: Application for registration or renewal of registration

The provider ensured that a complete application was submitted to the Chief Inspector to apply to renew the registration of the centre.

Judgment: Compliant

Regulation 14: Persons in charge

The centre was managed by an experienced and qualified person in charge, who worked full-time in the centre.

The person in charge was present throughout the inspection. They demonstrated knowledge of their responsibilities under the regulations. They were found to be very knowledgeable about the operations of the centre and about the various needs of residents.

Judgment: Compliant

Regulation 15: Staffing

There were good staffing arrangements in place in the centre. The management team were found to respond to the needs of the various residents who used the respite centre. This ensured that residents were provided with safe care and support and could do activities that were meaningful to them.

The centre's skill mix included team leaders and care workers. The centre was fully resourced following a period of staffing gaps. Two team leaders commenced in June 2026. Staffing ratios were planned based on the assessed needs of residents. In the main, there were three staff members covering day duties, with a sleepover and waking night in place each night. At times, two waking night staff were in place to support individual children with their needs. The inspector found that the service was responsive to the assessed needs of individual residents and ensured that there were safe and appropriate staffing arrangements in place.

The inspector reviewed a sample of the planned and actual staff rosters between 15 June and 09 August 2026. These were found to be well maintained and reflected the staff members working on the days of inspection.

The inspector also reviewed a sample of five staff members personnel files to ensure that all information as required under Schedule 2 of the regulations were in place. This sample included two recently appointed staff members. All information was found to be in place, including An Garda Síochana vetting, two references, photograph identification and staff member's work history.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that all staff members undertook relevant training that was necessary to support residents with their needs and to promote a safe service.

The inspector reviewed the training matrix that was in place in the centre. This was found to be up-to-date and included all staff members. The matrix documented that all staff members had either completed mandatory training as required, or where

the staff members were recently recruited, training dates were set within a reasonable time frame. For example; two staff members were scheduled for fire training by the end of July 2026.

Staff were trained in Children's First, behaviour management, epilepsy awareness and medication management. In addition, the person in charge reviewed reviewed the training needs in the centre and had recently identified training that was required to support a child's medical needs. This was planned prior to their overnight respite break. This demonstrated that there was good oversight and understanding of staff training needs to support the assessed needs of residents.

Staff members were supported through supervision meetings with their line manager, which occurred every quarter. A schedule of meetings planned and completed this year to date was observed in the office. Staff spoken with by the inspector spoke positively about their roles and expressed that they enjoyed working in the centre. They also described feeling well supported by the person in charge and the wider management team. This contributed to a positive working environment.

Judgment: Compliant

Regulation 22: Insurance

The provider ensured that there was up-to-date insurance in place as required in the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The centre was found to be well managed by an experienced management team. There were good systems in place for monitoring the care and support provided. Audits completed were found to be effective in identifying areas for improvement, and action plans were developed and progressed where required.

The auditing systems in the centre included weekly audits by the team leaders which was overseen by the person in charge. The person in charge completed monthly audits which included a review of actions identified in the weekly audits as well as actions identified in team meetings. The inspector reviewed a sample of weekly audits and monthly person in charge audits for four months between February and May 2026. These were found to be comprehensive and included reviews of safeguarding, complaints, incidents, restrictive practices, care plans, medication and other health and safety related areas. Actions identified were found

to be followed up and reviewed on an ongoing basis for completion. At the time of inspection, the provider was awaiting the progression of an action that was identified and agreed to improve one of the bathrooms to better meet the needs of the various residents.

In addition to the local management audits, the provider ensured oversight through the completion of unannounced visits every six months as is required under the regulations. The inspector reviewed the report of the most recent visit that occurred in April 2026 which demonstrated a comprehensive review of the care and support provided and the practices in place to ensure safe care.

