



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

Issued by the Chief Inspector

Name of designated centre:	Mulberry Lodge
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	04 February 2026
Centre ID:	OSV-0007413
Fieldwork ID:	MON-0049055

About the designated centre

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

Mulberry Lodge is a designated centre run by Nua Healthcare Services Ltd. The centre can provide residential care for up to four male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre can also cater for residents who require high behavioural support. The centre comprises of a main bungalow and four separate apartments. Each apartment provides residents with their own en-suite bedroom, living space and enclosed outdoor area. The main bungalow, comprises of a kitchen, staff office, bathroom, sunroom and hallway. Adjacent to the main bungalow, is a separate building comprising of laundry facilities and storage area. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 4 February 2026	09:30hrs to 16:00hrs	Anne Marie Byrne	Lead
Wednesday 4 February 2026	09:30hrs to 16:00hrs	Ivan Cormican	Support

What residents told us and what inspectors observed

This was an unannounced follow-up inspection carried out to assess the provider's compliance with the regulations. The day was facilitated by the person in charge, and later attended by the deputy person in charge and shift lead manager. Inspectors also got the chance to meet and speak with a number of staff that were on duty. Due to residents' individual plans for the day, inspectors only got to briefly meet with one of them.

The last inspection of this centre was carried out in June 2025, which was a follow-up to the previous inspection conducted in February 2025. These inspections highlighted significant concerns in relation behavioural support, restrictive practice management, governance and management, assessment and personal planning arrangements, and risk management. Little improvement was found on the June 2025 inspection, with the quality and safety relating to some of these areas found to have further declined. Following that inspection, the provider submitted a governance improvement plan, and the Chief Inspector of Social Services attached an additional condition to the registration of this centre, requiring them to effectively implement this plan. The purpose of this inspection was to assess the provider's progress in relation this, primarily focusing on the same regulations as they were previously inspected against, with specific lines of enquiry into the quality and safety of care for one particular resident. The previous two inspections had identified multiple concerns in relation to the high number and severity of behavioural incidents relating to this resident, the high volume and duration of physical holds they were subjected to, and also around the use of a 13ft high fence that surrounded their apartment. Of significant concern from that inspection was the lack of recognition and action taken by the provider to comprehensively review the needs of this resident, to determine if this centre was a suitable placement for them. Although the inspectors didn't get to engage with this particular resident over the course of the inspection as they had already gone out for the day, they did speak at length with local management and staff about their current care and welfare arrangements. Overall, inspectors found considerable improvement had been made, which had resulted in this becoming a better and safer service. The specifics of which will be discussed in more detail later on in this report.

Four residents lived in this centre, each having their own apartment. The all had complex care and support needs predominately related to their assessed behavioural support needs, and each required a high number of staff to support them during the day and night. Some had assessed mental health needs, others were identified with a risk of leaving the centre without staff support, and some had identified risks relating to their environment and community access, all of which required on-going monitoring and management. There was a high number of restrictive practices required in this centre that had been implemented in response to residents' various identified risks, so as to ensure their safety. These mainly related to their environment, with some prescribed physical holds also in place. All residents were

doing well at the time of this inspection, with little change to their care and support arrangements over the last number of months.

The centre comprised of one main building that contained a kitchen, conservatory, staff office and bathroom. Two of the residents' apartments had connecting doors into this main building, which were routinely locked, with their intended purpose being to provide an additional fire exit to these residents, should it be needed. The other two apartments were separate to the main building, with each apartment comprising of a bedroom, bathroom, and a kitchen and living space. Residents all had their own private entrance into their apartment and parking space. Each apartment did have a number of environmental restrictions in place, to include, coded entry and exit points, window restrictors, and each had an enclosed outdoor area surrounded by fencing, with some residents also having restricted access to kettles and sharps. The main building was found to be well-maintained, clean and spacious. For the purpose of this inspection, only one resident apartment was visited by inspectors. Their living space had been freshly painted and on the walls of their living space, staff had displayed various sensory wall hangings that this resident could utilise.

