



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

Issued by the Chief Inspector

Name of designated centre:	No.1 Brooklime
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	25 June 2025
Centre ID:	OSV-0005140
Fieldwork ID:	MON-0047573

About the designated centre

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

No.1 Brooklime consistent of three houses located in a large residential area located close to a city that provides full-time residential support for residents with intellectual disabilities and autism of both genders, over the age of 18. One house is a detached house for five residents that includes two apartment areas. The other two houses are adjoining houses with one house supporting three residents and the other supporting one resident. As a result the centre has a maximum capacity for nine residents. Each resident has their own bedroom and other facilities in the houses include bathrooms, living rooms, kitchens and staff rooms. Support to residents is provided by the person in charge, social care leaders, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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 25 June 2025	08:05hrs to 16:45hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Only one of the three houses that made up this centre were visited during this inspection. All five residents who lived in this house were seen or met. These residents were absent from the house for much of the inspection. Some positive resident and family feedback was indicated in an annual review completed.

This designated centre was made up of three houses located close to one another with this inspection carried out in order to focus on one specific house. From previous knowledge of this centre and the centre's statement of purpose, the three houses of the centre were generally unoccupied from the morning time until late in the afternoon. This was because residents usually attended day services away from the centre. As a result, the inspector purposefully started this inspection at an earlier time than previous inspections to meet residents and observe practices in the specific house before residents went to day services.

Upon arriving at this house and knocking on the front door, a resident opened the door to let the inspector in with a staff member arriving at the same time. Before he entered the inspector showed the staff member his identification and advised that he was present to conduct an inspection. The staff member directed the inspector to sign into a visitors log before going to assist a resident. After signing this log, the inspector observed two other residents sitting in the house's living room at this time watching television. The inspector greeted both but neither resident responded to him.

A short time later, the staff member approached the inspector and advised that she had contacted the centre's person in charge and had been directed to request that the inspector leave the centre as "HIQA inspectors couldn't come until residents had left". The inspector followed this request and subsequently spoke to the person in charge who indicated that a previous request had been made to the Chief Inspector of Social Services seeking specific arrangements for inspections of the house the inspector had visited in order to suit the needs of a resident living in that house.

However, it was subsequently confirmed soon after that no such request had been previously submitted to the Chief Inspector from the provider for the house that the inspector had initially visited. It was then indicated that the inspector could re-enter the house but shortly after he did so, all residents left this house. During the feedback meeting for the inspection at the end of the day, the person in charge was advised that the provider could submit a request for specific arrangements if they wished to do so for consideration. The person in charge was also advised of the Chief Inspector's right of entry to designated centres for the purposes of conducting inspection in accordance with the Health Act 2007 as amended.

While the inspector was in this house during the course of the inspection, he did not meet or see all five residents. Some of these residents did not interact with the inspector although others did speak with the inspector. One of these residents was

seen to leave the house just as the inspector was approaching to re-enter the house in the morning. This resident was seen again near the end of the inspection after they had returned from day services. The resident greeted the inspector and indicated that they were good before going into the house's living room and closing the door behind them.

The two residents that the inspector had initially seen in the living room upon first entering this house were seen again leaving the house to attend day services and taking their lunches for the day with them from the fridge. Before they did so, one of these residents approached the inspector and as they did so, the staff member present used a 'Nice to meet you' document that explain who the inspector was and why he was in the resident's home. The resident was then heard to say "new house" with the staff member indicating that they did not know when this would happen. This matter will be returned to later in the report.

Another resident was briefly met in the morning of the inspection who greeted the inspector before returning to an apartment area which formed part of the house. A second apartment area was in this house with the inspector also meeting the resident who lived there. This resident told the inspector that they had been on holiday to Dublin recently where they had seen a hurling match between Limerick and Dublin. The resident also talked about going to work later in the day and was seen to engage jovially with the staff member present who supported the resident with shaving and to make a mobile phone call.

Other than briefly seeing two of the residents who lived in this house at the end of the inspection, no other resident engagement or observations took place as no residents were present for much of the inspector's time in this house. A staff team meeting did take place though in this house during the day. Overall, the atmosphere in this house while the inspector was present was largely calm although it was seen and heard that the living room door was slammed as the inspector approached to re-enter the house during the morning. Discussions with staff and records reviewed suggested that this could happen at other time

Such occurrences were linked to one resident needing a different living environment and this issue will be discussed further elsewhere in the report. Regarding the other two houses of the centre, the inspector did request that the person in charge advise residents living there of his presence and to let him know if these residents wanted to speak with him. These residents were also away from their homes of much of the inspection and the inspector was given no indication that these residents wanted to speak with him. As a result, the other two houses of the centre were not visited during this inspection.