Team meetings were also occurring regularly, which allowed staff members the opportunity to raise any points of concern. The inspector reviewed five minutes of team meetings held between January and May 2026. These showed that discussions were had on a range of topics relating to the care and support of residents. Staff spoken with said that they felt supported and could raise any issues. In addition, the inspector observed a 'staff suggestion' envelope on the notice-board in the office. This demonstrated that there was a culture in the centre that staff members' feedback was welcome.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector found that there were good arrangements for admissions and for ensuring a safe and appropriate transition to respite services. Residents were provided with a written contract for the provision of services which outlined the terms of their admission to the centre.

One staff member described the process for receiving referrals and for ensuring that the centre met prospective residents' needs. This included an assessment of needs prior to the transition and which included the individual, their family representatives and any multidisciplinary team (MDT) members involved in their care. Prospective residents were supported to visit the centre on a number of occasions prior to their overnight stay. The inspector reviewed the assessment and transition plans associated with one child who was in the process of transitioning to overnight respite stays. The documentation showed that a collaborative approach was taken to establish how the centre could best meet the individual's needs following the assessment and outlined actions to be addressed prior to the admission. For example, a training need was identified to support an aspect of healthcare and this action was in progress at the time of inspection.

In addition, the inspector reviewed two young people's contracts for the provision of services. These included the terms and conditions on respite provision, and were signed as agreed with the family representatives. Furthermore, the person in charge described to, and showed, the inspector the procedures for ensuring that residents

were compatible and that the environment met their individual needs. This all evidenced that the provider ensured that residents were supported appropriately with their transition to the service, and that assessments on their safety and protection were completed.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider ensured that there was an up-to-date statement of purpose in the centre that included all of the information that is required under Schedule 1 of this regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

Through a review of incidents and restrictive practices, the inspector could see that the person in charge ensured that all required notifications were submitted to the Chief Inspector as required under the regulations and within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider ensured that there was procedure in place respecting complaints and which outlining the process for reporting and appealing the outcome of complaints. Within the centre, complaints were found to be taken seriously and followed up in line with the provider's procedures.

The inspector reviewed the complaints log for 2026, from where it could be seen that eight complaints and one compliment were recorded. Complaints related to residents' expression of dissatisfaction and feedback given on areas such as the mattress on a bed, poor Internet connectivity and access to activities during the fuel protest. These were all found to be recorded and followed up appropriately,

In addition complaints were welcomed from family representatives. The inspector reviewed one complaint dated in January 2026 and could see that this was followed up through discussions and meetings with the family member. Learning outcomes were reviewed and actions taken to resolve the concern. This demonstrated that

there was a culture in the service where complaints were welcomed, recorded and used as learning to improve the quality and safety of care provided.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider ensured that there were policies and procedures in place as required under Schedule 5 of the regulations. However, on review of these by the inspector the following policies were overdue a review since December 2025:

- The provision of behavioural support
- The use of restrictive procedures and physical, chemical and environmental restraint

The inspector was informed that these were drafted and in the process of being finalised. This required completion.

Judgment: Substantially compliant

Quality and safety

Seaview respite service was found to provide high quality, person-centred care and support. The centre promoted a rights-based culture where residents had the autonomy to make decisions in their day-to-day life.

The language used in the residents' care plans was rights-based and highlighted their rights to make choices in their lives, and included the importance of respecting decisions. The centre was designed in a child-friendly manner when children were using respite services, with activities and space for leisure, recreation and relaxation.

The person in charge ensured that an assessment was completed on the health, personal and social care needs of residents. Care and support needs were kept under ongoing review so that any changes would be identified in a timely manner.

In summary, the care and support provided to residents was found to be person-centred, safe and regularly monitored. This helped to ensure that it met residents' needs and was to a high quality.

Regulation 10: Communication

The provider had a communication policy in place that outlined a 'total communication' approach in supporting residents with their communication preferences. Communication support plans were developed where required. Children and young people were seen to be supported to communicate in line with their individual preferences throughout the inspection.

