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:	Brookhaven
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	22 July 2026
Centre ID:	OSV-0005840
Fieldwork ID:	MON-0049865

About the designated centre

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

Brookhaven is a designated centre located outside a town in Co.Offaly, which provides 24-hour care to young people, both male and female aged between 12 to 17 years of age with a wide range of support needs including autism, intellectual disability, mental health, and challenging behaviour. The number of young people to be accommodated within this service will not exceed five. At Brookhaven, each young peson has their own generously sized bedroom, with space for their personal belongings and private living needs, consistent with that found in a regular family home environment.The property is surrounded by gardens to the front and rear of the building. The centre is staffed by a person in charge, shift lead managers, a nurse, social care workers and assistant support workers. Where required, the services of the multidisciplinary team are provided for to include psychiatrist, psychologist, occupational therapist, speech and language therapist and nurses.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 22 July 2026	10:00hrs to 18:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

Systems were in place to meet the assessed health, recreational and social needs of the young people availing of this service. Feedback from family representatives on the service provided was positive and complimentary and on the day of this inspection, staff were observed to support the young people in a warm, caring and person-centred manner. While minor issues were identified with fire precautions and risk management, the young people living in this house at the time of this inspection, appeared happy and content in their home and, relaxed and comfortable in the company and presence of the staff team.

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

At the time of this inspection, there were five young people living in the centre and the inspector met with all of them at different times, over the course of the day. The inspector spoke with four family representatives over the phone so as to get their feedback on the quality and safety of care provided in the centre. Additionally, written feedback received from family representatives on the service provided was viewed by the inspector as part of this inspection process. As identified above, all feedback on the service was positive and complimentary.

On arrival to the centre it was observed to be welcoming, clean and generally well maintained. Each young person had their own individualised living area comprising of a bedroom, bathroom, and sitting room/living room. Each area was decorated to their individual assessed needs, likes and preferences. Communal facilities included a large equipped kitchen/dining room and, there was also a utility facility in the house. To the front and rear of the property there were large very well maintained gardens. There was also a trampoline in the back garden for the young people to avail of in times of good weather.

All the young people were on their summer break from school however, had a number of activities and hobbies that they liked to engage in when they wished. For example, some liked to go to various playgrounds, go for walks and hikes in the forest, go to the beach, the cinema, arcades, the zoo and some liked go-carting. Additionally, a portable mobile sensory unit was available to the young people. This sensory unit was equipped with softy lights and tactile surfaces and, provided a secure and relaxing space for the young people that wished to avail of it. One young person liked to go the gym on a regular basis and on the morning of this inspection, staff were supporting the young person to get ready for their trip to the fitness centre.

The inspector met and spoke with one young person on the morning of the inspection. They were in very good form and spoke to the inspector about things that they liked to do. For example, they were a talented musician and loved to play the guitar. They also had a number of guitars on display on one of the walls in their living area. They played their guitar for a short time for the inspector which sounded amazing and from listening to their music, the inspector could tell how much the young person had been practicing. The young person told the inspector that they had recently gone to see one of their favourite bands on two occasions in Dublin and loved both concerts. They showed the inspector pictures of them attending these events and said that they had a brilliant time at both concerts.

They also told the inspector that on the day after this inspection, a family day was being hosted in the house and garden and, they were going to play the guitar at this event. They were looking forward to this and the inspector heard them practicing their guitar on and off over the course of this inspection in preparation for the family day. The inspector also noted that the young person was also included in the running and management of the family day. For example, staff consulted with the young person on the best place in the garden to stage where they should play their guitar and, the young person was also invited to accompany staff to the shops in order to choose what provisions to get for the event. By doing this, staff were aligning the environment to the personal preferences of the young person, in turn promoting their independence and overall quality of life.

The inspector also observed that the young person had a very good sense of humour and a positive rapport with staff. Staff were at all times observed to interact with the young person in a warm, friendly and person-centred manner and, the young person appeared very comfortable and relaxed in their presence. At the end of the inspection process the inspector went to thank the young person for their hospitality throughout the day and to say goodbye. At this time the young person was having their dinner in the kitchen and talking to staff. The inspector saw that the young person was having a healthy nutritious meal consisting of meat, fresh vegetables and potatoes (of which, the young person had grown their own potatoes and vegetables). Again at this time, the young person appeared very settled, happy and content and said goodbye to the inspector.

