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:	Strawberry Fields
Name of provider:	Redwood Neurobehavioural Services Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	12 May 2026
Centre ID:	OSV-0009022
Fieldwork ID:	MON-0047437

About the designated centre

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

Strawberry Fields provides a residential service for 5 adults both male and female over the age of 18 years who may be diagnosed with an Intellectual Disability, Acquired Brain Injuries, Physical and or sensory disabilities. This may include adults presenting with behaviours of concern and /or mental health difficulties. The objective of the service is to promote independence and to maximise quality of life through interventions and supports which are underpinned by Positive Behaviour Support in line with our model of Person-Centred Care and Support. Our services at Strawberry Fields are provided in a home like environment that promotes dignity, respect, kindness, and engagement for each resident. We encourage and support the residents to participate in the community and to avail of the amenities and recreational activities.

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
Tuesday 12 May 2026	09:00hrs to 18:00hrs	Brendan Kelly	Lead

What residents told us and what inspectors observed

This unannounced inspection was completed in Strawberry Fields to monitor the registered providers ongoing compliance with The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. This was the providers first inspection in this centre after it had initially been registered and began operating.

Overall, the inspection showed the provider was in the main meeting the requirements of the regulations. Issues had been identified by the provider in terms of resident compatibility. These issues were in the process of being addressed by the provider. Improvements were also required to ensure resident's behaviour support plans were reflective of the reactive strategies used by the staff team during behavioural incidents. These findings are discussed further in this report in Regulation 7: Positive Behaviour Support and Regulation 8: Protection.

Strawberry Fields is a large detached property in a town in Co. Meath. The centre is currently registered for up to five residents with one of the resident's living in an adjoining apartment to the main building. On the day of this inspection there were no resident vacancies.

The centre consisted of a main house that has four bedrooms that were all located on the first floor with two of the bedrooms en-suite. The fifth bedroom was located in the adjoining apartment on the ground floor and was en-suite. The apartment also contained a kitchenette/living area. On the ground floor in the main house was a kitchen with dining space, and a sitting room. Along with the bedrooms on the first floor there was a staff office, bathroom and, a hot press. The centre had a large garden space in which the inspector observed evidence of resident's gardening work.

On the day if this inspection the inspector had the opportunity to meet with and briefly speak to two of the residents living in the centre. On the day of the inspection one resident was recovering in hospital following surgery, one resident was in their family home and one resident was out while the inspector was in the centre. The inspector was told that one resident resided in the centre four days a week and in their family home three days a week. When the resident was in their family home there was a reduction in the staffing levels in the centre and this is outlined further in Regulation 15: Staffing. The inspector also met with and spoke to the person in charge, person participating in management, team leads and one of the front line staff working in the centre.

On arriving at the centre the inspector was met by one of the front line staff team. All the residents in the centre were either in day service or out with staff. The staff member and inspector completed a walk around of the centre. The inspector observed that the premises was homely, warm, well-maintained and, resident's

bedrooms were all decorated individually. The inspector viewed the self-contained apartment and observed that this was also decorated to the residents' individual choice.

Later on, one resident returned to the centre with the person in charge and a team leader. The inspector observed the resident to be in great form and the resident briefly engaged with the inspector before moving off with a staff member. The inspector observed the resident throughout the day of the inspection eating foods of their choice, engaging positively with the staff team and using their home as they wished.

The inspector met with and spoke to a second resident on their return from day service. The resident engaged with the inspector positively and showed the inspector a video they had made on their own Internet video streaming channel. The resident spoke to the inspector about their day and what they had gotten up to in day service. The resident made it very clear to the inspector that they did not wish to live in the centre anymore. The resident clearly explained the to the inspector that they did not always get on with their housemates and found the noise in the centre too much at times. The resident told the inspector that they had met with the provider along with their representatives to discuss moves to an alternative residential home and that they had recently been to visit another centre operated by the provider. The resident told the inspector that they were happy that plans were in place for them to move to another home.

The inspector had been informed by the provider during the introductory meeting on the morning of this inspection regarding plans for the resident to move and they are discussed further in this report under Regulation 23: Governance and Management.

The person in charge told the inspector about some of the activities residents in the centre engaged in. Residents were active members of their communities engaging in swimming, walks in local parks, visits to the zoo, going on holidays with staff to Centre Parks, horse riding, members of activity clubs and, going to the cinema and bowling.

