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:	Olive Grove
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	05 May 2026
Centre ID:	OSV-0009129
Fieldwork ID:	MON-0049856

About the designated centre

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

This is a service providing care and support to five young people under 18 years of age. It is located in a rural location in County Offaly, but in close proximity to a number of towns and villages. The centre has its own mode of private transport so as to ensure the young people can go to school and avail of social outings. The centre comprises of one spacious building and contains four separate ensuite one bedroom self contained apartments with living/dining rooms. The main house comprises of one ensuite bedroom, a play area on the landing, a large kitchen cum dining cum sitting/TV room, a separate sitting room, a utility facility, a bathroom and staff office. There are also large garden areas to the rear of the property kitted out with areas to play football and basket ball. There are also swings and a trampoline available to the young people to play on. The centre is staffed on a 24/7 basis by a qualified person in charge, a deputy person in charge, two shift lead managers and a team of assistant support workers.

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
Tuesday 5 May 2026	16:30hrs to 19:30hrs	Raymond Lynch	Lead
Wednesday 6 May 2026	09:45hrs to 16:00hrs	Raymond Lynch	Lead
Tuesday 5 May 2026	16:30hrs to 19:30hrs	Jennifer Deasy	Support
Wednesday 6 May 2026	09:45hrs to 16:00hrs	Jennifer Deasy	Support

What residents told us and what inspectors observed

Overall the young people living in this designated centre were in receipt of a good quality of service and feedback from a number of family representatives and other key stakeholders on the care provided, was positive and complimentary.

This risk-based unannounced inspection took place after the Chief Inspector received information from the provider on 28/04/2026 relating to the care and support provided to one of the young people. The inspectors followed up on this issue and found that it had been reviewed by the safeguarding team, referred to other relevant authorities and, systems had been put in place to ensure the young persons welfare and safety.

On arrival to the centre the inspectors were met with by the person in charge and deputy person in charge. They showed the inspectors around they house and it was found to be spacious, warm, welcoming and clean. Within the house there were four ensuite one bedroom apartments with a living/dining room and, the main house comprised of one ensuite bedroom, a large kitchen/dining/sitting room, a separate sitting room, a play areas on the landing, a utility facility and a bathroom. There was also garden areas for the young people to play football, basket ball and skittles and, a playground area with swings and a trampoline.

The person in charge informed the inspectors that there were four young people currently living in the centre and, there was one vacancy

One inspector got to meet with one of the young people who was playing football. They appeared in very good and were observed to be enjoying their game with the staff. Later on, this young person spent a lot of time chatting with both inspectors. For example, they chatted about their hobbies and interests including football and video games. They were seen to be very relaxed in the company of the staff. They knew all of their names and had nicknames for some of the staff. Staff were seen to have genuine warmth for this young person and laughed at their jokes and engaged with them in play and conversation. Staff were responsive to the young person and facilitated their requests for drinks and to engage in other activities, including washing the windows of the centre. On the second day of inspection, this young person spoke with the inspector about their experiences at school and about their family. They spoke of some difficulties that they had experienced in school. The managers in the centre were aware of these difficulties and were working with the young person, their social worker and the educational welfare officer to endeavour to come up with a solution.

Another inspector spent time with a second young person on the first day of inspection. This young person attended school some distance away; however, they had no school on this day. The young person had instead spent the day visiting parks and had gotten ice cream and a dessert from a take away. They

communicated through non-speaking methods including Lamh (a manual sign system) and gestures. The inspector greeted the young person but they did not respond. They appeared to be comfortable in their apartment and with the staff on duty. The young person was offered a dinner but declined this and instead was offered a different dinner. They were seen to be interested in the activity in the garden and smiled at another young person who was playing with staff out there. An inspector spoke with three staff who were supporting the young person over the course of the day. They were found to be very informed of the young person's needs and preferences, and in particular of their behaviour support needs. They told the inspector of the young person's cultural preferences and of how they supported this, including in preparing food from the young person's culture.

Later in the evening an inspector also met with a third young person. They said that they were '*happy in their home*' and knew all the staff by name. This young person loved art and told the inspector that they attended art therapy classes each week. They showed the inspector some of their art work and paintings as they had them on display in their home. The young person invited the inspector to view their room and it was observed to be clean, very well decorated and furnished in line with the young persons preferences. They were observed to be very happy and relaxed in the company and presence of staff and, staff were observed to be kind, caring and sensitive in their interactions with the young person. For example, at one stage the kitchen got noisy and the young person appeared a little unsettled. Staff picked up on this and asked the young person would they like to go into the spare sitting room for a while and they said yes.