The inspector met with the other young people over the course of the inspection in their individualised living areas. While they did not directly speak with the inspector, some gave the inspector high-fives and or smiled. On the day of this inspection, they all appeared settled in the house. Some were relaxing watching television, while others were preparing to go out with staff support to a playground in the community. Staff were observed to be kind, patient and person-centred in their interactions with the young people and, the young people appeared comfortable and relaxed in the company and presence of staff.

Four family representatives were spoken with by the inspector over the phone on the morning of this inspection. All were positive and complimentary about the quality and safety of care provided to their relatives. For example, two family members of one of the young people reported that they were '*absolutely 100% satisfied with the quality and safety of care provided to their relative*' saying that

their relative was '*very settled and happy there*'. They also felt that their relative was thriving in the service, all their needs were being met and they felt their relative was safe. They reported that their relative was achieving their goals and that the approach taken by the service was '*young person centric'.* The family members also said that their relative's required dietary requirements were provided for and that staff were respectful of their personal belongings and possessions. When asked had they any complaints about the service they said that they had none and added that for staff '*it was not just a job, they were always available to their relative*'. They concluded by saying to the inspector that '*services like this need to be expanded, their experience has been life changing and has made such a difference not only to them, but to their relative*'.

Another family member said that the service was good and their relative was settled however, their relative was soon to move on to an adult service. They said that their relative was being prepared for this move and that some of the familiar staff in their current placement would support their relative's transition to the new placement. They also said that they were made to feel welcome when they visited the centre. They did report that they felt they house could be more homely at times and would welcome a little more input from the multi-disciplinary team however, they felt staff were very open, they could talk to staff and that their relative was well cared for. They reported that communication between the family and centre was good and that the people caring for their relative were '*good people*'.

The last relative spoken with said that they were '*very happy with the service*' and that their relative was '*settling in well*'. They said that their relative could present with challenges but supports such as psychology and physiotherapy were in place. Their relative also had access to GP and chiropody services. They were satisfied that their relative's health and well being was being provided for and felt that management and staff took on board any advice and/or suggestions that they had made saying that the approach taken was both *'collaborative and supportive*'. They reported that staff were approachable and that daily communication between them and the centre was very good. They were very satisfied with the staff team saying they were '*motivated and flexible*' in meeting the needs of their relative. They said that their relative could have their ups and downs however, were happy that they appeared content and relaxed in the service. Their relative's living area was being decorated to suit their individual needs and, new furniture items were ordered as required. They told the inspector that they were '*very grateful to management and the staff team'* and that they '*appreciated the updates and communication*'. They also felt that they could talk to staff at any time and felt that their feedback was always considered. They finished up by saying that at this time, they were *'very happy with the care and support provided to their relative*'.

Written feedback and compliments recorded on the quality and safety of care from family members was equally as positive and complimentary. For example, one family member praised staff for the reduction in the use of restrictive practices saying the *'work they did was amazing*'. Another family member complimented staff for the '*care and attention shown to their relative*' and said that their relative '*enjoyed being*

in the company of staff. Other family members reported that their relatives were looking great, were happy in the service and thanked staff for their hard work.

While minor issues were identified with risk management and fire safety precautions, the young people living in this service appeared happy and content in their home on the day of this inspection. Staff were also observed to support the young people in a warm, caring, dignified and person-centred manner. Additionally, feedback on the quality and safety of care from four family representatives was both positive and complimentary.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care provided to the young people living in this service.

Capacity and capability

The young people living in this house appeared settled and content in their home on the day of this inspection and, systems were in place to meet their assessed needs.

The centre had a clearly defined management structure which was led by an experienced and qualified person in charge. The person in charge was on leave at the time of this inspection however, the inspection process was managed competently by an experienced member of the management team of the centre. They demonstrated a good knowledge of the young peoples' assessed needs and, were aware of the legal requirements of the centre under S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

A review of a sample of rosters indicated that there were adequate staff on duty to meet the needs of the young people as described by the manager on the day of this inspection.

Staff member spoken with had a good knowledge of the young peoples' care plans and or healthcare-related protocols. Additionally, from a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary knowledge to meet the needs of the young people.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2025 and a six-monthly unannounced visit to the centre had been carried out in April 2026. On completion of these audits, action plans were developed and updated as required to address any issues identified in a timely manner.