Upon the inspectors' arrival to the centre, one of the residents was getting into their transport at the front of the property as inspectors' approached, and a staff member came over to greet them. As inspectors entered the main building, they met with three members of staff and took time to speak with them, while waiting for the person in charge to arrive. One of them brought the inspectors to see a resident's apartment, which was the apartment belonging to the resident who featured largely in the last two inspections of this centre. Upon entry, inspectors observed that changes to the layout of the outdoor space had been made. A large partition fence within this area that the resident often made multiple attempts to climb over had been removed. Staff spoke of how the resident no longer had any desire to climb over the boundary fence, which had been largely as a result from the resident now recognising the centre as their home, but was also due to the fact that some positive changes made to their daily routine. The most effective change had been made three weeks prior to this inspection, and included the introduction of a daily walk-around the centre with this resident, which staff supported them to lead out on. Staff spoke of how the resident was ritualistic in the route they took, with the walk-around concluding with the resident entering the main building, which had been the source of much curiosity for them since they moved to the centre. Due to previous safeguarding concerns arising from when this resident previously entered this area, staff now used walkie-talkies to communicate that this resident would be entering the main building for a period of time. This area was then cleared and made safe for the resident to enter, who routinely went down to the bathroom, before spending time in the kitchen to have a snack. While doing so, staff then brought this resident's own transport to this side of the centre, which meant that they could immediately go out for a drive with staff, once they were ready to leave. Staff reported that although it was still early days, this new activity trial had been very effective in maintaining the resident at baseline for the remainder of the day. Due to the more often baseline presentation of this resident, it had allowed for better family access and visits for them. In the last number of months, this resident had travelled to visit their family, most recently over Christmas and for their

birthday, and had really enjoyed this. This resident's family themselves since contacted the centre, and voiced how happy they were that these visits could now be safely facilitated, spoke of how well the resident was presenting, and had really enjoyed their time with them. A large number of daily notes reviewed by one inspector, evidenced the consistent offer of choice to this resident, and demonstrated how much practices had changed, with this resident now leading out on the routine and plans for their day. Staff used multiple objects of reference that were familiar to this resident, to include, a towel for choosing personal care, car keys to offer a car drive, and a plate to offer snacks. Staff wrote these daily notes to a high standard, which gave very good account of how the resident was progressing each day, and evidenced how much they were getting out into the community. These records also showed how staff consistently signaled a high-five to this resident every morning as a positive start to their day, and were now very much committed to letting the resident lead out on the rest of the days events.

When the person in charge arrived, the inspectors took time to speak with them about the changes that had been made to the centre since the last inspection. They told inspectors that over the last number of months, there had been complete change in approach to how one resident's behaviours were being managed and responded to. This particular resident had a very curious nature and this was studied more, so as to establish better behavioural support interventions for them. This included in-depth observations of the resident's curious behaviour, and also the ritualistic manners that they typically displayed. A comprehensive analysis of all previous incidents that had been occurring for months was also undertaken, which identified various root causes for a number of this residents' re-occurring behavioural incidents. In the last number of months, this resident had also developed a better relationship with staff, and had begun to recognise the centre as their home. Along with this, there was also increased input from behaviour support and psychology into the review of this aspect of this residents care. All of which led to a trial programme being developed and rolled out three weeks previous, whereby, staff were now applying a more therapeutic response to these behaviours, by recognising the resident's need to fulfill their curiosity around the main building, and to support a daily routine that would work with this. All action taken in relation to this resident's care and support had a positive knock-on affect to the rate and severity of incidents now occurring, and there had also been no requirement for staff to implement physical holds for this resident for a number of months. Furthermore, it had also resulted in the resident no longer having any interest in climbing and scaling their surrounding fence, which had greatly reduced the risk of injury to them, should they have fallen from such a height.