However, as part of the inspection process, the inspector was provided with an annual review of the centre that had been completed in January 2025. This annual review included some resident and family feedback. When reading the report of this annual review it was indicated that all residents completed satisfaction surveys with all expressing that they were happy with their service and where they lived. One resident though was indicated as stating that their house was "too noisy" and also requesting a new house. All families were indicated as recording very positive

feedback but one family member had sought updates at specific time frames

In summary, observations of residents in their home during this inspection in the one house visited were brief. A staff member on duty was seen supporting residents and responding to a comment made by a resident about a “new house”. One resident spoke of going on a holiday and another indicated that they were good.

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

Capacity and capability

While the provider had monitoring systems in operation, it was identified during this inspection that all relevant incidents were not being appropriately notified. Owing to such findings, the intended purpose of this inspection was changed.

This designated centre was last inspected in May 2024 with that inspection focusing on two of the three houses that made up this centre. That inspection found that residents living in those two houses were happy although some regulatory actions were identified. This included the environment for one resident being unsuited to their needs. Following that inspection, the provider submitted a compliance plan response outlining the measures that they would take to come back into compliance. This compliance plan was accepted and the centre subsequently had its registration renewed until September 2027 with no restrictive condition.

Given that the May 2024 inspection focused on two houses, the current inspection was specifically planned to focus on the third house. The current inspection was also initially intended to focus on the area of safeguarding in this house as part of a programme of inspections commenced by the Chief Inspector during 2024. However, owing to some of the inspection findings, this inspection was changed to a risk based inspection to allow for certain regulations to be considered. This included the regulation relating to notifications with the current inspection finding that not all required incidents were being appropriately notified. Such matters had not been identified previously by the provider despite having monitoring systems in operation.

Regulation 16: Training and staff development

During the inspection it was observed that copies of relevant regulations and standards were present in the house visited. Aside from these documents, supervision records for individual staff in the house visited during this inspection were not available on the day of inspection. However, two staff members spoken

with indicated to the inspector that they had received formal supervision during 2025 while notes of a staff meeting also made reference to staff supervisions being scheduled for May 2025.

Judgment: Compliant

Regulation 23: Governance and management

The centre's organisational structure was outlined in the centre's statement of purpose. This structure indicated that the person in charge oversaw the staff team working in the centre while also reporting to a sector manager. The stated organisational structure further allowed for reporting and accountability all the way to the provider's board of directors. During previous inspections of this centre, there had been an area manager working between the person in charge and the sector manager. The inspector was informed though that at the time of this inspection, there was no area manager involved directly with the centre but that the provider was in the process of putting such a role in place.

In addition, to the organisational structure of the centre, the provider had some monitoring systems in operation. These included completing an annual review for the centre in January 2025 which focused on some relevant national standards and provided for residents feedback. Two unannounced visits to the centre by representatives of the provider had also been completed in August 2024 and January 2025. Such visits are required under this regulation to assess the quality and safety of care and support provided to residents. Records reviewed in the house visited also indicated that staff team meetings were taking place regularly where issues related to residents were recorded as being discussed.

Despite such monitoring system, some of the findings of this inspection indicated that the monitoring systems in operation were not always effective in identifying relevant issues. For example, while the provider unannounced visit reports seen indicated that incidents were being reviewed, the current inspection identified that some incidents, which were of a safeguarding nature, had not been recognised as such nor notified to the Chief Inspector. A similar finding related to the effectiveness of provider's monitoring systems in identifying and addressing areas in need of improvement had also been raised during the May 2024 inspection. The provider had also not provided a resident with a living environment suited to their needs despite previously indicating that that this would be done by January 2025. This will be discussed further elsewhere in this report.