Regulation 15: Staffing

At the time of this inspection. the staff team consisted of a manager for the house, shift lead managers, a staff nurse and a team of social care workers/assistant support workers.

A review of a sample of rosters for June 2026 and July 2026 indicated that there were adequate staff members on duty to meet the needs of the young people, as described by the manager on the day of this inspection.

The provider and manager were found to have gathered the required information for staff listed under Schedule 2 of the regulations. Schedule 2 files contain information and documents to be obtained in respect to staff working in the centre to include photographic evidence of their identity, references, vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

The information for eleven staff members (photographic identification, references, work related experience and vetting) was reviewed by the inspector and met the requirements of the regulations.

The house manager also had systems in place for the supervision of their staff team and ensured staff meetings took place on a regular basis.

Staff were also observed to be kind, caring and person-centred in their interactions with the young people and four family members spoken with, spoke positively about management and the staff team.

Judgment: Compliant

Regulation 16: Training and staff development

From reviewing the training matrix and a number of certificates of completion of training, the inspector found that staff were provided with training to ensure they had the necessary skills and or knowledge to support the young people in their care.

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

- Children's First (training in relation to the Children First National Guidance for the Protection and Welfare of Children 2017 and the Children First Act 2015)
- safeguarding (safeguarding training supports staff on how to protect vulnerable groups from abuse by providing the skills and knowledge to recognise warning signs, understand the reporting procedures, and promote a safe environment)

- intimate care
- fire safety
- safe administration of medication
- manual handling
- management of behaviours of concern/positive behavioural support
- infection prevention and control (IPC)
- human rights
- understanding autism
- epilepsy and the administration of emergency medication
- basic first aid
- Cardiac First Response (7 staff)

On the day of this inspection, the inspector requested to see certificates of completion in Children's first training for the eleven staff on duty (including administration staff). The manager showed the inspector evidence of these certificates of completion prior to the end of the inspection process.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in place in this service. At the time of this inspection it was led by an experienced manager who was supported in their role by a number of experienced shift lead managers and an experienced and qualified Area Chief Operating Officer.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2025 and, a six-monthly unannounced visit to the centre had been carried out in April 2026. On completion of these audits, action plans were developed and updated as required to address any issues identified in a timely manner.

For example, the auditing process identified the following:

- the training matrix needed to be updated
- adverse incidents and fire safety were to be discussed at staff meetings
- some restrictive practices required review
- the infection prevention and control folder needed review

These issues had been identified by the auditing process, actioned and addressed at the time of this inspection.

It was also observed that the manager had systems in place to support and facilitate staff to raise concerns about the quality and safety of care provided to the young people living in this service. For example, all staff spoken with said they would have no issues reporting any concern to management if they had one.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and was found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the young people

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

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

Judgment: Compliant

Regulation 31: Notification of incidents

The management team were aware of their legal obligation to notify the Chief Inspector of any adverse incident occurring in the centre in line with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

Judgment: Compliant

Quality and safety

The young people living in this service were supported to live their lives based on their assessed needs and, systems were in place to support their overall safety and well being. Some minor issues were observed with Regulation 26: risk management precautions and Regulation 28: fire safety precautions.

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

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

Systems were in place to safeguard the young peoples and at the time of this inspection, there were no active safeguarding concerns

Systems were also in place to manage and mitigate risk however, aspects of the risk management process required review. Firefighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. However, one part of the fire safety precautions also required review.

The house was found to be clean, warm and welcoming on the day of this inspection and when or if required, a facilities team were available to repair and maintain the premises.

While minor issues were identified with fire safety and risk management, this inspection found that the young people living in this service were being supported to live their lives based on their assessed needs and interests, with input and support from allied healthcare professionals and family members.

Regulation 10: Communication

The young people were being supported to communicate their choices and decisions in line with their assessed needs and, their communications preferences were also recorded in the their individual support plans.

This was achieved by supporting the young people to communicate in a format they preferred and their individual communication preferences was understood and respected by staff.

For example, one young person could at times, use a specific communication device to communicate their needs. The inspector saw this device and noted that a number of staff had been provided with bespoke training on how to operate it by a speech and language therapist

The young people also had access to a telephone and appropriate media such as televisions and easy-to-read information.

In summary, the provider ensured the young people were supported to communicate in line with their assessed needs and preferred style.

Judgment: Compliant

Regulation 12: Personal possessions

Each young person had their own personalised individual living area in this house with adequate space to store and maintain their clothes, personal property and personal possessions.