The inspector met with and spoke to a member of the front line staff team. The staff member had only been working in the centre for a number of months, however, the staff member displayed a strong knowledge of the centre and of key plans in place for residents. The staff member had recently brought residents on holidays to Centre Parks. The staff member spoke of the positive dynamic within the staff team and felt that they could approach colleagues if there was something they needed clarity on. The staff member also spoke positively regarding centre management, of the induction programme and the training received prior to the commencement of their new role.

The inspector observed that staff working in the centre supported the resident's who met with the inspector in a person centred manner throughout the day of the inspection. Despite obvious compatibility issues in the centre, staff supported resident's in line with their expressed wishes. Resident's appeared comfortable in the presence of staff and were observed by the inspector to be in good health.

The next two sections of this report will outline in more detail the findings of the inspection in relation to the governance and management systems operated in the centre and how these systems impacted on the quality and safety of the service provided to residents.

Capacity and capability

Overall this inspection showed that the provider had effective governance and management arrangements in place. The centre had a strong management team that had clear roles, responsibilities lines of accountability. Issues were identified by the provider regarding resident incompatibility and plans were in place to address these issues.

The centre was adequately resourced with appropriate staffing numbers and skill mix to meet the assessed needs of the residents.

Staff had also been in receipt of the training required to work in the centre. Staff who met with the inspector were knowledgeable in terms of key plans in the centre. Staff interactions with resident's in the centre were also positive throughout the inspection.

The provider had a strong system in place to listen to, record and respond to resident complaints. The provider had supported resident's in the centre to make complaints and residents were satisfied with outcomes of complaints.

Regulation 15: Staffing

The provider had ensured that the number and skill mix of the staff team was sufficient to meet the assessed needs of the residents living in the centre.

On the day of this inspection the provider had 2.5 WTE vacancies at health care assistant grade. The inspector observed that the contingency plan to ensure appropriate and consistent cover for these vacancies as well as planned and unplanned leave was based on staff taking additional hours, the providers own relief panel and some agency hours. The agency usage in the centre was confined to the same two staff who were solely based in this centre.

The provider had planned and actual rosters in place that were maintained by the person in charge as part of their oversight responsibilities. The inspector reviewed the rosters in place for the months of March and April 2026.

Following a review of the roster the inspector observed the following:

- management were present in the centre seven days a week either through the person in charge or team leads
- four days a week the centre was staffed with five day staff working two shift patterns, 08:00-20:00 or 09:00-21:00
- four days a week the centre was staffed with three waking night duties working 20:00-08:00
- three days a week the centre was staffed with three day staff working two shift patterns, 08:00-20:00 or 09:00-21:00
- three days a week the centre was staffed with two waking night duties working a shift pattern of 20:00-08:00

The inspector was told that the person in charge had oversight responsibility for this centre only and this was reflected in the rosters reviewed by the inspector. The local management team also consisted of two team leads, the worked hours of the team leads was also reflected in the rosters reviewed.

The provider also had an on-call system in place should issues arise out of hours. The inspector observed a protocol in place for the use of the on-call system. The contact numbers and on-call roster for the first six months of 2026 were also observed by the inspector.

Staff in the centre were observed by the inspector to be responsive to the needs of the residents. The inspector observed resident's being offered choices of foods and activities by the front line staff team.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that the staff team working in the centre had been in receipt of mandatory and refresher training in line with the providers statement of purpose. The provider also had an effective system in place for staff supervision and the inspector noted that training was a standing item on all meetings and governance audits in the centre.

On the day of this inspection the inspector reviewed the centre's training log, supervision schedule and a sample of the supervision records that have occurred in the centre.

In reviewing the centres training log the inspector observed the staff team had completed training in areas such as:

- autism awareness
- positive behaviour support
- manual handling

- human rights
- safeguarding of vulnerable people
- professional management of complex behaviours
- communicating effectively through open disclosure
- dignity at work
- children's first
- fire safety

The inspector also observed that the person in charge and team leads reviewed the training log on a weekly basis. If refresher training was required for staff this was forwarded by the person in charge and planned by the provider. On the day of this inspection a team lead working in centre was attending refresher training in medication management.