Judgment: Not compliant

Regulation 31: Notification of incidents

Under this regulation, certain incidents in a centre must be notified to the Chief Inspector within specific time frames. Amongst these incidents are matters of safeguarding nature which must be notified within three working days. Since the previous inspection of this centre on 1 May 2024, some notifications of this nature had been submitted to the Chief Inspector within a timely manner. However, when reviewing incidents records in the house visited during this inspection, two incidents reports from May 2024 were read (both which happened after the May 2024 inspection) which were of a safeguarding nature. Neither of these had been notified at the time of the current inspection but were notified retrospectively following the inspection.

Aside from incidents of a safeguarding nature, the Chief Inspector must also be notified on a quarterly basis of any use of a restrictive procedure, including the use of any physical or environmental restraint. In keeping with regulation, a restrictive procedure means the intention restriction of a resident's voluntary movement or behaviour. Since the May 2024 inspection, no physical or environmental restraints had been notified as occurring in this centre. However, when reviewing incident records the inspector read one incident where a staff member was recorded as holding the wrists of a resident and redirecting them. A second incident report referenced a staff as blocking the top of the stairs. These incidents reports suggested a physical restriction and an environmental restriction respectively. These were highlighted to the person in charge during the inspection who subsequently provided some more information following the inspection for both incidents.

Regarding the blocking of the stairs, it was also suggested that there has been no barrier to movement concerning this incident. For the incident of a wrist hold, it was indicated that this was seen as disengagement and the staff "used natural protection instincts to block and move the hands away". It was further stated that this was "not a CPI hold" despite an image from a training manual also provided following the inspection suggesting that the holding of wrists could be used.

Judgment: Not compliant

Quality and safety

As had been found on previous inspections, one resident required a different living environment to suit their needs. Such matters also had safeguarding and human rights implications.

The December 2023 and May 2024 inspections had highlighted that one resident wanted to live in a new house. The same resident had also been identified as requiring a quieter environment to meet their needs. The provider had a plan to provide this resident with an alternative living environment but the resident continued to live in the same house as they had been since before the December

2023 inspection. Such living arrangements had contributed to safeguarding incidents between residents in this house. While some of these incidents had been processed as safeguarding concerns, others had not been. Safeguarding incidents in this house, had been commented upon by the provider's rights review committee who also highlighted some human rights impacts also due to the current living arrangements.

Regulation 10: Communication

It was indicated to the inspector that all three houses of this centre had Wi-Fi Internet access but that the operations of this could be improved upon in the house visited during this inspection. The inspector was subsequently informed that an external company was due to visit this house the day after inspection to improve the Wi-Fi Internet provided there. Within the same house, it was seen that residents had access to media such as television and radio.

Staff members spoken with demonstrated a good understanding of how residents communicated. It was noted that some of the information given verbally to the inspector in this regard did not wholly correspond with information contained within residents' personal plans. This is addressed under Regulation 5 Individualised assessment and personal plan.

Judgment: Compliant

Regulation 12: Personal possessions

This regulation was not reviewed in full but during the course of this inspection the personal belongings lists of three residents were seen. For one of these residents, it was noted that their personal belongings list had an entry for a particular wardrobe (with a stated value of €2000). When viewing this resident's bedroom, it was seen that the wardrobe present in this room was a fitted wardrobe. As referenced elsewhere in this report, it was intended that this resident would transition to another living environment. However, given the fitted nature of this wardrobe, it was unclear how this wardrobe, which was indicated as being a possession of the resident, could accompany them were they to move.

Matters related to this were highlighted to the person in charge during the inspection and following the inspection communication was received from them which stated that "there is no evidence that the resident purchased this from personal finances". Aside from this resident, two other residents in the same house were also seen to have fitted wardrobes neither of which were expressly listed on these residents' personal belongings lists. Following the inspection communication received indicated that these had been paid for by the provider. It was noted though

that the personal belongings list for one of these residents had only one entry from January 2024 which stated that “all items in my bedroom are my possessions and they belong to me”.

As such, it was unclear what the resident actually owned or if they had gotten any new possessions since January 2024. It was also unclear if their fitted wardrobe was regarded as being something they owned when the entry was made. For the remaining resident, their personal belongings list had four entries but it was not evident that this had been sufficiently updated nor outlined all possessions that the resident owned. For example, in the resident’s bedroom it was seen that the resident had a chair and foot rest but neither was listed on their personal belongings list. No wardrobe was entered on this list. Ultimately, the personal belongings lists seen during the inspection did not provide assurance that appropriate recording and oversight of residents’ personal possessions was being maintained.