A utility facility was available to the young people and where or as required, staff provided support to the young people to launder their clothes.

The young peoples' living areas were decorated to their individual style and preferences.

In their feedback on the service, one family representative said that staff were respectful of their relative's personal belongings and possessions.

Judgment: Compliant

Regulation 13: General welfare and development

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

As detailed in section one of this report '*What the residents told us and what we observed',* the young people were being supported to attend school, and engage in social and recreational activities of interest.

For example, when not in school the young people liked to go to a fitness centre, to playgrounds, go hiking, go for walks in the countryside, go to the beach and go shopping. One was learning how to play the guitar and was really enjoying this experience.

The young people were also supported to keep in regular contact with their families. All family members spoken with were complimentary and positive about the service provided to their relatives.

Judgment: Compliant

Regulation 17: Premises

The designated centres was observed to be welcoming, clean and generally well maintained.

It comprised of a large detached house on its own grounds in a tranquil, rural setting. Transport was available to the young people so as they could go to school and for social outings.

Each young person had their own individualised and private living area comprising of a bedroom, bathroom, and sitting room/living room. Each area was decorated to the individual assessed needs, likes and preferences of each young person.

Communal facilities included a large equipped kitchen/dining room and, there was also a utility facility in the house. To the front and rear of the property there were large very well maintained gardens. There was also a trampoline in the back garden for the young people to avail of in times of good weather.

Some young people could present with a number of challenges resulting in property damage. However, behavioural support plans were in place to support both the young people and staff in managing this and, a facilities team was available to decorated and where required, repair furniture, fixtures and fittings.

Judgment: Compliant

Regulation 18: Food and nutrition

There were adequate provisions in place for the storing and cooking of food in the centre.

The kitchen was found to be clean and hygienic but at the same time, homely and inviting. Food was also observed to be varied, wholesome and nutritious. For example, snacks, fresh vegetables and fruit was readily available to the young people.

The young people were also offered choice over what they wanted for mealtimes and, food options were consistent with the young peoples' individual dietary requirements.

Staff were also available to support the young people at mealtimes when or if required.

The inspector observed one young person having dinner before the end of the inspection process. Their meal was wholesome and nutritious consisting of meat, fresh vegetables and boiled potatoes. The young person grew their own vegetables and potatoes and, appeared to be very much enjoying their meal.

Judgment: Compliant

Regulation 26: Risk management procedures

While systems were in place to manage and mitigate risk and support the young peoples' safety in the house, aspects of the risk management process required review.

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

For example, where a risk related to a behaviour of concern, the following controls were in place:

- 1:1 and/or 2:1 staffing support was available to the young people
- personal protective equipment was available to the staff
- staff had training for the management of behaviour
- each young person had a multi-element behavioural support plan and/or behavioural support guidelines in place
- a management on call system was in place if or where staff needed support out of hours
- the young people had access to a range of allied healthcare professionals/multi disciplinary support team
- a number of restrictive practices were in place such as key coded access points (which were kept under review by the manager) so as to support the young peoples' safety

However, it was observed that the centre had a 'staff contingency plan' in place. This was a proactive strategy to maintain safe staffing levels on days when the centre had to operate without its full staffing contingency. While the centre had not operated below the staffing levels as detailed in the staff contingency plan, it was operating on a very frequent basis (in June and July 2026) below its full staffing contingency. Taking into account the risks associated with the assessed complex needs of the young people living in this centre and, the number of adverse incidents that could occur, the reliance on the staffing contingency plan required review. This was to ensure that the centre was operating for the majority of the time, with optimal staffing levels and the staffing contingency plan was only being utilised as a short-term emergency stopgap.

Additionally, the inspector also noted that a risk assessment for one young person required review and updating. This young person could present with behaviours of concern and recently had an incident involving a parked car in the back garden that resulted in injury. Actions were taking to prevent this issue reoccurring however, the inspector observed that the young person could still access parked cars to the front of the property. This required further review so as the service could be assured there was no further risks to the young person regarding parked cars.

Judgment: Substantially compliant

Regulation 28: Fire precautions

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

Equipment was being serviced as required by the regulations.

For example:

- the fire detection and alarm system was serviced in January and May 2026
- the emergency lighting had also been serviced in January and May 2026
- the fire extinguishers had last been serviced in March 2026.

