Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Brookfield
Name of provider:	Praxis Care
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	01 July 2026
Centre ID:	OSV-0005686
Fieldwork ID:	MON-0049970

About the designated centre

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

Brookfield is a community home for up to five adults with an intellectual disability. The service can support both male and female residents. The house is located in County Dublin and is a two-storey detached home with five bedrooms. Each resident has their own bedroom with an en-suite bathroom. There is a sitting room, quiet room, downstairs toilet and a spacious kitchen/dining/living area. There is also a separate utility room in the back garden. The back garden has been adapted to meet residents' needs. The house is located in close proximity to public transport and a wide variety of social, recreational, educational and training facilities. The house is social care led and residents are supported 24 hours a day, seven days a week.

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
Wednesday 1 July 2026	10:00hrs to 17:45hrs	Mary Lillis	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out over the course of one day by one inspector. Overall the inspector found that person centred and rights based care was being provided to residents. The premises met the requirements of the regulations for the four residents who lived in the centre however, there were not sufficient bedrooms to provide care to five residents as per the centre's statement of purpose.

On arrival to the centre the inspector was met by a member of staff and asked for their identification and to sign in. The centre is a large two storey house, situated in a quiet housing estate in north county Dublin. It had access to a number of local amenities, such as parks, a beach, shops and restaurants. The inspection was facilitated by the person in charge.

The inspector completed a walk through of the premises and found that the centre was clean, bright and generally well maintained. In the entrance hall and throughout the downstairs the inspector observed a number of photos on the walls of current and past residents, creating a homely feel. Downstairs there was a large clean and bright kitchen, which led onto a large dining sitting room. This had large comfortable sofa to one end and a six-seater table to the other end of the room. Both the kitchen and dining room led out onto the back garden which was large and well maintained. There was a garden shed used for laundry facilities and storage of large personal items such as bicycles. There was also a small staff office, toilet downstairs as well as a separate smaller sitting room. The smaller sitting room also had comfortable sofas and chairs and had jigsaws and art supplies for residents use. Staff noted that one particular resident enjoyed time in that space but that it was also used at times when visitors came to the centre.

The centre had five bedrooms in total, four of which were for residents and one was used as a staff sleepover room. All the bedrooms were ensuite. There was one bedroom downstairs, this also had access onto the garden and had a wheelchair accessible ensuite attached. Upstairs there were three resident bedrooms, a sleepover room and a staff office. The bedrooms were bright and decorated to the residents tastes, displaying photos and pieces of art that were meaningful to them.

The inspector had the opportunity to meet with all four residents. On arrival the inspector met one resident in the dining come living room. They were relaxing on the sofa watching TV. This resident spoke about their plan for the day telling the inspector that they didn't have day service as they were on holidays for the next two weeks. They spoke about their plans to see their sister and confirmed with a staff member when their sister would be visiting. This resident invited the inspector upstairs to see their bedroom. They appeared very proud of their room pointing out the newly painted walls, which were a dusky pink, and how they picked the paint colour and the sheets. They showed the inspector the art work they had on the walls. The bedroom was large and bright with two windows. The resident showed

their ensuite bathroom and noted that they loved their room and liked living in the centre. During the conversation, a member of staff knocked on the bedroom door, the resident was very clear that they did not want the staff member in the room and staff respected this, the staff member left telling the resident they would meet and chat downstairs.

The inspector met two more residents in the kitchen later in the morning. While one resident was reluctant to engage in conversation with the inspector, the inspector observed them engaging in conversation and banter with another resident and staff. The two residents teased each other about wearing hats and that this meant they needed a hair cut. They discussed plans for going to a local town for lunch, the staff member was observed to ask the residents opinions on which restaurant or café they should go to and what they should do afterwards, providing options to support the residents' ability to choose an activity.