The inspectors got to speak with (over the phone) to a number of family representatives and other key stakeholders on day two of this inspection so as to get their feedback on the quality and safety of care provided in the centre. This feedback was both positive and complimentary.

For example, one family representative said that their relative was doing well and during a recent visit to the centre said that they were *'pleasantly surprised at how calm and relaxed'* their relative appeared in the house. They also said that their relative got to go on outings and trips and that sometimes, when they got up in the morning they would tell staff where they wanted to go. For example, a few weeks back, the young person got up and decided that they wanted to go to Dublin for the day and, this trip was facilitated by staff. The family member also said that they had no complains or concerns about the quality or safety of care provided to their relative.

An external representative for one of the young people was also spoken with. They said that at this time, they had no concerns about the quality or safety of care provided in the centre and that the young person had everything that they needed for example, access to GP services and multi-disciplinary professionals. They said that the young person was settling in well and that the staff team were very good and always available to the young person.

A guardian ad litem was also briefly spoken with and they said the young person they represented was doing well in their placement and, they had no concerns. They

were also complimentary of the staff team for the effective actions they took in response to a safeguarding incident that had recently occurred regarding this young person (as detailed in paragraph above).

The inspectors also spoke with six staff over the course of this two day inspection. They were well-informed of their roles and responsibilities, in particular in respect of keeping young people safe and protected from abuse. Staff members told inspectors of the specific training that they had received since commencing in their role which included training in child protection, medication administration, human rights and behaviour support.

While minor issues were identified on this inspection pertaining to positive behavioural support, feedback from family members a social worker and guardian ad litem was that the young people were in receipt of very good quality care and that they were safe and well-supported. In particular, family members and the social worker complimented the excellent communication systems in place and noted how they were informed quickly of any issues or concerns that arose. They spoke positively of the management team, saying that they were proactive and were readily available to them. Some family members spoke of how difficult it was to make a decision for their child to enter residential care; however, they spoke very positively of the supports that were available to their child in their residential placement and how beneficial these had been for the child. For example, one family members spoke of the multidisciplinary supports that were available and of how these had helped the young person to be more regulated and happy in themselves.

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

Capacity and capability

There were clear lines of authority and accountability in this service. It was led by a suitably qualified person in charge who was supported in their role by a deputy person in charge, two shift lead managers and, a member of the senior management team.

The staffing arrangements were as described by the person in charge and, staff were provided with appropriate and as required training to met the needs of the young people.

Systems were also in place to log, record and respond to complaints.

The service was being audited as required by 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). While an annual review of the quality and safety of care was not due for completion at the time of this inspection, an unannounced six monthly audit was recently been completed. Actions identified in the audit, were being addressed in a timely manner.

Regulation 14: Persons in charge

The person in charge was a qualified social/child care professional who also held a masters degree qualification in child and youth care. As part of their qualifications, they completed a relevant module in a management discipline.

Additionally, they had a number of years experience in a managerial capacity, in residential services for people with disabilities.

They were found to be aware of the assessed needs of the young people in this service, had systems in place for supervision of their staff team and, had systems in place for the auditing of the service.

They were also found to be responsive to the inspection process and aware of their legal remit to 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).

For example, they were aware that they had to notify the Chief Inspector of any adverse incidents occurring in the centre as required by the Regulations and, aware that the statement of purpose had to updated annually (or sooner) as required.

The person in charge was also observed to have a positive and person centred rapport with they young people. For example, the young people knew the person in charge well, and were observed to be relaxed and happy interacting with and talking to the person in charge.

Judgment: Compliant

Regulation 15: Staffing

The were adequate staffing arrangements in place to meet the assessed needs of the young people.

There were four young people residing in this service at the time of this inspection.Three of the young people were on 2:1 staff support each day and the other young person was on 1:1 staff support. There were also six waking staff on

night duty each night. This meant that there were seven staff present each day and six staff present each night to support the young people.

