



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

Issued by the Chief Inspector

Name of designated centre:	Clondavan
Name of provider:	Three Steps Limited
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	18 February 2026
Centre ID:	OSV-0008592
Fieldwork ID:	MON-0049256

About the designated centre

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

Clondavan is a designated centre operated by Three Steps Limited. The centre provides medium to long term residential care for up to four children and young people. The centre caters for male or female residents between the ages of six to 18 years of age who have a primary diagnosis of an intellectual disability. The centre is managed by a person in charge supported by a deputy manager, three team leaders and in turn a team of social care workers and healthcare assistants. The centre is in a countryside location within a short drive to a nearby town. The centre has its own transport to facilitate school, activities and appointments for the children.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

I

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 18 February 2026	10:00hrs to 18:00hrs	Maureen Burns Rees	Lead
Wednesday 18 February 2026	10:00hrs to 18:00hrs	Gearóid Harrahill	Support

What residents told us and what inspectors observed

This inspection outlines the findings of an unannounced risk inspection completed to assess the provider's regulatory compliance in relation to the care and welfare of young people who were living in the centre and assess actions taken as outlined by the provider in response to the Office of the Chief Inspector's last inspection report for an inspection on the 5th of November 2025.

From observations, conversations with staff and young people, and information reviewed, the inspectors found that significant improvements had been made since the last inspection in the centre which promoted the provision of child-centred care and support. However, areas for improvement remained in relation to governance and management arrangements, staffing and individual assessments and personal plans,

The centre is registered to accommodate up to four male or female young people between the ages of six to 18 years of age, who have a primary diagnosis of an intellectual disability. There were four young people living in the centre at the time of inspection and consequently there were no vacancies. The centre was first registered at the end of November 2023 and the four young people were admitted and transitioned to live in the centre soon after.

The centre comprises of a large two-storey, six-bedroom house. It is located on its own grounds in a rural setting in county Meath. The centre was spacious with good sized communal areas, including a kitchen-dining area, two sitting rooms and a large sensory/play room. Each of the young people had their own bedroom, with three of the four bedrooms having an en-suite bathroom attached. One of the rooms had a recently established walk in wardrobe. There was an accessible wrap around front and back garden with room for parking at the side and front of the house. The back garden had a trampoline, two different types of swings, a sand table, a tricycle and some other play items for the young people to use. There was also a table and bench for outdoor dining.

Further to the last inspection, maintenance and redecoration had occurred in a number of areas. This included repainting of three resident bedrooms, the sitting room, bathroom, hallway, and the sensory room. In addition the flooring in the sitting room had been repaired in required areas and maintenance had been completed in the main bathroom, including re-grouting of tiles. The provider's maintenance team were on-site on the day of this unannounced inspection and outlined plans to the inspectors to paint the other resident's bedroom and other areas of the centre. The centre was found to be comfortable and in an overall good state of repair. The removable window blinds in one young person's bedroom had been replaced and were noted to be effective in blocking light from entering the room when required at night. Each of the young people's bedrooms had adequate storage facilities for personal belongings. As referred to above, a walk in wardrobe

had been established in one of the young peoples rooms since the last inspection. Although a number of the rooms had a minimalistic feel, which had been identified as a preference for some of the young people, efforts had been made to make the areas more homely and to have a child friendly feel. This had been achieved with the addition of warm wall colours, some soft furnishings and wall murals or stickers in areas. The sitting room and play room had a good supply of toys, books, floor tents and cuddly toys in place. Framed pictures of the residents were on display in the centre.

Each of the young people were engaged in a full time school placement. However, as identified at the time of the last inspection, their school placements were a considerable distance away and required on average a two hour trip to and from school. Further to the last inspection some assessments in relation to educational needs had been completed and the person in charge reported that applications to a number of schools in the geographical area were being considered for three of the young people. It was noted that the fourth young person, who was over 16 years, had made a decision that they wanted to stay in their current school placement despite the travel distance to get there.

Communication assessments and plans in place had been revised since the last inspection to provide suitable guidance for staff on how best to communicate with and support individual young people. A communication assessment by an external expert had recently been completed for three of the young people. A number of new and revised visual aids were available on the day of the inspection.

Both of the inspectors met briefly with each of the four young people in the centre on the day of this inspection. One of the young people was on planned holidays from school, one of the young people was out on certified sick leave from school while the remaining two children had taken the day off school to attend a scheduled appointment.

Three of the four young people had limited or no verbal communication and consequently were unable to verbally express their views regarding the care they were receiving in the centre to the inspectors. They used alternative communication methods and were observed to be happy and relaxed in the company of staff. Examples of interactions observed, included a young person being supported to play a computer game on a hand held device while another young person sought staff support to have their favourite television programme put on the television. A young person was observed to guide staff to retrieve their favourite toy from the sensory room.

