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:	Millview House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	02 March 2026
Centre ID:	OSV-0004261
Fieldwork ID:	MON-0041957

About the designated centre

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

Millview House is designated centre operated by Nua Healthcare Services Limited. The designated centre provides a residential service for up to four residents, both male and female, with a disabilities under the age of 18. The centre is a dormer-style detached house, set on its own grounds in a rural area within a short drive of local facilities and amenities. The centre comprises of a main house and self-contained apartment which consists of four individual resident bedrooms, a kitchen/dining room, two sitting room, a utility room, staff office, sleep over room and bathrooms. There was a large secure back garden for residents to avail of if they wished with included a sensory room and age-appropriate play and recreation equipment. The staff team consists of a team leader, social care workers and assistant support workers. 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
Monday 2 March 2026	16:00hrs to 19:30hrs	Sarah Mockler	Lead
Tuesday 3 March 2026	09:30hrs to 13:30hrs	Sarah Mockler	Lead
Monday 2 March 2026	16:00hrs to 19:30hrs	Conor Brady	Support
Tuesday 3 March 2026	09:30hrs to 13:30hrs	Conor Brady	Support

What residents told us and what inspectors observed

Overall, the inspectors found that the centre was providing a very good quality care to the young people within the designated centre.

The management and staff team met on this inspection were committed to ensuring that the young people were safe, very well cared for and had a good quality of life. Some minor improvements were required in relation to the consistency in the person in charge role and in ensuring children's rights were upheld at all times.

The centre had capacity to accommodate four children or young people for full-time residential care. At the time of the inspection there were four young people living in the centre. Inspectors met and spent considerable time with all young people living in the centre as well as making contact and speaking with families, social workers and Guradian Ad Litems (for young people in care). Overall direct feedback about this centre and the care provided was overwhelmingly positive.

The first day of the inspection was dedicated to observations, spending time with the young people and meeting with the staff team. The inspectors arrived late in the afternoon to coincide with the young people returning from school. The inspectors spent approximately three and half hours dedicating their time to this observation period, speaking with young people and staff to get a sense of what it was like to live in the centre.

During this time the inspectors also completed a thorough walk around of all aspects of the centre. The centre comprises a dormer style home which was located in rural area in Co. Tipperary. Overall, the premises was well maintained, clean and well presented on the day of inspection. Downstairs there as one self- contained apartment which had a small kitchenette, seating area and young person's en-suite bedroom. There a key pad lock on the door of the apartment, which lead onto the main hallway, which could only be opened by staff. Additionally, downstairs there was a large kitchen come dining area, a sun room, main bathroom, an office and a another young person's bedroom.Upstairs there were two young person's bedrooms. For additional communal space the provider had put a sensory room and second sitting room to the rear of the property. There were pictures, children's activities located in all areas of the home. The young people had personalised their own rooms with posters and other items of interest. For example, one young person really liked to do art projects and they had different materials and displays of their art work in their bedroom.

On arrival at the centre, two young people were present. One young person who was in the sun room was very excited to meet with new people and would express this by smiling, jumping and moving around their space. Once they became more familiar with the inspectors they were happy to sit and chat with them. They appeared very comfortable in their home and were well supported by a staff

member. They were seen to do puzzles, play games, have their dinner and chat with staff. They pointed out photographs on the wall to the inspector. The photographs on the wall included picture of young person with their peers who lived in the home celebrating different occasions such as birthdays or trips out and about in the local community.

Later in the afternoon the other two young people returned from school. One young person had spent time in school cooking and baking and was eager to show the staff team and the inspectors their food they had cooked. The inspectors observed the staff team being very encouraging of the young person during this time and were seen to taste and compliment the food that had been made. The young person was eager to chat to everyone in the home and tell them about their day. They told the inspectors they enjoyed school, liked living in their home and were well supported. The young person freely spoke with all staff and were heard calling them by their names. Staff supported this young person in hanging up a new poster they had made and the young person asked the inspector to also help with this task. Later in the evening they spent time on their phone listening to music and having a disco in the second sitting room which was located out the back of the property. This allowed the young person to play their music as loud as they so wished as it did not disturb the other young people in the centre. They appeared very comfortable in their home and in the presence of the staff team.