The actual rosters from 01 April to 2016 to May 06 2026 were reviewed by one of the inspectors and the following was noted:

- the person in charge had a regular presence in the centre (usually three days per week)
- a deputy person in charge worked Monday through to Friday each week
- seven staff were on each day as required by the assessed needs of the young people
- six staff provided waking night cover

The person in charge said that when the other young person moved into the centre, the staffing arrangements would be reviewed so as to ensure they were adequate in meeting all young peoples assessed needs. At the time of this inspection, a number of new staff had already been identified and inducted to the service, for an upcoming new admission

All staff working in this centre had vetting on file as required by Schedule 2 of the Regulations. (Schedule 2 files are the information and documents required to be held by a registered provider regarding their staff such as evidence of staff identity, Garda vetting, and employment history

Additionally, staff files were viewed by one of the inspectors for the eight core staff working on day two of this inspection and all had vetting, references, employment history and identification on file.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with appropriate induction and mandatory training in order to meet the assessed needs of the young people.

As part of the induction process and training processes, staff were provided with the following training:

- Children's First
- protection & welfare of vulnerable adults and children - safeguarding)
- safe administration of medicines 1 and 2)
- fire safety awareness
- management of behaviours of concern
- basic first aid (on line)
- infection control
- food Hygiene
- blood pressure

- manual handling
- fire training
- human rights

Staff also had training in:

- understanding intellectual disability
- understanding autism
- understanding acquired brain injury
- understanding mental health
- effective communication with individuals with disabilities
- supporting individuals with anxiety
- Introduction to positive behaviour support

One inspector viewed the actual training certificates for ten staff working in this centre and noted that that all had certified training in Children's First, safeguarding, basic first aid, food hygiene, safe administration of medication, fire training, management of behaviour and infection control.

Additionally, staff spoken with knew how to report concerns. They said that the managers were responsive and that they felt comfortable in raising any issues to management. Staff also described their induction training and the modules they had completed as above and, one staff member demonstrated specific safety interventions to the inspector

Judgment: Compliant

Regulation 23: Governance and management

The designated centres was resourced for the effective delivery of care and support to the young people. It was led by a qualified person in charge who was supported in their role by an experienced deputy person in charge, two shift lead managers and, a member of the senior management team.

The provider had systems in place to monitor and audit the service. While an annual review of the quality and safety of care was not due for completion at the time of this inspection, an unannounced six monthly audit was recently been completed on 09 and 10 March 2026. Actions identified in this audit, were being addressed in a timely manner.

For example, the auditing process identified the following:

- an update to some health monitoring documentation was required
- the systems in place regarding the complaints process and sharing of information on complaints with the young people required review

- the process for offering stakeholders opportunities to offer their views on the service could be further explored

These issues had been actioned and addressed by the time of this inspection. For example, the inspectors noted that some of the young people were effective self advocates and would make a complaint about the service if they had one. Additionally, feedback from a number of family representatives and external stakeholders on the quality and safety of care provided in the centre was both positive and complimentary.

The provider also had arrangements in place to support staff raise a concern about the quality and or safety of care provided to the young people. For example, all staff members spoken with said that if they had any concerns about any of the young people, they would escalate those concerns to the person in charge. However, all staff spoken said that they had no concerns at the time of this inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Chief Inspector of any adverse incident occurring in the centre in line with the Regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Systems, policy and procedures were in place for the management, recording, and responding to any complaint arising in the centre.

The person in charge ensured the complaints procedures were appropriate to the needs and ages of the young people and, the were on display in the centre. Staff also supported the young people to understand and raise a concern where or if required.

Complaints once received, were investigated promptly and, the complainant was informed of the outcome. Where required, measures were then put in place for improvement in response to the complaint.

For example, one young person was recently supported to log two complaints about the service. Once they were logged, they were reviewed and, actions were taken to address both issues. Additionally, the young person was also satisfied with the way in which the two complaints were managed.

The complaints policy and procedures were also discussed with the young people at their weekly meetings.

Judgment: Compliant

Quality and safety

Systems were in place to meet the assessed needs of the young people however, an aspect of positive behavioural support required review.

The young peoples welfare and development was being promoted, and, each of them had individualised plans in place detailing their healthcare-related needs. They were also being being provided with nutritious meals in line with their dietary preferences.

Systems were in place to manage risk and, fire fighting equipment was in place throughout the house. The premises were well maintained and laid out to meet the needs of the young people.