The fourth young person spoke with the inspectors and told them that they felt 'happy' and 'safe' living in the centre but that if they had any concerns that they would tell a staff member or their professional representative. They spoke with the inspectors about an overnight hotel stay they had enjoyed in the preceding period and plans for a further hotel stay with staff support in the coming months. This young person told the inspectors that staff were kind to them and to the other three young people. The young person reported that they felt their views were listened to and that they had opportunities to make choices regarding their activities, meals and

the décor of the centre. The young person's bedroom was due to be re-painted the day following the inspection and they had been actively involved in choosing paint colours and soft furnishings for their room. The young person had their own key for their bedroom which they liked to lock when they weren't in the centre. The young person spoke with one of the inspectors about their role in their school's student council and a youth group. They attended swimming and horse riding on a weekly basis which they reported that they really enjoyed. They were also starting to prepare cooked food, and getting a bank account set up in their name. The young person spoke about how they advocated for the other three young people who had limited communication skills.

The inspectors had the opportunity to speak with four staff on duty, the person in charge and the service manager. Staff came across as caring and attentive towards the young people and were observed interacting warmly with them and to be supportive and respectful of individual wishes and preferred activities. However, since the last inspection there had been a high turnover of staff in the centre and at the time of this inspection there were a number of staff vacancies.

There was evidence that young peoples' representatives were consulted and communicated with, about decisions regarding their care and the running of the centre. The inspectors did not meet with the relatives or representatives of any of the young people. However, staff reported that they were happy with the care and support that was being provided. Further to the last inspection, the provider had reviewed its complaint management process which now recorded the satisfaction or otherwise of the complainant with the outcome for the management of complaints. It was noted that there had been no complaints since the last inspection.

The young peoples' likes, dislikes, preferences and support needs were gathered through the personal planning process. Further to the last inspection, the assessments of needs for each of the young people had been reviewed and support plans put in place to meet their assessed needs. Weekly activity plans were maintained for each of the young people which recorded different activities that the young people participated in. However, as highlighted at the time of the last inspection, the significant travel times for each of the young people to and from school each day impacted on the ability of the young people to engage in activities during the week. Examples of activities that young people participated in included, horse therapy, swimming, a youth club, cinema, soft play centres, walks in different areas including the woods and beaches.

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 the young peoples lives.

Capacity and capability

The management systems and processes in place to oversee the care and support being delivered to the young people in the centre had significantly improved since the last inspection. In 2025 there had been significant changes to the senior management structure in the centre and across the provider's services. However, these changes still required time to fully embed so as to ensure consistent and long term improvements.

Further to the last inspection a new person in charge had been appointed to the centre who was only responsible for this centre. They had previously held the position of deputy manager in the centre for a short period. The person in charge had a background as a registered nurse in intellectual disabilities and held qualifications in safeguarding, management and leadership. They had more than five years management experience and were supported by three team leaders. The person in charge presented with a good knowledge of the regulatory requirements and the assessed needs and support requirements for each of the young people. They had full protected time for their role.

Contrary to the last inspection, there were clear management structures in place, that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the service manager who in turn reported to the director of care. The person in charge and service manager held formal meetings on a regular basis.

Regulation 15: Staffing

At the time of the last inspection, the full complement of staff were in place. However, at the time of this inspection, a number of staff had resigned from their posts and consequently there were five whole-time equivalent staff vacancies. These vacancies were generally being covered by a regular and consistent small number of agency personnel but this was not always possible. The provider had noted in their audits that this caused the team to be short-staffed and result in less individualised support for the young people. There were actual and planned staff rosters in place. These were found to be appropriately maintained and detail each staff members full name and grade. Since the last inspection there had been regular staff meetings and separately management meetings with evidence of communication of some shared learning at these meetings. There was a schedule for staff supervisions in place. However, it was evident that staff were not receiving supervision in line with the time lines proposed by the provider. Consequently, a number of staff had not received formal supervision in an extended period.

Judgment: Not compliant

Regulation 23: Governance and management

The management systems and processes in place to oversee the care and support being delivered to the young people in the centre had significantly improved since the last inspection. A new person in charge had been appointed in December 2025 who is suitably qualified and experienced and considered to be effectively engaged in the governance and management of the centre. Clear management structures had been put in place, that identified lines of accountability and responsibility.