The third young person was being supported by two staff at all times. The staff supporting the young person were wearing a number of pieces of Personal Protective Equipment (PPE), this included a bite jacket, shin guards, additional bite vest and cap. The level of PPE in place, on observation by the inspectors, seemed visually disproportionate to the risks in place. Notwithstanding this, the staff supporting the young person were very familiar with their needs and kind in their interactions. The young person was in the garden engaging in a sensory activity. The staff were seen to interact with the young person and support them when needed. For example, they frequently checked in with them and asked if they wanted to go inside for their dinner. The young person primarily used non-speaking means to communicate. The inspectors observed that the staff had visuals supports in place that could be used to help with the young person's communication. The staff were very familiar with the young person's non-verbal means to communicate and could interpret these cues with ease.

One inspector spent time with the young person in the self-contained apartment. This young person had highly complex behavioural support needs and did not like leaving their individual apartment except for very specific planned activities. This young person welcomed the inspector into their apartment with staff and the inspector sat with her for and hour to observe the care and support arrangements in place. Staff maintained a very calm demeanour and knew this young person's support needs very well. The inspector was shown the apartment by the young person once she felt comfortable doing so and overall the inspector found a very high quality individualised service was in place.

On the second day of inspection, two young people were present. One young person had a scheduled appointment with a health and social care professional. The

inspectors met with the young person for a short period of time. The staff team were observed to help the young person get ready for their appointment and leave the centre. The second young person did not attend formal education (due to school expulsion) and therefore were present in the centre every day. The provider had put measures in place for educational provision in the centre (individual tuition) on a number of occasions but with limited success due to challenging behaviours/lack of engagement on the part of the young person. They had plans for the day to complete activities and go for a walk.

Across the period of observations the inspectors noted that the staff team know each young person very well and could describe their specific assessed needs to the inspectors with ease. They were very kind and caring in their interactions. The staff helped the young people with their evening meals, where seen to offer choices of food and prepare meals in line with the young people's preferences. There was nutritious home cooked meals being prepared and offered and young people presented as very happy. Staff were observed sitting with the young people at this time and spent time interacting with them. The staff were observed to support the young people get ready for bed and helped them to relax and unwind for the evening, prompting/supporting showering and tooth brushing appropriately so young people were ready for school the next day.

Overall, the staff team present were committed to ensuring the young people were in receipt of a very child-centered care and support service.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each young person living in the centre.

Capacity and capability

Overall, the provider's systems for oversight were proving to be effective and driving quality improvement within the centre. This was positively impacting on the care and support being delivered ensuring the young people in the centre were well cared for and that their assessed needs were met. However, at the time of inspection the person in charge was on leave for an extended period of time. There were arrangements in place for oversight at this time, including the deputy person in charge completing relevant duties.However, the lines of authority and accountability required to be strengthened to ensure all aspects of service provision were maintained at a good standard.

There were a suite of audits both at provider and local level to ensure that care within the centre was of a good standard and in line with the assessed needs of the children. The centre had ensured that there were sufficient staff in place to meet the

assessed needs of the young people and that they had completed relevant training to deliver up -to -date evidence based care.

Regulation 15: Staffing

Staff members in this centre were appropriately qualified, skilled and experienced in working with children/young people. They knew the young people very well and were observed as being very attentive, caring and professional.

Staff were trained in the protection and welfare of children/young people and had up to date Garda Vetting and Children First Training on their personnel files. Staff members spoken with presented as very knowledgeable in terms of their roles and duties and openly spoke to inspectors about young peoples assessed needs, schedules, likes and dislikes, school, friends and important relationships. Staff also had and maintained open communication with children's allocated social workers and Guardian Ad Litems (children in care).

A suitable staffing roster was in place and reflected staff on duty. Young people told the inspectors that they felt safe and well supported by staff.