Judgment: Substantially compliant

Regulation 17: Premises

The areas of the house visited during this inspection was seen to be reasonably presented, well-furnished and clean internally during this inspection. However, as had been observed during the December 2023 and May 2024 inspections of the centre, the exterior of house continued to need painting.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

During this inspection, the personal plans of three residents were reviewed. Overall, the content of these plans were found to have been reviewed within the previous 12 months and contained guidance on meeting the assessed needs of residents in areas such as their health. The details outlined in residents’ personal plans related to their health needs was an improvement from previous inspections. It was noted though that one resident’s intimate care plan indicated that they needed support in certain areas but it was unclear what the nature of this support was exactly in some of these areas.

Some of the guidance in the personal plans relating to how residents communicated also needed review to ensure its accuracy. For example, two residents’ personal plans referenced the use of a particular communication method but discussions with staff suggested that residents used different communication methods or did not use communication methods as much as the personal plans indicated. For one of these residents, the inspector was informed though that more regular use of this

communication method had been tried without success.

It was noted though that overall, the staff spoken with during this inspection demonstrated a good awareness of residents' needs and how to support residents with these needs. Staff also supported residents to identify goals to achieve such as going on holiday. When reviewing the documentation for two residents' goals, it was noted that some of these goals had time frames and responsibilities assigned for helping residents with these but other goals did not.

Amongst the goals that had been identified for one of these residents was to move to a quieter house. During the December 2023 and May 2024 inspections of this centre, it had been identified that the environment provided for this resident in their current home was not suited to meet the needs of the resident. In response to the May 2024 inspection, the provider indicated that they would support this resident to relocate to a more suitable premises by 31 January 2025. Despite this, communication received in the months following that inspection indicated that this time frame would not be met. As a result, the resident continued to live in the same house as had been the case on the previous inspections.

It remained the case from discussions with management and staff along with documentation reviewed, that the resident's current environment was not suited to their needs. For example, a document within the resident's personal plan indicated that the resident's residential setting was not suited to meet their needs while another stated that "I am on an unsuitable housing list". The resident's needs and their current living environment were contributing to safeguarding incidents and human rights restrictions which are discussed further under other regulations.

The provider did have a plan to provide this resident with an alternative living environment. During the inspection day, some progress was suggested with this plan but there was a lack of clarity as to when the provider would be in a position to implement this plan. This was notable given the previous time frame suggested by the provider while documentation reviewed during this inspection indicated that the resident involved had been informed that they would be moving elsewhere during 2025. A safeguarding plan submitted to a statutory body also indicated that this resident would be moving to a new premises in the same year. Communication received following the inspection suggested that the provider would respond with identified dates for the resident's move on 27 June 2025 but no such dates were provided.

Judgment: Not compliant

Regulation 8: Protection

Since the May 2024 inspection, some incidents of a safeguarding nature had been notified from this centre up to the time of the current inspection taking place. Documentation provided during the inspection process indicating that these notified

incidents had been appropriately screened and communicated to a relevant statutory body with relevant safeguarding plans put in place. Most of the safeguarding incidents that been notified between the May 2024 inspection and the current inspection came from the house which was focused upon during this inspection. Such incidents involved residents negatively impacting one another with one particular resident involved in all of the notified safeguarding incidents from this house.

This resident required a quieter environment than the one currently provided within their existing home given that the needs of other residents in this house did not always provide for such an environment. Staff members spoken with were aware of the safeguarding plans that were in place in response to such matters and outlined how there had not been any recent safeguarding incidents between residents of this house. The person in charge also outlined how, given a change in circumstances, additional staffing had been provided for the house which allowed for more one-to-one time for certain residents which helped to prevent negative interactions between residents occurring. It was noted that the centre's most recent statement of purpose did not reflect an increase in staffing whole-time equivalent for the centre.

However, as referenced under Regulation 31 Notification of incidents, incidents records reviewed during this inspection confirmed that other safeguarding incidents had occurred in this centre in May 2024. Such incidents again involved negative interactions between residents and had clear safeguarding implications, such as one resident being recorded as suffering emotional distress due to a peer. Despite this, neither of these two incidents had been processed as safeguarding concerns at the time they occurred. While this was done retrospectively following this inspection, this only occurred after these incidents were queried by the inspector.