As well as a reduction in the number physical holds now occurring in this centre, there was also some reduction in the use of environmental restraints in this centre. The removal of some key coded access points had been done with full multi-disciplinary review, and was working well since removed. The person in charge was mindful that although the majority of physical holds had ceased to be used in practice, there still was a low number of these required by other residents. They were maintaining these under very regular review, and were fully committed to ensuring robust oversight of these to ensure they were only used as a last resort.

Many of the same staff members were still working in this centre, with some new staff under-going induction at the time of this inspection. Staff who met and spoke with inspectors all spoke of the positive changes that had been made to the service, which was very obvious to them with regards to type of behavioural support they were now providing. They spoke of the complete decline in the severity of incidents they now had to respond to, and spoke about the positive impact reduced physical holds had on the presentation of one particular resident. They also said that as a result of this, this was now a safer environment for them to work in, and also referenced the more relaxed living environment the positive changes and brought around for these residents. At the time of this inspection, the centre was operating at reduced staffing levels, while awaiting remaining staff vacancies to be filled. Both staff and local management spoke of how they were able to adapt care and support routines around this, and of how it had not impacted residents' daily care. The provider did have a contingency plan in place for this interim arrangement; however, this plan did require review, as well as the frequency in which it was being reviewed by senior management.

Positive changes had also been made to the overall system for reviewing incidents, which had provided better root cause identification, and more effective measures being put in place in response to these. In addition, the provider had taken on board the findings of the last inspection, and had completed a full re-assessment of one resident's assessed needs, with a further multi-disciplinary review of this scheduled to occur the week after this inspection. Considerable improvement was also made to oversight and management arrangements, whereby, the provider was now better utilising their own systems, which was leading to much safer and better quality of service for these residents. While most of the regulations inspected against were found to have significantly improved in compliance, there was some aspects of staffing and safeguarding arrangements, that required review.

The specific findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

Following on from the last inspection in June 2025, the provider submitted a compliance plan response to the Chief Inspector, outlining a number of actions they planned to take, in response to multiple areas of non-compliance's that were found. This inspection found that this plan had been effectively implemented, which resulted in a considerable improvement to the level of compliance with the regulations, leading to better arrangements with regards to risk management, behavioural support, and governance and oversight arrangements. There were still some aspects of this service that required further review by the provider, but overall there was a marked improvement to the overall management and running of this centre.

The person in charge had been newly appointed, and since commencing their role, they had spent time to get to know the residents and the type of service they required. They were responsible for another designated centre, but at the time of this inspection, they were in a position to base themselves full-time at this service. They had held staff team meetings to meet with all staff, and engaged regularly with their line manager about operational issues. They were aware of the previous issues which had been identified with this service, and had been proactive since their appointment, to oversee the actions implemented by the provider to ensure these were making, and sustaining improvement.

Due to the assessed needs of these residents, staffing remained a fundamental aspect of this service. A well-established team supported these residents, and knew them very well. A number of staff vacancies had arisen since the last inspection, and the provider was in the process of filling these. In the weeks prior to this inspection, the centre had been operating at a reduced staff level, which hadn't impacted the quality and safety of care to residents, and was being maintained under very regular review by local management. In anticipation of this, the provider did develop a staff contingency plan; however, this did require further review to ensure it better supported the current status of staffing levels in this service.

Since the last inspection, considerable improvement was found with regards to the provider's own oversight, response and management to the operational needs of this service. They had put better incident management systems in place, and had established better and safer arrangements in response to residents' assessed needs, and for the safety needs of staff. This had resulted in a dramatic decline in the use of physical holds being implemented in their centre, and much lower number and severity of incidents, in comparison to what was previously found on the last two inspections that were conducted in 2025.

Regulation 14: Persons in charge

The person in charge held a full-time role and was based at the centre. Since their recent appointment, they had gotten to know the assessed needs of these residents very well, and also had become familiar with the operational needs of the service delivered to them. They were supported in their role by a deputy person in charge, a shift lead manager, their line manager, and staff team. They were the nominated person in charge for another designated centre operated by this provider, and current governance and management arrangements gave them the capacity to fulfill their managerial duties.