The provider had also implemented systems to support the young peoples safety and welfare.

There was good oversight of restrictive practices in the centre. Additionally, the young people were informed of these practices which impacted on them and, their consent was sought. However, an aspect of positive behavioural support required review.

Regulation 13: General welfare and development

Young people's general welfare and development was being promoted in the centre in line with their age and development. Three of the young people were in education and the provider had been in contact with an education welfare officer to secure education for a fourth young person who had been recently admitted. Inspectors saw that there were education plans on young people files which detailed their education goals.

Young people were also supported to achieve other goals, including to develop age appropriate independence skills. For example, one young person was being supported to learn how to use money to make personally meaningful purchases. Another young person was being supported to develop their skills in respect of food preparation and laundry.

Efforts were being made to develop connections with the local community. One young person planned on joining a tennis club and a swimming pool in the coming weeks. All young people were offered opportunities to engage in meaningful activities in the community including attending parks and child friendly museums and attractions.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of one spacious building containing four separate ensuite one bedroom self contained apartments all with living cum dining room.

The main house comprised of one ensuite bedroom, a play area on the landing, a large kitchen cum dining and sitting/TV room, a separate sitting room, a utility facility, a bathroom and staff office.

There were also large garden areas to the rear of the property kitted out with areas to play football and basket ball. There were also swings and a trampoline available to the young people for play.

The house was very well maintained, homely, welcoming, clean and suitably decorated throughout. Bedrooms were personalised to the young peoples individual style and preference.

Transport was also available for the young people to go to school and go on outings.

Judgment: Compliant

Regulation 18: Food and nutrition

Young people in the centre were being provided with sufficient nutritious meals which were meeting their needs and which were in line with their dietary preferences. Inspectors saw that there was fresh food available in the centre which was stored in a hygienic manner. Dinner on the first night of inspection was nutritious and smelled and looked appetising. Where young people declined meals, they were offered an alternative choice.

Staff members told inspectors of how they make food which reflects one young person's culture. They said that the young person really enjoys this food. The inspectors reviewed the meal records for two children over a period of 10 days in

April 2026 and saw that adequate nutritious food was offered, including culturally appropriate meals.

There was good oversight of young people's weight and development. Their BMI was calculated on admission and weight was taken monthly thereafter. Oversight of dietary needs was further enhanced by the availability of a dietitian to the young people.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the ongoing assessment, review and management of risk in the centre. A comprehensive risk register detailed the presenting risks and inspectors saw that proportionate control measures were implemented to mitigate against risks. Staff members were informed of the presenting risks in the centre and of how to mitigate for these.

Individual risk management plans were also implemented where there were specific risks presented by the needs of young people. These were completed in consultation with the multidisciplinary team. The inspectors saw that control measures respected young people's dignity and rights to bodily autonomy. Staff members told inspectors of how the control measures are implemented in everyday practice.

Judgment: Compliant

Regulation 28: Fire precautions

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting/signage.

Equipment was being serviced as required by the regulations. For example, the fire alarm system and emergency lighting was services in November 2025 and again in April 2026. Additionally, the fire extinguishers had just been installed in August 2025.

Fire drills were being conducted as required and each young person had an up-to-date personal emergency evacuation plan in place to guide staff on what supports each young person required, when evacuating the premises.

A drill conducted on February 24, 2026 informed that it took 6 staff and three young people one minute and 20 seconds to evacuate the premises with the standard of that drill recorded as very good and no issues noted. Another drill carried out on March 18, 2026 for a new admission informed that it took two staff and the young

person one minute to evacuate the premises. Again, the standard of this drill was recorded as very good and, no issues were noted. A nigh time drill was scheduled for March 26, 2026.

Staff also conducted as required checks on all fire equipment and, new staff to the centre were required to undertake a fire walk so as they were familiar with the location of all fire equipment and, fire exits.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Inspectors reviewed the individual assessments and care plans for two young people in detail. The individual assessments were seen to be very comprehensive. They were informed by a multidisciplinary team where required and by the young person's representatives. The individual assessment was regularly updated; for example, one plan was updated in October 2025 due to changes in assessed sensory needs.