Judgment: Compliant

Regulation 16: Training and staff development

There was a very good level of compliance with mandatory and refresher training maintained in the centre. The inspector reviewed the training records for 18 staff and saw that all staff were up-to-date in training in key areas including Children's First, Fire Safety, First Aid and managing behaviour that is challenging.

Some of the trainings completed by the staff team required them to complete both an in person training session and an online training session. For example, in relation to Children's First training and fire safety training all staff had completed class room based modules and online training.

Additionally, staff received training in areas such as understanding intellectual disability, understanding Autism Spectrum Disorder, understanding aspects of mental health, understating acquired brain injury and understanding positive behaviour support. All staff completed a test of knowledge on these aspects of training to ensure they understood the core components that underlined the content of the training modules.

As previously stated the staff were knowledgeable on the care and support needs of the young people. The inspectors heard the staff talk about how to keep the young

people safe in the home and they knew the procedures to follow if their was a concern in relation to child protection.

Judgment: Compliant

Regulation 23: Governance and management

Overall the provider's systems were effective in ensuring the care and support to the young people was promoting a good quality of life and ensuring their assessed needs were well met. As previously mentioned the person in charge was absent on the day of inspection. The provider was unsure of their planned return date.

The provider had suitably notified the Chief Inspector of Social Services in relation to the absence of the person in charge and had put arrangements in place. However, the lines of authority and accountability required improvements to ensure the level of continuity of care remained in place. For example, some professionals spoken with on the day of inspection expressed concern in relation to the level of communication in place since the person in charge was absent from their post and commented that recent changes to the post were not communicated and were causing some confusion/ambiguity in terms of contact with the designated centre. The provider assured inspectors this was in the process of being addressed.

The provider had comprehensive systems to monitor care and support which included a range of audits. The six-monthly provider audit and annual review had been completed in the centre. The inspectors reviewed the annual review. This audit had actions in place to achieve and rectify identified areas of improvement. For example, annual review dated January 2026 identified the need for minor improvement in aspects of medicine administrations This had been completed on the day of inspection.

Overall, from a review of audits completed the findings were in line with the findings on the inspection day. This indicated that the provider was self-identifying areas of improvement to ensure the young people were getting the best possible care.

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 children. All notifications had

been submitted as required. For example, the provider had submitted notifications in relation to all safeguarding incidents that had occurred in the centre.

Judgment: 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, Children's First documentation and documentation around care and support needs. It was found that child-centered care was evident in the majority of areas of service provision which was accounting for positive outcomes for each of the young people that lived in the service. However, some improvements were required in relation to children's rights.

Although a number of positive practices were observed on the days of inspection in ensuring the childrens' rights were upheld, this included offering choice and control around aspects of their daily routines, being respectful of their right to privacy and dignity and ensuring that their needs were well met. Some minor improvements were required in the display of documentation, use of appropriate language when addressing the young people and review of the requirements of PPE.

Regulation 13: General welfare and development

Children/young peoples welfare and development was well maintained in this centre. The provider had ensured that each young person in the centre had:

- opportunities for play.

- age-appropriate opportunities to be alone.

- opportunities to develop life skills and help preparing for adulthood.

- when children enter residential services, their assessment includes appropriate education attainment targets. Children/young people approaching school-leaving age are supported to participate in third-level education or relevant training programmes as appropriate to their abilities and interests.

Inspectors saw children/young people coming in from school, going out on activities, playing in the garden, engaging in water/stone sensory play, listening to music,

having a disco with staff and dancing, going on walks, attending appointments, watching television, cooking and preparing meals, doing laundry and they appeared very comfortable in their home.

Inspectors had no concerns around children/young peoples general welfare and development based on observation on this inspection.

Judgment: Compliant

Regulation 17: Premises

As part of the inspection process the inspectors completed a walk around of all aspects of the premises. The initial impression was that the premises was well maintained, clean and had had been decorated to suit the needs and preferences of the young people.

The inspectors saw each young person's bedroom. Some of the young people proudly showed the inspectors around these spaces and pointed out items and pictures that were important to them. They were decorated with items, pictures and posters that were important to them. All bedrooms had suitable storage in place for the young people's items such as chest of drawers, bedside lockers and wardrobes. Each room was spacious and clean.