Judgment: Compliant

Regulation 15: Staffing

Since the last inspection, staffing levels in this centre had been subject to very regular review, following a number of vacancies that occurred. In response to this, the provider did develop a contingency plan to endeavour to support the centre operating at a reduced staffing level, up until such a time, as a full staffing compliment was returned. However, there were improvements required to this overall plan, and in the frequency of its review.

- The baseline staffing levels required in this centre each day to meet the assessed needs of these four residents, included, ten staff during the day and eight staff at night. However, within the staff contingency plan, this was not the baseline staffing level that was identified.
- The contingency plan identified that this centre could safely operate at a reduced staffing level, which was identified as being, eight staff during the day and six at night. In doing so, this meant that two particular residents' staff support would go from a two-to-one staff ratio, to a one-to-one staff ratio. However, a specific staffing risk assessment for both of these identified residents, had not been completed to inform this reduced staffing level, to evidence that it was safe to do so.
- Although the contingency plan did outline some additional control measures as to how the centre was to respond if staffing levels fell below the requirement of residents' assessed needs, a review of these was required so as to reflect the specific measures that were being implemented locally, which had not formed part of this contingency plan.
- The last review date of this contingency plan was in December 2025, with no further review since occurring. An inspector took a sample of five weeks rosters, dating from 1st January 2026 to the date of this inspection. From this, it was identified that on three occasions during this period, baseline staffing levels were achieved. Several other dates were identified where the centre had managed to provide a full compliment of baseline staff at night, but were challenged at times to do so with day-time staffing levels. This had recently improved since newly recruited staff were rostered; however, an overall up-to-date review of this contingency plan was required, with due consideration to be given to the current status of staffing levels.

Judgment: Substantially compliant

Regulation 23: Governance and management

Since the last inspection, there had been considerable improvement made to the oversight and governance of this centre. A new local management team had been established, and there were clear lines of accountability and responsibility in place. They maintained good communication between one another, which had a positive impact to the on-going review of relevant areas of care delivered to these residents. There were regular staff team meetings occurring, and the minutes of these reviewed by inspectors, showed that local management utilised this opportunity to

Speak with staff about any issues arising, and also about any aspect of residents' care and support arrangements that required review and discussion. The person in charge continued to prepare weekly governance reports around key performance indicators for senior management review, and they linked in directly with their own line manager where any other issues required further escalation to senior management.

Following on from the outcome of the last inspection, the most pertinent improvement was found with regards to the provider's own oversight, response, and monitoring of the quality and safety of care. Incidents were better examined for root cause, and better responses were being put in place in relation to this. They had put better behavioural support arrangements in place, which had resulted in less challenging incidents that staff had to respond to, better outcomes for residents, and a considerable decline in the nature and severity of incidents that had been occurring in this centre for a significant long period of time. They ensured their compliance plan response submitted to the Chief Inspector was implemented, and that monitoring of the effectiveness of the actions taken, were subject to on-going review. This had resulted in a better and safer service for these residents, that had more robust systems in place, to reduce the likelihood of the re-occurrence of previously identified concerns.

Judgment: Compliant

Quality and safety

The actions the provider had taken in response to the significant areas of improvement required to risk management, behavioural support, and residents' assessment and personal planning arrangements, resulted in all three of these areas being now found in compliance with the regulations. While there were still good practices in place with regards to safeguarding arrangements, aspects of this did require review.