From the inspector's review of three children and young people's personal plans, it could be seen that communication supports were assessed and care and support plans were in place. A variety of communication means were observed during the inspection, which was in line with the provider's policy of ensuring a total communication approach to providing supports.

The centre had various notices and visuals on display and in accessible locations. These included a photograph roster of staff working and information on rights, complaints and protection in easy-to-read versions. In addition, there were social stories on various topics, visual schedules for activities, communication boards, and various pictures of food and activities to support choice making.

The centre also promote the use of technological aids and appliances to further support residents. These included Internet access, movie applications, individual technological devices, mobile phones, and an interactive, light projection gaming device that was available in the communal area of the centre.

Judgment: Compliant

Regulation 13: General welfare and development

The centre was found to promote the general welfare and development of the adults and children who used the service. The centre was equipped with age appropriate games and equipment to support the developmental and recreational needs of the various age groups.

At the time of inspection, three children were availing of respite. The centre was observed to be designed in a child-friendly manner and with access to various recreation and leisure opportunities in the house and garden. These included games, televisions, sensory equipment, including a sensory pod and sensory spinning chair and an enclosed swing chair. Outside, there were various playground equipment, sports equipment and a paddling pool for one younger child who enjoyed water play. In addition, the inspector was informed that a large piece of play equipment had been hired previously and was booked again, to support one young person who used the respite service to have leisure and play time when in the centre in a safe way that met their individual sensory needs.

Adults and young people were found to be supported to engage in meaningful activities to them during their stay. These included day trips, eating out, going to the cinema, going bowling and attending community groups that they were involved in. In addition, the children and young people were supported to attend their educational settings. At the time of inspection, two children were supported to attend the July provision day supports that were arranged with their individual schools.

Judgment: Compliant

Regulation 20: Information for residents

The provider ensured that there was a residents' guide in place that included all the information that is required under this regulation. This was available to residents in an easy-to-read format with pictures and text to support understanding.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe systems in place for the management of medicines in the centre, including a safe storage area. This was underpinned by the provider's policy and procedure for medication management. Staff had undertaken training in the safe administration of medicines.

One staff member described to, and showed, the inspector the procedures for the receipt, administration, documentation, storage and auditing of medicines in the centre. This included documentation to record stock and to assess if any changes in medication occurred since a resident's previous stay in respite.

The medication recording sheets, of which two were reviewed by the inspector, included residents' name, date of birth, photographs and allergies where known. Medication prescribed was clearly recorded and signed by the appropriate medical professional. In addition, residents were assessed as to the supports they required with medication administration. Supports were provided as appropriate.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

This inspection found that residents' care and support needs were appropriately assessed. Each resident had a person-centred personal plan in place to provide guidance to staff on how to best support their assessed needs.

The inspector reviewed a sample of five personal plans, four for children and young people and one for an adult resident. These were reviewed within appropriate time frames and reflected individual assessed needs. Care and support plans were person-centered and written using respectful and person-first language. The plans reviewed gave clear directions to staff on supporting residents' needs including in areas of personal care, communication, feeding and social care needs.

Residents were supported to take part in activities and leisure opportunities that reflected their interests and their preferences during their stays. Personal goals were identified prior to each residents' respite stay and included short term, achievable goals that could be met realistically within the respite centre. Examples included, a planned group trip to Knock for some adult residents, going out for meals, shopping trips, cinema outings and visits to local amenities and community groups. During the inspection, two young people were supported to go to a favorite fast food restaurant, shopping and a cinema trip, which was reported to be preferred activities that they chose when they availed of respite.

Judgment: Compliant

Regulation 6: Health care

Due to the nature of the service being respite, healthcare needs were generally facilitated by family representatives. However, the arrangements in place ensured that there was consistent information communicated between the centre and the residents' home to ensure that their healthcare needs were met in a safe manner during their respite stay.