The inspector spoke with another resident while they were preparing to go out, they were applying sunscreen and told the inspector about the importance of this. They spoke about playing football with a local team and their experience of going away the year before with the team. This lead to the resident asking staff about the plans for visiting Liverpool football club. The staff member noted that they were trying to price the tickets and flights to make it more affordable and reminded the resident to chat with their key worker when they were next on shift. This resident was also happy to show the inspector their bedroom. Their room had Liverpool logo stenciled over the walls. The resident pointed out a number of photos on the wall, such as a photo of Disneyland and told the inspector about visiting in 2025 for three days. The resident showed the inspector their ensuite, which was small but very functional and clean. The resident was noted to have a visual schedule on the bathroom wall detailing steps to take in their morning routine. This resident spoke very positively about living in the centre, they spoke about the staff they liked and their very busy life. They described taking part in different clubs and activities almost every day of the week.

In the evening,the inspector met the fourth resident as they came back from their job. This resident spoke about their work in a local petrol station. They spoke about how the centre was close to their family and how they met their family on a regular basis as a result. They spoke about having just come back from a holiday with their family. They too were very positive about living in the centre describing it as a "great place" and said they had a "fab room". They also described the staff as "great" and "fantastic". When asked about who they would talk to if they were not happy or needed to make a complaint they identified the person in charge and another long standing member of staff. They made it clear that they had no complaints.

During the day, one family member, who was visiting, spoke with the inspector. They too were very complimentary about the care their sibling received from the service. They described the support their family member received from staff to attend necessary but difficult medical appointments and how a lot of preparation work was done to enable this. They spoke about their sibling's general well being and how their family noted they were much happier and settled in the centre. They

felt that staff went "above and beyond", describing communication with staff as excellent. They spoke about how the centre staff support family visits, organising transport when needed. They were of the opinion that their sibling was the "happiest they've ever been" during their time living in the centre.

Throughout the day the inspector observed calm, friendly and respectful engagement between staff and residents. Residents appeared to get on very well and enjoy each other's company. The inspector observed them for example all sitting down to eat dinner together and chatting about their days. Staff spoke and interacted in a respectful manner with residents.

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 resident living in the centre.

Capacity and capability

Overall the centre was found to have a high level of compliance with regulations. The provider and person in charge had systems in place to ensure that there was effective oversight and governance of the centre, with clear lines of accountability.

Residents were supported by a skilled and experienced person in charge and staff team. Staff were very knowledgeable about the residents and their care needs.

While there were staffing vacancies this was being managed with a key focus on continuity of care, through the use of regular relief staffing. The person in charge ensured that staff had access to appropriate training and were appropriately supervised.

The inspector noted that the statement of purpose for the centre outlined that five residents could be accommodated in the centre. However, there were only four bedrooms available for residents use at the time of this inspection. The provider was requested to review this matter to ensure that the service available to be provider was accurately reflected.

Regulation 15: Staffing

On the day of this inspection, the provider ensured there were sufficient staff with the appropriate skills, qualifications, and experience to meet the assessed needs of the residents at all times.

The staff team comprised of the person in charge, a team leader and direct support workers. The inspector reviewed the planned and actual roster for April, May, June and the week the inspection. On the day of the inspection there was additional staffing in place as two residents who were typically at day services were at home. There was 2.5 whole time equivalent staffing vacancies and the provider had recruited for one of the roles. The inspector saw commitment to continuity of care with a small number of regular agency staff and familiar relief staff used to manage any gaps in the roster.

During the inspection the inspector spoke with three staff members as well as the person in charge and found that they were all very knowledgeable about the residents and their needs and preferences. Residents knew the staff well, spoke about outings and holidays they went on together and appeared very comfortable in their interactions with staff.

The inspector reviewed a sample of information and documentation to be obtained in respect of each staff member as set out in Schedule 2 of the regulations for three staff members. Two staff members were in the process of renewing their Garda (Irish Police) vetting and all other required information was on file.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training records maintained in the designated centre and found that staff were up to date in all necessary training to meet the needs of the residents.

The person in charge had a system in place to monitor and oversee the training requirements for staff and delegated this responsibility to the team lead. This system tracked the date a training was completed and when a renewal of the training was required if any. The system then highlighted training for staff in advance of the required renewal date. The team leader checked the training tracker each week and emailed staff who were due training requesting them to book in for training. Depending on the training this was also accounted for in the roster if necessary.

The inspector reviewed the training oversight system and reviewed the training certificates of three staff which showed that staff were up to date in all necessary training including, safeguarding, managing behaviours that challenge, fire safety, manual handling, autism and communication, epilepsy.