The young people had sufficient communal spaces to relax in. One young person had their own self-contained apartment. In this space the young person had their own small living space and kitchenette.

In the other parts of the centre there was a large kitchen come dining area with a sun room located off this space. Just to the rear of the property the provider had put extra communal spaces in place which included a second sitting room and a sensory area. These parts of the home were nicely decorated with soft furnishes and pictures. The inspectors observed that both these spaces were well utilised on the day of inspection by three of the young people. For example, one young person spent time completing a jig saw puzzle in the sensory room. A staff member sat with the young person at this time and completed this activity with them.

Overall, the centre was found to be clean, bright, nicely furnished, comfortable, and appropriate to the needs and number of young people using the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk was found to be very well managed in the centre. The provider had clear risk management policies and procedures in place that were understood by staff and being implemented at centre level.

Environmental and Behavioural risks pertaining to both the centre and individual children/young people were in place. Risk identification, mitigation, management and control measures were suitably recorded on a risk register and reviewed by management. Risks such as self injurious behaviour, aggressive outbursts towards others and absconsion were all assessed and suitable control measures were found to in place.

Adverse events and incidents are managed and reviewed in a timely manner and outcomes were established to inform risk practice at all levels. Inspectors found a stable and balanced culture of risk management overall in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the receipt and storage of medicines. The provider had appropriate lockable storage in place for medicinal products and a dedicated space for staff to complete hand washing before administration of medicines. On a review of two young people's medicine administration records indicated that medicines were administered as prescribed.

Medicine administration records reviewed by the inspector clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration. Staff spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. Staff were competent in the administration of medicines and were in receipt of training and on-going education in relation to medicine management.

There were clear systems in place for recording and escalating medicine administration errors. On the weekly governance matrix, which was an audit in place to capture the main issues that occurred in the centre on a weekly basis, medication errors were documented and reviewed by members of the senior management team accordingly.

All prescribed as necessary (PRN) medicines had corresponding protocols in place to guide staff on dosage of the medication.

In addition, the inspector observed there were regular medicine audits being completed in order to provide appropriate oversight over medicine management. There were systems in place to return out of date or unused medications which had to be signed off by the pharmacy on the return of the medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

This regulation is particularly important given the variety and complexity of children/young people's profile, age ranges, disabilities, diverse backgrounds, cultural factors, dual diagnosis/mental health needs, behavioural presentation, statutory/non statutory care statuses, criminal justice/court orders and residential care considerations. Therefore inspectors must carefully consider the individualised assessment and personal planning that is in place, as this will differ for all children, as will what is required to be in place to support them.

Each child/young person in this centre had a comprehensive personal plan in place which detailed their needs and outlined the supports required to maximise their personal development and quality of life.

A comprehensive personal plan and assessment of the child/young person's health, personal and social care needs was carried out. The personal plans reviewed were prepared by the centre for each child/young person, in consultation with them, their families/representatives and the multidisciplinary team and were regularly and appropriately reviewed. Personal plans were being prepared before children/young come to stay in the centre and included behavioural support planning, intimate care planning and child.

Inspectors reviewed personal plans and found they outlined the supports required to maximise the child/young peoples personal development in accordance with his or her wishes and should be developed through a child-centred approach with the maximum participation of each child/young persons, and where appropriate his or her representative, in accordance with the child/young person's wishes, age and the nature of his or her disability.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspectors found that there were arrangements in place to provide positive behaviour support the young people with an assessed need in this area. For example, two positive behaviour support plans reviewed by the inspectors were detailed, comprehensive and developed by an appropriately qualified person. Both plans had been recently updated in early 2026. Each plan included antecedent and setting events, proactive and reactive strategies in order to reduce the risk of behaviours that challenge from occurring. They were based on a function based approach to assessing behaviour to ensure that the plans were embedded in evidence based methodologies. The plans also took into account pain management

and communication needs to ensure a comprehensive approach to behaviour support was considered.