Considerable improvements were noted in relation to behaviour support and restrictive practice management. The last two inspections of this centre conducted in 2025, identified significant concerns with regards to the high volume of times that one resident in particular, was subject to varying levels of physical holds. Since then, a full review of this resident's behavioural support arrangements had been carried out, which resulted in staff implementing more therapeutic based interventions. This had been very effective in responding to this residents' behavioural support needs, and at the time of this inspection, they had not been subject to any form of physical hold since September 2025. While there were some physical holds being used in response to other residents' behavioural incidents, these were occurring very rarely, and for much shorter duration than previously found on other inspections. The application of these remained under constant review by the person in charge, so as

to ensure they were only used as a last resort measure. This centre continued to have high involvement from behaviour support specialists and reviews of residents' behaviour support interventions were often occurring. In addition to this, some environmental restrictions associated with door locks had been removed, and staff were guided in doing so, by a specific restrictive practice reduction plan, which was being maintained under very regular review.

Risk management was another aspect of this service which was found to have significantly improved. There were much fewer incidents occurring, and there was better identification of the root cause that led to the incidents that had happened. Trending and analysis of incidents were taken seriously, and used to inform any changes required to either residents' care and support arrangements, or in relation to how this centre operated. Senior management were better informed around these incidents, and a summary of all incidents were presented for review as part of weekly governance meetings.

The re-assessment of one resident's assessed needs had been a large focus of this provider, following the findings of the last inspection. This re-assessment did focus on the suitability of this centre to continue to meet the assessed needs of this resident, and was due to be further reviewed the week following this inspection. While safeguarding maintained another aspect of this service that was subject to on-going review, the provider was required to further view safeguarding arrangements in relation to residents' use of the main building, so as to mitigate against any potential safeguarding concern arising between residents who accessed this aspect of the centre.

Regulation 26: Risk management procedures

Since the last inspection, there continued to be a very good incident reporting culture in this centre, and there was a significant decline in the number and severity of incidents that were now occurring. Of those that were happening, there was quicker and better root cause being completed, and local management responded by putting effective control measures that had led to a further reduction in similar such incidents re-occurring. For example, following similar reported behavioural incidents, changes were made to a resident's behavioural support arrangements, which were communicated to all staff, and overseen by the person in charge to ensure these were implemented.

There was also regular trending analysis being completed of all incidents, which informed any issues that required to be brought to the attention of senior management. Most of the areas of improvement identified through this system were able to be locally resolved, and had resulted in safer and better care for the residents involved. There was also better recognition of the risk management required to adequately respond to incidents which had put the safety of staff at risk. This centre had previously encountered a number of such incidents, and this inspection also found an overall decline in the number of these now occurring.

There were a number of risk assessments in place in response to residents' identified risks, and there was also a risk register maintained which outlined a number of organisational risks that required on-going monitoring. Over the course of this inspection, inspectors reviewed a number of these, some of which did require further updating. The person in charge did recognise the need for these updates, and was in the process of doing so at the time of this inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Following on from the last inspection, the provider did complete a comprehensive re-assessment of one resident's needs, to determine if this centre was a suitable placement for them. Since then, they had maintained this re-assessment under regular review. At the time of this inspection, a multi-disciplinary team meeting was scheduled for the week following this inspection. The purpose of this was to conduct a further review of this resident's assessed needs, to determine an outcome in relation to the future planning of their care.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents who used this service could present with behaviours of concern, and they required a high level of support from their staff team and allied health professionals in relation to this area of care. The previous inspection of this centre focused on one resident who was assessed as requiring the support of three staff at all hours of the day and night to meet their personal, social and behavioural needs. That inspection found that the centre did not meet the requirements of the regulations in terms of behavioural support, and significant improvements were also required in relation to their environment, and the oversight and implementation of restrictive practices.

As part of this inspection, one inspector focused on the provision of behavioural support for this resident and spoke to four staff members, including the person in charge, deputy manager and shift lead manager. As part of the initial walk around of the service, a staff member who regularly provided care to this resident explained how the provision of care had changed since the centre's last inspection. They highlighted how the staff team knew the resident's needs and mannerisms better, and there had also been a reduction in the use and implementation of restrictive practices which had a positive impact on their presentation, mood and experience of living in this centre. The staff member pointed out where a large section of internal fencing had been removed from this resident's outdoor area, and that coupled with

a scheduled visit to the centre's main kitchen each day, had made a significant difference to the presentation of this resident. They reported that the resident was more content and happier in themselves, engaged in very few incidents, and had not been subject to a physical hold for a number of months.