Although two members of staff spoken with during this inspection demonstrated a good awareness of the different types of abuse, the failure to recognise the incidents referenced in the paragraph above as safeguarding incidents caused concern. It was also notable that a recent review by the provider's rights review committee for the resident who required a different living environment stated that "persistent peer to peer events seem inevitable in the current living arrangements". The same review also stated that "there may be an element of under reporting which needs to be urgently addressed to give a true depiction of potential lower level safeguarding impacts". When this was queried with the person in charge, they indicated that they did not believe that there was under reporting in the house reviewed during this inspection.

Other than the two May 2024 incident reports referenced, a third incident report from June 2025 was also queried during this inspection. This involved an instance where a resident entered a communal room that resulted in a second resident screaming and kicking the air. The first resident then left the room after this happened. From the incident report read, it was unclear if this matter had been considered as a safeguarding concern or not. As such, the inspector highlighted this to the person in charge on the day of inspection and requested further information about this from a safeguarding perspective be submitted the day after. A response

was received then which indicated that the provider's designated officer would be consulted to clarify on this matter. Despite this, no further communication about this incident was received.

Judgment: Not compliant

Regulation 9: Residents' rights

As mentioned under other regulations, one resident living in this centre required a different environment with such matters also contributing to safeguarding incidents between residents in the house where this resident currently lived. The relevant resident had also been requesting a new place to live for some time as had been highlighted during the December 2023 and May 2024 inspections of the centres. Accordingly, human right implications had also been identified related to such matters. For example, a recent review by the provider's rights review committee of this resident found that their right to live in a particular environment continued to be "pervasively restricted". As such, taking into account the overall finding of this inspection, this resident did not have choice and control over where they lived at the time of inspection.

While this remained an ongoing issue, there were examples of instances during this inspection where the human rights of residents were actively promoted from discussions and other information provided during the inspection process. For example:

- One resident had recently been supported to join the provider's rights review committee as a resident representative.
- Two residents had presented at a provider showcase event held in November 2024 which had been attended by representatives of the Chief Inspector.
- Residents in the house visited during this inspection were supported to participate in resident meetings on a regular basis where matters such as safeguarding, complaints and rules of the house were indicated as being discussed with residents.
- Three residents had been referred to independent advocates with efforts made to follow up on these referrals where resident remained on waiting lists.
- Residents were also supported to maintain contact with their relatives where they wished to do so.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for No.1 Brooklime OSV-0005140

Inspection ID: MON-0047573

Date of inspection: 25/06/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider has ensured that;</p> <ul style="list-style-type: none">• The Provider has clarified with the Person in Charge who will again clarify with the Staff Team at their meetings on 6 August 2025 that no short notice announcement of inspection has not been request of or agreed with the Authority. However, the Authority confirmed on 21 August 2024 that accommodations to support resident, staff and inspectors experiences during inspection of one house in the Centre are in place as inspection can commence in one of the other two houses or staff direction can be followed as per usual process. [06/08/2025]• The Provider has recruited a replacement Area Manager for the Centre and awaits a commencement date once the person can successfully hand over their responsibilities in another area of Service [Q4/2025] In the interim the Sector Manager has taken on the duties of the Area Manager in supervision and assisting the Person in Charge.• The Sector Manager and Person in Charge will review the internal controls in the Centre to ensure apparent weaknesses are addressed including in the identification, monitoring and notifying incidents of safeguarding and restrictions. Further guidance will then be issued to the Staff Team in relation to completing the Incident Log and Log of Restrictions in the Centre which are designed to track required notifications to the Authority. [30/9/2025]• The Person on Charge will ensure staff requiring training in Crisis Prevention and De-escalation techniques will complete this by [18/09/2025]• The Provider will work with the Services Quality Department to review the guidelines for completing provider unannounced visits to the Centre [30/09/2025]• The provider continues to work with a local Housing Association to finalise the purchase of alternative accommodation for one resident in this Centre. This is expanded on under Regulation 5 below.• The Provider will keep the Authority updated on the progression of the alternative	

location for this resident.	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The Person in Charge will ensure that;</p> <ul style="list-style-type: none"> • All incident forms are reviewed and appropriate notifications are submitted to the Chief Inspector [23/07/2025] • The log of incidents designed to track notifications to the Authority is kept updated and monitored to ensure completeness of notifications. If it is decided that an issue of a safeguarding or restrictive nature is not reportable to the Authority the rationale is recorded on the incident log. • Incident forms are reviewed at staff meeting and discussion will be included on the use of language and the process of completing the Incident Form [30/07/2025]. • The Services are moving to electronic recording of incidents and this should provide for more effective monitoring [30/09/2025]. <p>The Provider will issue guidelines on the completion of the Log of Restrictions in the Centre and notifications required to the Authority [30/09/2025]</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The Person in Charge has reviewed and updated the log for personal possessions in the support plan. [21/07/25]</p> <p>The Provider will issue updated guidance on the System for recording and safeguarding residents' personal possessions. [31/08/2025]</p>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