Other refresher trainings that were scheduled for staff included:

- complaints
- medication administration
- fire safety

The inspector observed an action from a governance audit regarding a supervision schedule for 2026 to be in place had been completed. The person in charge told the inspector that received supervision on a quarterly basis. Probation reviews occurred every two months and a new staff members probationary period lasted for six months.

The inspector reviewed two staff supervision records on the day of this inspection and observed agenda items such as:

- communication
- roles and responsibilities
- training

Judgment: Compliant

Regulation 23: Governance and management

The service was led by a capable person in charge who had the qualifications, knowledge, skills and experience to support the residents. The person in charge was supported in the day-to-day operations of the centre by two team leads. The person in charge also reported into the assistant director of services who visited the centre at least monthly.

On the day of this inspection the inspector reviewed a provider led six monthly audit and a sample of the meetings occurring in the centre. The provider had systems in place to allow for continual oversight and auditing of operations. These systems included an annual review, provider led unannounced six monthly audits,

governance meetings and, local team meetings. The provider had yet to complete an annual review as the centre had not been in operation for 12 months.

The governance team of the person in charge and assistant director of services met on a monthly basis. The inspector reviewed the minutes of these meetings from March and April 2026. The inspector observed that these minutes accurately portrayed the increasing incompatibility in the centre. For example, the meeting in March 2026 gave an action that potential alternative placements should be sought by a date in April 2026. The inspector observed that on the day of this inspection an alternative placement had been discussed with the resident also being made aware of developments. These were discussed at the May 2026 meeting. The inspector also observed evidence of the provider meeting with the resident and their representatives in May 2026.

In reviewing audits and meetings in the centre the inspector observed that action plans were developed following each audit and meeting. The inspector observed actions in place such as:

- update intimate care plans that were out of date
- training needs of the staff team to be planned
- a schedule of team meetings for 2026 to be in place
- premises and maintenance issues identified
- issues with fire doors to be addressed

The inspector observed that the provider had completed or had a timed action plan in place to address the actions identified. For example, the inspector observed that staff training had been planned such as medication competency assessments. The person in charge had also implemented a schedule of team meetings for 2026 which was found in the team meeting folder.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had effective systems in place to allow for complaints to be made, investigated and responded to in a timely manner.

The provider had a complaints policy that gave clear guidance in terms of the processes and time lines for complaints to be managed. The provider also had an easy read version of the complaints process to ensure resident's were aware of the process which was located in the complaints folder.

On the day of this inspection the inspector met with a resident living in the centre. The inspector spoke to the resident in regard to their understanding and experience of the process around making a complaint. The resident told the inspector that they were supported to make a complaint in relation to their wish to move from the centre. The resident told the inspector they were happy with the process and felt

that they had been listened to. The inspector observed that the residents complaint was also recorded in the centre's complaint log.

The inspector also spoke to a staff member regarding supporting resident's to make a complaint if it was required. The staff who met with the inspector spoke confidently and competently regarding the complaints process and supporting resident's to do so.

The provider had ensured that appropriate signage was located in each house with details of advocacy services, the complaints process and who to contact within the provider if resident's had a concern.

The inspector also noted in a centre audit an action regarding the retrospective logging of a resident complaint to the complaints log for 2025. The inspector observed that this action had been completed.

Judgment: Compliant

Quality and safety

This inspection showed that one resident was not happy in the centre and had expressed their wish to move. While the provider had acknowledged this and responded with a proposed move, impacts on all residents' day-to-day lives were observed.

The provider had included multi-disciplinary supports to guide staff in managing the incompatibilities, however, not all strategies could be implemented during incidents and staff resorted to strategies that were not recommended in support plans.

The provider had ensured that the centre was homely and had adequate food and storage for all residents. Resident's had a suite of comprehensive assessments and plans that guided staff on meeting the assessed health and social care needs of the residents.

Risk was an item of strong focus in the centre with comprehensive risk assessments in place including compatibility assessments that were reflective of the ongoing issues in the centre.

The provider had also ensured the centre had appropriate measures in place to ensure the centre was protected as much as possible from fire.

Regulation 17: Premises

The provider had ensured that the premises was laid out to meet the assessed needs of the residents. While it has been discussed in this report regarding a resident wishing to move from the centre, the resident told the inspector that they liked the house and that they liked the space and layout of their bedroom.

The inspector observed during a walk-around of the centre that resident's had ample storage in their rooms for all personal belongings. Each bedroom was decorated individually with personal effects such as photographs and electrical equipment observed by the inspector.