A review of five residents' personal plans and assessments found that each residents' healthcare needs were clearly documented within their personal plans. Guidance was available through specific support plans and through the availability of supporting information on the relevant healthcare condition. This helped to ensure that staff members had the relevant information and knowledge to support residents with their identified healthcare needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

This inspection found that there were good arrangements in place to ensure that behaviour support needs were met and that guidance was available to staff members in supporting residents with upset and distress, where required. Staff received training in behaviour support.

The inspector reviewed a sample of two behavior support plans for children using the service. These were found to be comprehensive and clearly outlined the behavioral expression of need and the possible triggers to these. In addition, the plans reflected an holistic approach to supporting children with behaviors displayed. This was seen through the considerations noted with communication, sensory sensitivities and possible physical causes for expressions of behavior.

In addition, the inspector saw that through a review of incidents, learning outcomes were reviewed and changes made to help support residents who displayed distress. For example, following a recent incident it was established that the positioning of a piece of furniture may have upset a young person and this was then noted on their care plan and the presenting trigger addressed. Another child was supported to understand about appropriate boundaries through the development of a social story.

Through a review of audits, meeting notes and various documents, the inspector found that restrictive practices were assessed to ensure that they were proportionate to the risks identified. In addition, the impact on the individual residents and their rights were reviewed. The use of restrictive practices were kept under ongoing review with members of the MDT. This demonstrated good monitoring and oversight of restrictive practices used in the centre to ensure that they were safe, relevant and the least restrictive option.

Judgment: Compliant

Regulation 8: Protection

The centre had policies and procedures in place to safeguard adults and children from abuse. The service ensured that children and adults were not accommodated together, and that compatibility was assessed prior to groupings of respite breaks to promote each residents' protection.

There was an up-to-date child safeguarding statement. This was not available and on display in the centre on the first day of inspection, however this was addressed by the person in charge the following day. The centre ensured that other relevant information was readily available to staff members. These included child protection procedures and associated legislation. These were located in a dedicated safeguarding folder that was reviewed by the inspector. Documents were also maintained of staff training and a list of mandated persons as required under The Children First Act 2015. A review of the training documents by the inspector showed that all staff members had completed adult safeguarding and Children's First

training. Staff members spoken with demonstrated a good understanding of their responsibilities in reporting safeguarding or child protection concerns.

There were no open safeguarding or child protection concerns at the time of the inspection. The inspector reviewed previous concerns that had been reported to the Chief Inspector, of which there were three in 2026 to date, and found that the appropriate reporting procedures and follow-up actions had been completed. For example, the most recent safeguarding concern notified to the Chief Inspector regarding an interaction between two children had been reported to the Child and Family Agency (Tusla) through a Child Protection and Welfare Report Form (CPWRF).

Judgment: Compliant

Regulation 9: Residents' rights

This inspection found that a rights-based culture was promoted in the centre. Adults and children's rights were found to be respected. This was evidenced through consultation with residents about their day-to-day choices and through the language used by staff members and that was also reflected in care and support plans.

Through the care plans and pre-admission documentation reviewed by the inspector, it could be seen that every effort was made to establish residents' wishes with regard to how they spend their time in respite. Where requests were made by residents to go on various outings and activities, these were found to be followed up and supported. In addition, residents' religious preferences were reviewed as part of the admissions process and this was respected and supported. For example, some residents requested to go to visit a religious location in another county recently and plans were in place to ensure that this occurred.

Observations throughout the inspection were that children and young people could freely move around the house and take part in activities that they enjoyed, whether this was in the house or outings outside of the house. The staffing levels supported individual activities to occur, if chosen. Staff were observed supporting the children and young people in a respectful and dignified manner.

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 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Seaview Respite Service OSV-0002521

Inspection ID: MON-0042113

Date of inspection: 08/07/2026

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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: • The provider's policy on the provision of behavioural support is at final approval stage and will be circulated to services by 30/08/2026. • The provider's policy on the use of restrictive procedures and physical, chemical and environmental restraint has been reviewed, signed off and circulated to services on 16/07/2026.	

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 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/08/2026