The Provider has applied for energy upgrade grants for the 3 houses in the Centre. This includes external insulated render in one house. The provider expects to hear if the grant has been approved by [31/07/25] If the grant for external rendering separate painting will not be required and the works will be complete by [31/10/25].
If the grant is not successful the exterior painting works will be completed by 31/10/2025.

Regulation 5: Individual assessment and personal plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

The Person in Charge will ensure that the Residents Personal Plans;

- evidence of the use of SMART Goals where these are time lined and responsibilities are assigned and that these are subject to review and actioned accordingly within specific timeframes. [23/07/2025]
- Personal plans include evidence of Total Communication environment. 'How I like to communicate' within the Personal Plan will be reviewed and updated. [23/07/2025]
- Update intimate care plans to include all the information in the current protocols and ensure the care plan is specific to support the needs of the resident and is reviewed accordingly and updated as changes arise. [23/07/2025]

The provider continues to work with a local Housing Association who is finalising the purchase of alternative accommodation for one resident in this Centre. The alternative property was first identified in Q3/2024 and due to legal and planning delays the property purchase is now to close in Q3/2025. The property requires rewiring, retro-fitting for insulation and other works which will take up to 8 months to complete. The revised relocation date is May 2026. This house is seen to be a good option for the resident due to its central location and it still remains the hope that the resident will just have one relocation and not have to make an interim move. However, the provider continues to seek other possible options with shorter timelines to try to resolve this issue for the resident.

Due to the significant delays in securing an alternative location which are largely beyond the control of the Provider, the Provider has worked with the Person in Charge to support the resident and to encourage them to prepare for the move by developing their daily living skills. This is being done as an after work programme when the resident needs quiet environment. This is seen to be beneficial to all residents in the house in this Centre.

Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The Provider will work to ensure the staff Team are supported to minimize interactions of residents at times identified as difficult for one resident. This is currently managed by the Team. The Statement of purpose of the Centre allows for flexibility in staff rota's depending on the activities engaged in and the number of residents being supported. This resident will be supported to develop their daily living skills in preparation for their relocation to a new home in 2026. This skill building support will be scheduled to work within the current effective safeguarding plan. [21/7/2025]</p> <p>The Person in Charge will ensure that;</p> <ul style="list-style-type: none"> • All staff continue to be trained in Welfare and Protection. • All safeguarding plans are in place and reviewed at team meetings. • All Incident Reports have been reviewed to ensure all safeguarding issues are appropriately identified and notifications are submitted. This has addressed the Rights Committee query regarding possible underreporting. [25/07/2025] • Designated Officer will meet with staff team on the 13th August and the issue of capturing possible subtle lower level impacts in group living settings will be discussed and any system improvement recommendations from that meeting will be implemented [30/09/2025] 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Provider will ensure that the resident continues to be supported until a new suitable living environment is sourced and registered with the authority.</p> <p>The property has been sourced by the housing association and will require additional works and a tender process to bring the property to a regulation standard [31/05/2026].</p> <p>To support the residents in the interim a protocol will be drafted for activities in and out of the Centre for residents supported by staff, this will accommodate choice on days across the week. [21/07/2025].</p> <p>The Provider will review the Rights Review Procedures to ensure that recommendations outstanding following a second review are notified to the Provider as well as to the Person in Charge. [30/09/2025]</p>	

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	31/08/2025
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/10/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate	Not Compliant	Orange	30/11/2025

	to residents' needs, consistent and effectively monitored.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	30/09/2025
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/05/2026
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	23/07/2025
Regulation	The	Substantially	Yellow	23/07/2025

05(7)(c)	recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Compliant		
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/07/2025
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	23/07/2025
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	31/05/2026