The provider also had Internet access, phone access, smart televisions and, ample space for the appropriate storage of mops and cleaning products.

The inspector observed that resident's had ample food supplies in the premises. The inspector observed a variety of cereals, snacks, juices, dried foods, tea, coffee, milk, diary products and, meats. The inspector observed resident's eating foods of their choice throughout the day of this inspection.

The inspector observed that a list of ongoing maintenance works was submitted to the providers maintenance department. The inspector observed that works submitted had been completed. For example, areas that had required touch ups for painting had been completed and gardening works had also been identified that the inspector observed to be completed.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had effective systems in place to identify, assess, mitigate and review risk in the centre. The provider had a risk management policy in place, risk assessments for each resident and centre specific risks. Risk assessments were reviewed by centre management and where required, the providers multi-disciplinary team such as behaviour support specialist. The inspector observed that risk was a standing item on all governance and local meetings.

On the day of this inspection the inspector reviewed a sample of risk assessments in the centre and observed assessments in area such as:

- aggression
- falls
- self-injury
- vulnerability
- manual handling

The inspector reviewed one residents' risk assessment regarding the potential for aggression. The inspector observed that recommended control measures included:

- the use of visuals
- additional staffing supervision
- multi-disciplinary team referrals
- staff training
- the use of social stories

The inspector observed that referrals had been submitted for this resident to speech and language as well as occupational therapy. The inspector also observed the use of visuals for the resident and staff had received training in managing challenging behaviour.

As has been identified in this report, the provider had identified a compatibility issue between residents. The inspector observed the provider had updated compatibility risk assessments to reflect this changing dynamic. Compatibility risk assessments now identified the ongoing issues as well as examples of behaviours now being displayed by the resident wishing to move. The assessments also clearly stated that the current placement is no longer suited to meet the residents needs. The risk assessment had been escalated appropriately with the inspector observing signatures on the assessment from members of the providers senior management team.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had adequate fire fighting systems in place that included fire detection and alarm systems, fire doors, fire extinguishers, emergency lighting and fire signage.

On the day of this inspection the inspector reviewed the providers fire folder, servicing dates for fire fighting and fire detection equipment and, fire safety checks completed by staff. The inspector observed the following:

- fire fighting equipment such as extinguishers and blankets were serviced in June 2025
- quarterly inspections carried out by a competent fire person were completed on fire alarm and emergency lighting in August and November 2025 as well as March 2026
- each resident had a personal emergency evacuation plan (PEEP) that outlined the individual supports resident require in an emergency evacuation. All PEEPS were reviewed in March 2026

- daily, weekly and monthly checks of evacuation routes, emergency lighting, fire alarm and fire doors were reviewed by the inspector with no gaps observed

On the day of this inspection two of the fire doors in the centre did not fully close. The inspector showed this to the person in charge and both doors were fully operational by the end of this inspection.

The inspector also reviewed reports of fire drills that had occurred in the centre. The latest fire drill was carried out in January 2026 and was simulated with the least amount of staff and the most amount of residents. The report outlined that all resident's evacuated promptly without concern.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Resident's living in the centre had a comprehensive suite of assessments and plans that guided and supported staff in meeting the assessed needs of the residents. The inspector observed that all care plans in the centre were reviewed between January and May 2026.

Care plans were reviewed by centre management and any updates to care plans were discussed in monthly team meetings. The inspector observed care plans for each resident in areas such as:

- personal care
- communication
- mobility
- specific medical conditions
- sleeping
- eating and drinking

The inspector reviewed resident care plans for hay fever and a heart condition in greater detail. One resident was, at the time of this inspection, in hospital following surgery on a heart condition. A care plan was in place to support staff in managing the residents condition prior to their surgery. The plan outlined symptoms for staff to be aware of such as fatigue, chest pain and dizziness. The plan also when they were required to contact the emergency services.

A care plan was also in place for this resident to help staff support them with the required care when they came home from surgery. The inspector observed the care plan guided staff on wound management, pain management and what the signs of infection are for the resident.

In reviewing another residents' care plan regarding hay fever, the inspector observed staff were guided on key symptoms of a flare up for the resident.