The person in charge had a supervision schedule in place and the inspector reviewed a sample of supervision records for three staff members. These showed that supervision was taking place largely in line with the provider's policy. One staff member had some gaps in their supervision, the reason for these was accounted for

and the inspector noted that when cancelled, supervision was rescheduled as soon as possible.

Agenda items in supervision included actions from previous supervision, employee performance and progress and residents updates and topics such as learning goals and progress with residents goals were discussed during supervision.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were effective management systems in place, including clear lines of accountability, to ensure that the service provided was safe and appropriate to the resident's needs. The provider ensured that the service was regularly reviewed by carrying out the required yearly review and six monthly unannounced visits.

There were clear lines of accountability within the centre. The person in charge was supported by a team leader, who was delegated some responsibilities such as the previously described tracking of training requirements and rosters. The person in charge reported to a person participating in management. There was an on-call system in place to provide staff with management support during evenings and weekends. The staff who spoke with the inspector were clear on who was responsible for what and who to escalate concerns to, should they arise.

The inspector reviewed the most recent annual review which was completed on 29 January 2026. The yearly review was found to include feedback from residents, a review of complaints and compliments from residents and their families, as well as a document review. The actions identified in the review had been completed for example the review identified the need to update the training log and for staff to renew training in particular topics. The inspector found that these actions were completed.

The six monthly unannounced visits were carried out as required by the regulations and reviewed how the service was coming into compliance with regulations. The inspector found that overall these were of good quality, identifying areas that needed to be addressed and were acted upon by the provider and person in charge.

The inspector viewed the report from the unannounced visit dated 23 December 2025 and found that it included feedback from residents and their families and the identified actions related to these reports had been completed. For example, the audit identified some risk assessments which required updating and these were updated at the time of the inspection. The most recent unannounced visit took place on the 24 June 2026, a week before the inspection and so the related report related was not yet available. However, the person in charge had access to a summary of the regulations and the findings and showed this to the inspector. This review noted that the service was compliant with the majority of regulations but noted that it was

substantially compliant with regard to Regulation 17: Premises as the service was registered for five residents and only have four bedrooms for residents to use.

Staff meetings took place each month and had a set agenda which included for example actions from the previous meetings, safeguarding, restrictive practices, incidents, policies and management meetings items known as "zone meetings" and resident updates. A review of a sample of staff meetings showed that there was in-depth discussions on restrictions and incidents including safeguarding and risks and any changes to polices and procedures were highlighted to staff.

The provider also held what was described as "zone meetings", these were meetings with senior management and persons in charge of a number of different centres operated by the provider. These took place monthly and also had a set agenda, which included topics such as staffing, policies and procedures and training for staff. This meeting was used to pass on learning from other centres for example; in May 2026 it was highlighted that staff should monitor how thickener was reacting with milk as it was not always performing as expected. This is important information to share as it represented a risk for residents with modified fluids as part of their feeding eating and swallowing (FEDS) recommendations. The inspector saw evidence of information from the zone meetings being discussed at local staff team meetings.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose for the centre that contained the information set out in Schedule 1 as required by the regulations. The statement of purpose was reviewed annually or as required, most recently it had been reviewed on 12 June 2026 and a copy was available in the centre. However, the statement of purpose did not accurately describe the number of residents which the centre could accommodate. The statement of purpose identified the centre could provide care for five residents however, there were only four bedrooms available for the residents as the fifth bedroom was used by staff.

Both the person in charge and person participating in management, confirmed that there was no plans to admit a fifth resident. They also noted that a discussion took place regarding a possible application to vary to reduce the numbers the centre was registered for, as this issue had been identified in the most recent unannounced six monthly unannounced visit, as described earlier in the report.

The day after this inspection the provider applied to vary the number of residents that the centre could accommodate.

Judgment: Substantially compliant

Quality and safety

This section of the report details the quality and safety of the care being provided to the residents in the centre. The inspector found that the staff and person in charge were assisting residents in the active engagement in their community and engaged in decision making regarding their care and the centre as a whole.

Each resident's communication needs and preferences were known and respected. Staff and managers used accessible information such as easy read documentation to support residents in realising their rights and decision making. Overall residents' rights were at the centre of all care provided within the centre. This was evident through observation of staff interactions with residents as well as through document review.