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

Fire drills were being conducted as required with no concerns noted. For example:

- a drill facilitated in February 2026 informed that it took seven staff and five young people one minute and to evacuate the house and this drill was recorded as being good
- another drill conducted in May 2026 informed that it took ten staff and five young people two minutes to evacuate the house and this drill was deemed to be satisfactory

Each young person had an up-to-date personal emergency evacuation plan in place. The inspector reviewed two of these plans which detailed the support and guidance the young people required in evacuating the house during a fire drill.

It was observed however, that one evacuation route from the house required review. From reviewing the centres floor plans, it appeared that this area had a protected hallway/corridor to the front door of the house however, it was a large lobby area that was fully furnished. This required review so as to ensure this area was free from obstruction and safe for the young people to use as a means of escape in the event of a fire.

Judgment: Substantially compliant

Regulation 6: Health care

One young persons healthcare plans were reviewed and it was observed that they were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

For example, the inspector observed that the young person had as required access to the following services:

- general practitioner (GP)
- occupational therapy
- dietitian
- speech and language therapy
- chiropody

Additionally, where required, the young person had healthcare-related plans and or protocols in place so as to inform and guide practice. All staff members spoken with were familiar with a protocol in place for this young person regarding the management of epilepsy and seizure related activity.

Hospital appointments were facilitated if required and each young person had a hospital passport on file.

Where required, had multi-element behavioural support plans and/or behavioural guidelines in place and had access to the following:

- behavioural support therapist
- psychology

Judgment: Compliant

Regulation 8: Protection

Policies, procedures and systems were in place to support the young peoples' safety in the house.

At the time of this inspection the manager informed the inspector that there were no open safeguarding concerns with the child and family agency. Notwithstanding, they also informed the inspector that all safeguarding concerns once reported were investigated, steps were taken to ensure the young peoples' safety and the issue was reported to the relevant state agencies.

The inspector also noted the following:

- all staff spoken with said they would have no issue reporting a safeguarding concern to management if they had one
- details of the safeguarding team were on public display in the house

- feedback from four family members on the service was positive and complimentary. Additionally, they raised no concerns about the safety of care provided in the service
- there were no open complaints on file about the service at the time of this inspection
- safeguarding was discussed with the young people
- safeguarding and adverse incidents also formed part of the discussion and agenda at staff meetings

Additionally, staff had the following in place:

- Children's First (training in relation to the Children First National Guidance for the Protection and Welfare of Children 2017 and the Children First Act 2015)
- safeguarding (safeguarding training supports staff on how to protect vulnerable groups from abuse by providing the skills and knowledge to recognise warning signs, understand the reporting procedures, and promote a safe environment)
- training on intimate care
- vetting on file

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	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Brookhaven OSV-0005840

Inspection ID: MON-0049865

Date of inspection: 22/07/2026

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: 1) The PIC and Internal QA Auditor will complete weekly Service Stability Assessments to monitor staffing levels, recruitment progress and reliance on contingency arrangements. Findings and corrective actions will be reviewed monthly until safe staffing levels are achieved and maintained. 2) The PIC and Recruitment Team will review staffing vacancies weekly and progress recruitment actions to restore and maintain safe staffing levels. Recruitment progress, vacancy reduction and interim controls will be documented. 3) The PIC will review staffing arrangements to confirm they remain appropriate to the centre's occupancy, service model and the assessed needs of the young people. The Statement of Purpose will be updated and maintained accordingly. 4) The PIC and Behaviour Specialist will review and update the young person's Risk Management Plan to address all risks associated with access to parked vehicles, including those in the front garden. Implementation and effectiveness of control measures will be monitored through audits and incident reviews.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	

1) The PIC and Head of Quality and Safety will conduct and document environmental reviews of the living space to ensure it remains safe, accessible, and fit for purpose. Following the review completed on 26th July 2026, unused furniture and equipment were removed, and the layout was adjusted to maximise space utilisation and maintain clear emergency escape routes.

2) The PIC will ensure that all floor plans are reviewed and updated to accurately reflect the current layout of the premises. A review was completed and all floor plans were amended to align with the physical environment, supporting effective emergency response and evacuation planning.

3) The PIC will discuss the updated environmental layout at the next scheduled team meeting and ensure that all staff receive clear guidance regarding the changes and their responsibilities within the revised environment.

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	20/10/2026
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/08/2026