Symptoms noted included a runny nose, sneezing and watery puffy eyes. Staff were guided on what medications the resident takes to support with the management of hay fever. Information was also provided to staff on when to seek additional medical advice, namely, when symptoms persist for more than three days.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that resident's living in the centre had access to behaviour supports as required and supports were outlined in detailed guidance to staff in managing resident anxiety and associated behaviours. However, the inspector observed through incident reports that staff were employing reactive strategies that were not recommended in resident's behaviour support plans.

On the day of this inspection the inspector reviewed four different behaviour support plans and a sample of incident reports from 2026 recorded from the centre.

Resident behaviour support plans contained detailed background information to give staff a better understanding of the need for behaviour supports. Staff were also guided on resident triggers, what the resident may be trying to communicate and, proactive and reactive strategies. All behaviour support plans had been reviewed by the providers behaviour support team between November 2025 and May 2026.

The inspector observed that the reactive strategies for one resident, who had been engaging in significant behaviours of concern, included creating a safe space for the resident, monitoring the resident from a safe distance and engaging in active listening. In reviewing the incident reports involving this resident, the inspector observed three occasions were staff had retreated and locked themselves into other rooms in the centre during behavioural incidents. This was not a strategy set out in the resident's behaviour support plan and recommended reactive strategies, aimed at supporting the resident, could not be implemented when such actions were taken.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had a policy on safeguarding, which included, who to report concerns to, roles and responsibilities and, actions to be taken to safeguard residents. However, due to the resident incompatibilities and ongoing safeguarding concerns regarding behavioural incidents while a resident remained in the centre, the provider was not in a position to safeguard all resident's from potential harm.

The inspector observed that while the provider had discussed increased safeguarding concerns in governance and team meetings and had engaged with the resident and their representatives regarding a move to another designated centre, no date was yet in place for the resident to move. The inspector observed that staff were required to engage in reactive strategies that were not recommended to ensure resident's remained safe. For example on one occasion staff locked themselves into a residents bedroom with the resident to ensure a peer could not enter. Other strategies such as staggered mealtimes to ensure residents were kept apart was also being employed.

The inspector observed that the provider had engaged with all resident's in relation to safeguarding through the use of various easy reads such as resident's respecting each others privacy. The provider had informed relevant statutory agencies of safeguarding incidents that had occurred in the centre.

The inspector observed safeguarding plans in place that discussed actions such as 1:1 time for resident's with staff and noise defenders. The inspector also observed that the provider had ensured that the staff team were in receipt of safeguarding training.

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	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Strawberry Fields OSV-0009022

Inspection ID: MON-0047437

Date of inspection: 12/05/2026

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 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: On the 15.06.26 - A collaborative review was undertaken by the Person in charge, the Behavioural Specialist and the Professional Management of Complex Behaviour (PMCB) Practitioner, to review recent incidents during which a number of reactive strategies were implemented, based on a dynamic risk assessment completed by staff at the time of these incidents. A Supporting Unsafe Behaviour (SUB) assessment was completed in conjunction with the Person in Charge and the PMCB Practitioner to develop a formal Supporting Unsafe Behaviour Plan for the resident. This includes the most appropriate strategies identified through PMCB training which relate to staff safety awareness, including posture, positioning, and proximity, underpinned by the principles of dynamic risk assessment, least restrictive practice, and proportionality of response. All resident risk assessments are being updated by the PIC to reflect the guidance developed by the clinical team and this will be discussed with the staff team at the next team meeting on 06.07.26. Centre based training on the SUB plan will be completed by the PMCB practitioner.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: A review of compatibility within the centre has been completed and has identified that a transition from the centre will be required. There is ongoing engagement with the resident, their representative and the commissioner of the service to effect this transition.	

In the interim, the Person in Charge and the staff team continue to implement safeguarding measures to protect residents and promote their safety, wellbeing, dignity, and welfare. Residents are supported within a safe, structured, and low-arousal environment, with ongoing monitoring and oversight in place to identify, manage, and respond to any safeguarding concerns.

Additional clinical guidance has been developed, collaboratively, between the Person in Charge, the Behavioural Specialist and the Professional Management of Complex Behaviour (PMCB) Practitioner.

All safeguarding plans will remain under review to ensure effectiveness. Any further safeguarding concerns or risk incidents will be reviewed by the Director of Services and the Director of Quality and Safety at the weekly meeting and risk assessed as required.

The arrangements in place will be kept under monthly review through governance meetings between the PIC and ADOS.

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 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	17/07/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/11/2026