However, a number of actions identified in the provider's compliance plan response to the last inspection had not yet been completed. Ultimately the new management structures and governance systems and processes required time to fully embed to ensure consistent quality care in the longer term. As identified at the time of the last inspection, unannounced visits to review the quality and safety of care as required by the regulations were limited as it only covered a single area, that being workforce for the last visit. A further unannounced visit had not yet been completed since the last inspection. It was noted that a schedule of other regular management checks and audits were being completed by the person in charge since the last inspection.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

In the preceding six month period, the inspectors found that notifications of incidents were reported to the Office of the Chief Inspector in line with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaint process had been reviewed since the last inspection, On this inspection the inspectors found that an effective complaint procedure had been put in place which was accessible in the centre. A record was maintained of all complaints, including details of any investigation into a complaint, outcome of a complaint, any actions taken on foot of a complaint and whether or not the person making the complaint was satisfied. A copy of the complaint procedure was displayed in a prominent position. There had been no complaints in the centre since the last inspection.

Judgment: Compliant

Quality and safety

This section of the report describes the quality of the service and how safe it was for the young people. Further to the last inspection, marked improvements had been made to the assessments for the young people's needs which informed personal support plans put in place. However, areas for improvements remained in relation to the evaluation of personal support plans, behaviour support guidance and processes to track incidents and reviews.

Assessments of the young people's health and social care needs had been reviewed since the last inspection and informed personal support plans put in place. Specific toileting support plans had been put in place for young people identified to require same. It was noted that there were reviews of each of the young people's care in the centre by the commissioner of their service and their placement supervisor. However, care plans devised by the commissioner of the service had not been submitted to the centre to inform the personal support plans in place.

As identified at the time of the last inspection, a number of the young people presented with complex needs and behaviours which could be difficult for staff to manage in a group living environment. Behaviour support plans had been devised by staff and the management team. However, the behaviour support plans did not have input from a behavioural expert. On review of records since the last inspection, there was evidence to show that a post incident review occurred following incidents involving physical intervention and that any learning informed a review by staff of the behaviour support plan in place to manage any re-occurrence.

Senior management and a consultant clinical neuro-psychologist attended weekly planning and coordination meetings. The format and recording of these meetings had been revised since the last inspection. Records were noted to now include details on each young person's presentation and actions agreed for individual young people's care.

Regulation 17: Premises

The centre was found to be homely, comfortable and overall in a good state of repair. It was noted that a shower fitting in the main bathroom was broken but this was listed on a maintenance list for repair.

Further to the last inspection, maintenance and redecoration had occurred in a number of areas. This included repainting of three resident bedrooms, the sitting room, bathroom and the sensory room. In addition the sitting room floor had been repaired in required areas and maintenance had been completed in the main

bathroom, which included re-grouting of tiles. The provider's maintenance team were on-site on the day of this unannounced inspection and outlined plans to the inspectors to paint the other resident's bedroom and other areas of the centre. The removable window blinds in one young person's bedroom had been replaced and were noted to be effective in blocking out sunlight when required.

Each of the young people's bedrooms had adequate storage facilities for personal belongings. A walk in wardrobe had been established in one of the young peoples rooms since the last inspection. Although a number of the rooms had a minimalistic feel, which it had been identified as a preference for some of the young people, efforts had been made to make the areas more homely and to have a child friendly feel.

For example, warm wall colours had recently been added to walls, soft furnishings and wall murals or stickers had been put in place. The sitting room and sensory room had a good supply of toys, books, floor tents, pictures of the young people and cuddly toys in place. There were large enclosed gardens surrounding the centre which the young people could access for play and outdoor dining.

Judgment: Compliant

Regulation 26: Risk management procedures

Further to the last inspection, there had been marked improvements in relation to risk management procedures and arrangements to identify, assess and mitigate risks. Environmental and Individual risk assessment and treatment forms had been revised since the last inspection and these promoted the health and safety of the young people, visitors and staff. The risk register was reviewed and found to contain key clinical and behavioural risks and control measures in place. It was noted that further to the last inspection, post incident reviews had been completed promptly post significant incidents and physical interventions.

There were a schedule of checklists in relation to health and safety, fire and risk which were completed on a regular basis. There were arrangements in place for investigating and learning from incidents and adverse events involving the young people. The inspectors reviewed a record of all incidents and accidents in the centre since the last inspection. These were reviewed by the person in charge and where required, learning was shared with the staff team and risk assessments were updated to mitigate against any re-occurrence.

However, there was limited evidence of reviewing trends of Incidents and near misses. The inspectors were advised of systems commencing through which the the provider could trend incidents to identify patterns of events and their causes and triggers.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management, including fire safety detection and alert system, emergency lighting internally and externally and fire fighting equipment which were subject to regular servicing. However, some improvements were required in relation to undertaking fire drills in the centre.