Each resident had a comprehensive assessment of need which informed plans for their care. The provider had identified that one resident's care needs could not be fully met by the service and they were in the process of identifying a more appropriate service for that resident with a different provider. Residents' were supported to live full and active lives in line with their preferences. Residents had identified personal goals which were meaningful to them and the inspector saw evidence of these goals being progressed with staff support.

There were systems in place to provide residents with positive behavioural support, when required. Staff who spoke with the inspector demonstrated understanding of residents' needs and how best to support residents to prevent behaviours of concern. Residents' positive behaviour support plans, worked together with their safeguarding plans to protect residents from all forms of abuse. Residents were also supported to develop skills and knowledge required to protect themselves.

The premises was observed to be clean, well maintained and had ample personal and communal space to meet the needs of four residents. There were daily systems, auditing practices and staff training in place to protect residents from the spread of infections.

The provider had systems in place, which were implemented by the person in charge to enable to identify, assess,, manage and review risks within the centre. When risks were identified that could not be managed within the centre, these were escalated to the provider.

Regulation 10: Communication

From observations, conversations with residents and staff and file reviews, it was clear that residents' communication needs and preferences were understood and respected. The provider had in place a referral procedure for any residents who required it to obtain specific communication assessments. Each resident had access to phones and appropriate media.

The inspector noted that staff were knowledgeable about the residents communication preferences and needs, for example; staff members informed the inspector about residents' communication styles in order to better support conversations with those residents. The inspector also observed the use of visual communication tools throughout the centre to support residents in a variety of goals. For example, there was a "chore" chart weekly schedule on the fridge. When the inspector commented on the schedule a staff member and a resident explained that two residents had preferences for particular chores and the weekly schedule supported the residents to compromise and share the chores.

A review of residents' files demonstrated the use of simple language and easy to read documentation to support residents' understanding of their decisions about their care and their future for example care plans and information about planning for end of life care.

Judgment: Compliant

Regulation 13: General welfare and development

From speaking with residents and staff, observations and a review of residents' support plans it was clear that residents were living full and active lives. The inspector observed residents coming and going from their activities of choice. Inspectors saw evidence that meetings with key workers took place to identify the initial goals and the progress with those goals.

Three of the four residents engaged in day services. These residents told the inspector about how they spent their day and week. They described a full social life such as attending social clubs and sports clubs in the evenings and at weekends in addition to going to day services and going to work. The resident who did not engage in day services also engaged in very few other activities. The inspector saw evidence of attempts by staff and management to identify hobbies or interests with this resident. The resident was vocal in not wishing to engage.

Residents were very much supported to spent time with family and friends. Two residents told the inspector about spending time with their family, visiting their family home as well as going on holidays with family. The family member who spoke with the inspector described how staff driving their sibling to their family home and collecting them to enable visits. Staff noted that all the residents originally lived relatively close to the centre and that this had a very positive impact on maintaining these connections.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the premises met the aims and objective of the service and the needs for the number of residents that lived in the centre. However, it did not meet the needs of the number of residents identified on the statement of purpose.

There were four resident's bedrooms and the centre was registered for five residents. While there was a fifth bedroom this was was used for staff sleepovers meaning there was not sufficient bedrooms for the number of residents the centre was registered for. From a discussion with the person in charge and the director of services there were no plans currently or into the future to admit a fifth resident. This concern had been identified in the provider's most recent six monthly unannounced visit, which took place one week before the inspection. The person in charge noted that there had been discussions between them and the service director following the audit to apply to vary to reduce the number of residents the centre was registered for.

Otherwise the premises met the requirements of Schedule 6 of the regulations. The centre was clean, bright and well maintained. Each resident had their own bedroom and en suite, there was adequate storage for personal belongings. Each resident had their bedroom decorated to their taste as described earlier in the report.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider ensured that there was a risk management system in place which supported the identification, assessment and management and review of risks with the centre, including a system for responding to emergencies.

The person in charge maintained a centre specific risk register, the inspector found evidence that this was reviewed every six months at a minimum or more frequently as needed. At the time of the inspection there were 19 risks on the register. The impact of each risk was assessed and each risk had identified controls in place and a person responsible for the risk. 18 of the 19 risks were identified as low risk and that current controls were working well. For example; the risk of staff shortage, which had the potential to impact continuity of care, was identified as low risk because the currently identified controls such as regular relief staff, were working well.