The provider had ensured that staff received training in the management of behaviour that is challenging and received regular refresher training in line with best practice. A staff member discussed the behaviour support plans with one of the inspectors and they were found to be knowledgeable around the plans in place. how to utilised the strategies and best support the young people.

There were a number of restrictive practices used in the designated centre which had been been notified to the Chief Inspector of Social Services in line with regulations. There were systems in place to ensure restrictions were reviewed on a regular basis. Each quarter of the calendar year there a review of the restrictive practices with the behaviour support specialist, person in charge and a member of the senior management team. The most recent review occurred in December 2025 with the next one schedule for March 2026. The inspector reviewed the meeting notes from the most recent review and found that all restrictions in place had been discussed.

Judgment: Compliant

Regulation 8: Protection

Inspectors found children and young people were protected and safeguarded from abuse and neglect at all times and their safety and welfare was promoted.

There were policies and procedures for ensuring that children/young people are protected from all forms of abuse and neglect, in compliance with Children First and all the relevant child protection legislation, regulations and national standards. All incidents, allegations or suspicions of abuse or neglect of any child were managed in accordance with the requirements of regulations national guidance for the protection and welfare of children.

Children/young people were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Areas of vulnerability are identified and individual safeguards were put in place in each case reviewed by inspectors. Inspectors found safeguarding plans and reports were completed and where related to children in care, social workers/Guardian Ad Litem's informed.

All information and advice given to help children/young people to care for and protect themselves is sensitive to age, gender, stage of development and type of disability. Staff worked in partnership with children and families/representatives to promote the safety and well-being of children. Personal and intimate care provided to children who required assistance and prompting was monitored to ensure that they are safeguarded.

In accordance with Children First, a designated person was appointed to act as a liaison with outside agencies and a resource person for staff members, carers or volunteers who have child protection concerns. The designated person is responsible for reporting child protection and welfare concerns and this was taking place and reviewed by inspectors. Staff received training in relevant government guidance for the protection and welfare of children and were very knowledagble in these areas.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, there were a number of good practices in place to ensure children's rights were being promoted and care was provided in a child-centered and individualised manner. However, some minor improvements were required in specific areas to ensure that a right's based approach was fully embedded across all areas of service provision.

Staff members were observed supporting the young people in a caring and respectful manner and in a way that overall promoted their privacy and dignity. Care was observed to be given in a manner that ensured the young people were involved and that their choices were respected. For example, inspectors observed mealtimes where it was seen that young people could make choices about their food and snacks.

As previously described the inspectors observed that staff wore a significant level of PPE while supporting one young person. While the inspectors acknowledge that the provider was balancing the young person's right to receiving appropriate care and support and keeping the young person and staff safe, the proportionality of this practice required consideration.

In addition, there was personal information displayed on notice boards in the hall of the centre. The young people's right to privacy and dignity in all aspects of care and support, including display of information needed to be in line with best practice.

For the most part staff were very respectful in the language that was used with the young people, however some practices in this area were not in line with a right's based approach to care and support. This was discussed with management the relevant staff on the day of inspection.

Judgment: Substantially 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	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	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
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Millview House OSV-0004261

Inspection ID: MON-0041957

Date of inspection: 03/03/2026

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. The IT Department will ensure an 'out of office' communication is automatically issued to external stakeholders when emails are received during the period of absence to provide clarity on contingency plans in place in the Designated Centre. Completed: 04 March 2026	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: 1. The proportionality of the PPE recommended in Risk Management Plans, and in-use, will be reviewed by the Person in Charge (PIC) and reduced, where required due to improvement in the young person's frequency of challenging behaviour. Completed: 04 March 2026 2. Some personal information displayed on noticeboards in the hall will be removed. Completed: 04 March 2026 3. Further discussion and learnings to be shared at monthly team meetings by the PIC to ensure practices by all Team Members are in line with a rights-based approach. Due Date: 31 May 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 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	04/03/2026
Regulation 09(1)	The registered provider shall ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.	Substantially Compliant	Yellow	31/05/2026
Regulation 09(3)	The registered provider shall ensure that each resident's privacy	Substantially Compliant	Yellow	31/05/2026

	and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.			