The individual assessment was used to inform care plans which guided staff on meeting each assessed need. Care plans were written in a child-centred manner and clearly reflected the young person's preferences in respect of their care. For example, one care plan detailed the importance of routine to the young person and of how important it was that there were no loud noises in their environment. Inspectors saw that recommendations made by multidisciplinary professionals were implemented; for example, an occupational therapist had recommended a weighted blanket for one young person which was seen to be in place in their apartment.

Personal plans were also made easy to read for young people to access, if they wished to do so

Judgment: Compliant

Regulation 6: Health care

Young people in this centre had access to multidisciplinary professionals as required by their assessed needs. The provider's multidisciplinary team included behaviour support specialists, speech and language therapy, occupational therapy and psychology. Some of these professionals were visiting the centre on the day of inspection. A family member spoke very positively of the multidisciplinary team and of how beneficial it had been to their child.

Young people also had access to external professionals as required by their needs. For example, some young people accessed Child and Adolescent Mental Health Services (CAMHS).

At times, young people refused certain interventions including, for example, having their weight taken. Inspectors saw that their right to refuse was respected. Education and support was provided and further attempts to complete interventions were held at a later date.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was good oversight of restrictive practices in the centre. These were recorded and were reviewed regularly in order to attempt to reduce or eliminate them. There was a clear rationale for each restrictive practice implemented. Young people were informed of the restrictive practices which impacted on them and their consent was sought.

Staff in this centre had received training in behaviour support. Each young person who required one had a behaviour support plan on their file along with a risk assessment which detailed control measures and strategies to be implemented to reduce the risk of these occurring and to reduce the risk of harm. However, inspectors found that not all of these strategies were implemented consistently. For example, one behaviour support plan recommended use of a visual timer and a choice board. However, the visual time was not in the young person's apartment (management told the inspector that it had been recently broken) and a staff member could initially not locate the choice board, and when found, told the inspector that they were not familiar with it or how to use it. Additionally a risk assessment stated that staff should tie their hair up and wear certain protective equipment when in this young person's apartment; however, the inspectors was not advised of these control measures when they went to meet with the young person.

Staff spoken with were very informed of the signs of escalation for each individual and of strategies to be used to de-escalate. Staff members spoke of the importance of de-escalation and of only using physical restraint as a last resort. However, there were inconsistencies in staff's knowledge of the length of time that a physical restraint could be used. The behaviour support plans were very clear that physical restraint should not be used for longer than 10 minutes; however, one staff told the inspector that it was 5 minutes and another staff stated that there was no time limit for physical holds

Judgment: Substantially compliant

Regulation 8: Protection

The provider had implemented systems to protect young people from abuse. The provider had an up-to-date safeguarding policy which detailed the safeguarding procedures. The safeguarding arrangements were also displayed in a communal area of the centre, along with the centre's child safeguarding statement.

All staff in the centre had received training in Children First. The person in charge had also recently completed additional safeguarding training. Staff spoken with were knowledgeable regarding their roles and responsibilities in protecting children from all forms of abuse. Inspectors saw that, where incidents of suspected abuse occurred, these were reported by staff in a timely manner and were escalated through the provider's safeguarding systems. Measures were implemented in the interim to protect young people from further abuse while investigations were ongoing. Safeguarding incidents were notified to the statutory authorities as required. Young people were also informed of their right to be safe and were supported to develop developmentally appropriate knowledge in respect of personal safeguarding.

Young people's files contained intimate care plans which provided clear guidance to staff in supporting young people in a child-centred manner which upheld their dignity and privacy.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Olive Grove OSV-0009129

Inspection ID: MON-0049856

Date of inspection: 05/05/2026

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:

1. The Person in Charge (PIC) and Behavioural Specialist will review all behaviour support plans and risk assessments to ensure strategies (visual supports, PPE, environmental controls) are current, documented, and implemented.

Due Date: 31 August 2026

2. The PIC shall ensure all staff complete refresher training on behaviour support plans, including de-escalation, visual supports, restrictive practices, and restraint duration limits. Competency will be assessed and recorded through a test of knowledge.

Due Date: 31 August 2026

3. The PIC has audited Safety Intervention and Children First training records. Safety Intervention application, including restraint duration, will be reviewed at the next team meeting. The PIC will complete weekly spot checks (4 weeks) and monthly audits (3 months) to ensure consistent implementation, with corrective actions taken as required.
Due Date: 31 August 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 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	31/08/2026