There was one risk which was identified as not being well controlled within the centre, this risk was escalated to the provider. Meeting with senior management and relevant professionals in this case health and safety and fire officers took place, further actions to control the risk were identified and implemented to a degree that was within the control of the staff team.

In addition each resident had individual risk assessment these included risk assessments for restrictive practices. The individual risk assessments reviewed by the inspector were of good quality and included where practical input from the resident themselves.

Minutes of staff meetings showed that changes to risk assessments and plans to mitigate risks were discussed regularly with staff.

This meant that residents' were being protected from avoidable risk and where risks were ongoing these were escalated and actions to ensure residents' safety were put in place.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and person in charge had systems in place to ensure that infection prevention control (IPC) was part of the routine delivery of care within the centre.

Training records and a sample of training certificates reviewed by the inspector showed that all staff, who were available to work, had training in hand hygiene and in IPC. As previously discussed the premises was clean and well maintained. The actions identified the previous inspections compliance plan were implement and cleaning supplies such as mops were stored in a manner to help prevent the spread of infection. There was a daily environmental and equipment cleaning schedule in place.

The provider had IPC policies in place, which included how to document and respond to outbreaks of infection. The person in charge carried out health and safety audits monthly, which included the adherence to IPC standards.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector completed a review of three residents' files and saw that files contained up-to-date and comprehensive assessments of need and personal care plans based on the assessment. These assessments of need were informed by the

residents, their representative and the multidisciplinary team as appropriate. Care plans were found to be written in a person centred manner and included the residents' opinions and preferences regarding their care and support. The inspector observed a wide variety of care plans in each residents file including for example, mental health, dental plans, personal care plans, communication and positive behaviour supports.

One resident was identified as presenting with increased and changing needs. The inspector reviewed this resident's file, which showed that the person in charge and provider put in place a number of supports, care plans and risk assessments over the previous nine months in an attempt to meet the resident's identified needs. The resident and their multidisciplinary team contributed to these plans. However, the resident declined to engage in a number of the plans and supports identified and so these were not successful. Despite the providers efforts they had identified that they could not meet the needs of this one resident and they were in the process of finding alternative accommodation for this resident with a different provider. However, no date had been identified for this move.

Residents were actively involved in their personal planning and each resident who's file was reviewed had a easy read "every day living plan" on file which they signed. The every day living plan included goals identified by the resident and the inspector noted that they had hand written notes added to them as progress was made with the resident's goals.

Examples of goals set for 2026 included gardening, having a BBQ, going on holidays with relatives, continuing to attend local GAA club and visiting Liverpool. File reviews showed that residents and their key worker discussed progress with their goals. Residents and staff described to the inspector goals that they had achieved in both 2025 and in 2026, such as trips to Disneyland and holiday with family.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The inspector found that there were arrangements in place to provide behaviour support to those who require it. The inspector reviewed a positive behaviour support plan and a psychology support plan. These plans were developed by appropriately qualified people. They were detailed and included information on antecedent events (what happens before a behaviour), proactive and preventative strategies in order to reduce the risk of behaviours of concern from occurring. The inspector saw evidence of these plans being discussed and agreed with the residents involved. These plans, implementation and progress with same, were also discussed by management and staff at team meetings. The inspector saw evidence that these support plans were reviewed and updated as the residents' presentations changed.

Staff who spoke with the inspector were knowledgeable about the support plans in place. They understood the reasoning for the plans and were able to describe how they had progressed over time to respond to residents' changing presentation.

Prior to this inspection, a comprehensive review of all restrictive practices notified to the Office of the Chief Inspector (Chief Inspector) on a quarterly basis was undertaken. A total of five restrictive practises were notified, these included environmental and rights restrictions. The inspector confirmed that these had been appropriately risk assessed, in accordance with the provider's established policy, and were subject to regular review.

Judgment: Compliant

Regulation 8: Protection

The inspector found evidence that there were arrangement in place to protect residents from all forms of abuse and harm. All staff had received appropriate training in safeguarding residents and residents were supported to develop the knowledge, self-awareness and skills needed for self care and protection.