It was clear that this staff member had an in-depth knowledge of the resident's care needs and they explained how the resident would present when their behaviours were escalating. They went onto outline the associated measures and actions taken to assist the resident at this point, and also how a new approach for when the resident tried to push or pull staff, had all but eliminated negative physical interactions and potential for staff injuries. The staff member highlighted that the resident accessing the centre's main kitchen for a short period of time had a positive impact on their day, as this had been an area of curiosity for them since they moved to the centre. The staff member explained how this was managed, and they walked both inspectors thorough the exact route the resident would take to the kitchen, and how they as a staff team would co-ordinate this visit which promoted safety within the centre.

The person in charge talked the inspectors through the decision making process, that led to the decision to facilitate this resident to access the main building. This included in a period of observations of this resident, and recognition of the reduction in their behaviours of concern. The decision was made in conjunction with behavioural support and psychiatric input, and plans were put in place to introduce access to the centre's kitchen and main grounds, with clear guidelines around how this was to be done. On the day of inspection, the person in charge also scheduled a multidisciplinary team and senior management review of this new arrangement, to monitor its progression and overall effectiveness to date. The person in charge also indicated that the resident's behavioural support plan was due for review and update, which was to be completed as part of this review.

Judgment: Compliant

Regulation 8: Protection

There were no allegations of concern submitted to the Chief Inspector since the last inspection of this centre. Information in regards to reporting concerns relating to residents' safety and welfare was clearly displayed in the centre, and the provider had appointed a person, who was not directly involved in the provision of care, to manage any concerns which had the potential to impact upon safeguarding in this centre.

Although there were no recent safeguarding concerns, an inspector read four safeguarding plans that had been implemented following previous incidents where negative interactions had occurred between residents. As earlier mentioned, a resident had recently been facilitated to have scheduled access to the centre's main kitchen, which had a positive impact on their care. However, a suitable review of

safeguarding measures had not occurred to determine if this access could potentially present a negative impact on safeguarding in this centre. Although, the person in charge scheduled a review with the provider's designated officer to occur subsequent to this inspection, a better decision making process should have been implemented, prior to this new access arrangement commencing, to determine the potential for negative peer interactions.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Mulberry Lodge OSV-0007413

Inspection ID: MON-0049055

Date of inspection: 04/02/2026

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ol style="list-style-type: none"> 1. The Person in Charge (PIC) shall conduct individual staffing risk assessments for all four Individuals, (prioritizing those currently on 2:1 support). The PIC shall determine minimum safe ratios for normal and contingency operations, required risk mitigations if ratios drop, and impacts on safety, care quality, and rights. 2. Following the staffing risk assessments conducted, the PIC shall update the Centre's Contingency Plan, Centre Risk Register and Statement of Purpose to reflect baseline 10 day/8-night staffing aligned with the Individuals assessed needs. 3. Where required, the PIC shall intensify recruitment efforts to restore full staffing complement with support from the Recruitment Department in line the Centre's Statement of Purpose. 4. The PIC shall establish a Review Schedule to regularly assess actual vs. baseline staffing and updating per Recruitment Department as needed. 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ol style="list-style-type: none"> 1. The Person in Charge (PIC) shall convene a Multi-Disciplinary Team (MDT) meeting specifically focused on safeguarding implications of the Individuals scheduled kitchen access. 	

2. The PIC shall revise and fully update the Centre-Specific Safeguarding Plan to incorporate all findings and recommendations from the MDT Safeguarding Review, where required, including detailed safeguarding protocols for Individuals scheduled kitchen access, safeguarding arrangements for all Individuals during kitchen access and clearly defined procedures, for staff positioning and supervision requirements as well as step-by-step emergency response procedures for any safeguarding concern during kitchen access.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	20/03/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/03/2026