There were nine safeguarding incidents since March 2025 until the time of the inspection. All of which had been reported to and closed by the local adult safeguarding team. Five of these reports were closed under the understanding that the interim safeguarding plan submitted with the report would continue to be used as the formal safeguarding plan.

The inspector reviewed four of the five safeguarding plans as well as a local safeguarding plan for one resident. The safeguarding plans reviewed by the inspector were detailed, and easy to understand. Depending on the safeguarding concern they included educational pieces such as understanding social media and how to identify financial abuse or "scams" on social media. The inspector saw evidence in one-to-one sessions with residents that staff were supporting their development of skills to protect themselves. The person in charge obtained support from outside an organisation to support staff and residents to understand the complex interplay between the residents' disability, consent and the skills required to keep safe online.

The local safeguarding plan was implemented as a way to capture the history of the concerns and measures taken to safeguard a resident over time. This plan integrated both safeguarding and positive behaviour support plans into one document and included strategies implemented in the past, how the resident responded to same as well as current strategies being implemented.

The staff who spoke with the inspector, demonstrated good understanding of all the safeguarding plans in place within the centre.

Judgment: Compliant

Regulation 9: Residents' rights

It was clear from observations and conversations with residents and staff on the day of the inspection, as well as a review of documentation, that the residents' rights were at the centre of all decision making and practice within the centre. The centre was operated in a manner which respected the rights of the residents including their right to privacy.

There were systems in place to support residents to exercise control and participate in decision making about their care and the running of the centre. Residents were invited to regular residents meetings which took place every month. One resident was reluctant to engage in the meetings and when they did not attend an individual conversation took place with that resident regarding the topics discussed. There was a set agenda for the residents meetings. This included topics such as planning for the upcoming month and or season, improvements needed in the house, restrictive practices and human rights. Each month one or two articles of the UN convention on the rights of persons with disabilities were discussed and the person in charge had a plan in place to ensure that the whole convention would be discussed by the end of the year.

The inspector saw that the person in charge and provider were responsive to the opinions of the residents, for example in May 2026 residents noted that the garden needed new furniture and a BBQ ahead of summer. This was followed up in June 2026 when a budget for the items was agreed and the furniture and BBQ were due to be delivered the day after the inspection.

The inspector observed staff respect the residents' right to privacy and provide residents with choice during the day to day activities. Staff were seen to listen and respond immediately when residents indicated that they did not wish them to be part of a conversation. At other times staff were observed to knock on residents doors before entering. The inspector observed staff regularly offering residents choices for example when talking about going to a local town, staff asked residents which restaurant they should go to for lunch and if they should go for a walk on the beach or in the park.

Residents were provided with information regarding advocacy services and their rights. The residents who spoke with the inspector identified who they would contact and what steps they could take if they had any concerns or were unhappy with an aspect of their care.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brookfield OSV-0005686

Inspection ID: MON-0049970

Date of inspection: 01/07/2026

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 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: • The Registered Provider has submitted an application to the regulator to vary the conditions of registration to change the maximum number of residents the centre can accommodate from five residents to four residents. Submitted on 02/07/2026. • The Registered Provider will update the Statement of Purpose to ensure it accurately reflects the maximum number of residents who can be accommodated in the centre as per the varied conditions of registration. To be completed by 31/08/2026.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The Registered Provider has submitted an application to the regulator to vary the conditions of registration to change the maximum number of residents the centre can accommodate from five residents to four residents. Submitted on 02/07/2026. • The Registered Provider will update the Statement of Purpose to ensure it accurately reflects the maximum number of residents who can be accommodated in the centre as per the varied conditions of registration. To be completed by 31/08/2026.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: • The Registered Provider will continue to liaise with the commissioner to seek an alternative provider and placement to meet the changing needs of the resident. To be completed by 31/12/2026.	

• The Person in Charge will ensure that the resident's assessments and care plans are continually reviewed and updated to reflect changing support needs. Commenced July 2026.

• The Registered Provider will continue bi- weekly contact with the commissioner and will continue to escalate concerns where supports are not effectively meeting identified needs. Commenced July 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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/08/2026
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/08/2026
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/12/2026