There was evidence of fire evacuation drills taking place, and inspectors reviewed two records of practice evacuations which took place since the previous inspection, including those simulating a night scenario. However, these drills were announced and took place when residents and staff were downstairs ready to leave. Drill records provided did not reflect the circumstances of a night shift, and as such did not account for how much longer an evacuation may take when sleepover staff and residents were upstairs in their bedrooms.

There were fire containment doors in place which were fitted with self-closing devices. Issues identified at the time of the last inspection in relation to fire containment had been addressed. This included the installation of an effective self-closing device on one door and replacement of a missing smoke seal strip on the fire door in staff sleepover room.

From a review of two children's files, personal emergency evacuation plans (PEEP) were noted to be in place that outlined what supports they required to evacuate in the event of a fire and took into account their cognitive ability.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Further to the last inspection, the assessment of need for each of the young people had been reviewed particularly in relation to the young people's health, personal and social care needs. In the main, care and support plans had been composed on foot of needs identified. However, care plans devised by the commissioner of the service had not been submitted to the centre to inform the personal support plans in place. It was noted that a psychology assessment was outstanding for each of the young people for a significant period. An annual review of the personal plan had not been completed in the preceding 12 month period for one of the young people, in line with the requirements of the regulations.

Some support plans identified as required could not be implemented or monitored for their effectiveness in the centre. For example, where young people required support in toilet training, variety in their diet, and healthy oral care, these were not

being tracked or recorded, to provide assurance to the provider that these plans were being implemented consistently, or how frequently they had or had not been successful to evaluate the effectiveness of the intervention. For one young person who routinely refused to brush their teeth, there was no guidance available to staff on how to encourage and motivate the young person to do so. For personal goals related to life skills such as basic cooking and developing language, inspectors observed evidence that some of these plans were not yet implemented or had not been reviewed for their progress. There was evidence of community involvement through equine therapy, swimming and forage recorded in daily journals.

Communication assessments and plans in place had been revised since the last inspection to provide suitable guidance for staff on how best to communicate with and support individual young people. A communication assessment by an external expert had recently been completed for three of the young people. A number of new and revised visual aids were available on the day of the inspection. It was noted on the morning of inspection that the health service executives, childrens' disability network team were on site to trial an augmentative and alternative communication device with some of the children. A number of new and revised visual aids were available on the day of the inspection.

As identified at the time of the last inspection, each of the young peoples school placements was located a significant distance from the centre and required on average a two hour trip to and from school. Further to the last inspection some assessments in relation to educational needs had been completed and the person in charge reported that applications to a number of schools in the geographical area were being considered for three of the young people. It was noted that one of the young people who was over 16 years had made a decision that they wanted to stay in their current school placement despite the travel distance to get there.

Judgment: Not compliant

Regulation 7: Positive behavioural support

A number of the young people presented with known behavioural needs that required structured, proactive interventions. However, as identified at the time of the last inspection, assessments and plans had been devised by members of the staff team with limited evidence of input from a behavioural specialist or evidence that they were based on a suitable assessment by an appropriate expert. Since the last inspection some revisions had been made to the behaviour support plans by members of the staff team to provide better guidance for staff on how best to consistently support individual young people. However, there remained limited evidence of input into the plan from a behavioural specialist and there had been limited review of behavioural incidents and strategies to manage behaviour or evaluation of how effective the strategies had been.

The provider had proposed a new model and framework for behavioural support processes. This included a new template for behaviour support plans. However, the model had not yet been introduced into the centre and the new behaviour support template had not been completed.

Judgment: Not compliant

Regulation 8: Protection

The safeguarding procedures in place had been reviewed since the last inspection. There were measures in place to protect the young people from being harmed or suffering from abuse. Suitable safeguarding procedures and reporting arrangements were in place. The inspectors reviewed all safeguarding incidents since the last inspection and found that they had been appropriately responded to. It was noted that on occasions the behaviour displayed by a number of the young people had the potential to have a negative impact on the other young people. The provider had a safeguarding policy in place. The person in charge and staff members met with on the day of inspection had a good knowledge of safeguarding procedures. All staff had received appropriate training.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Clondavan OSV-0008592

Inspection ID: MON-0049256

Date of inspection: 18/02/2026

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: An organisational weekly recruitment meeting has been implemented involving the Centre Manager and Deputy Centre Manager, taking place every Monday since 09/03/2026, to proactively review staffing levels, address recruitment needs, and monitor progress in filling vacancies.</p> <p>2. The Board is currently undertaking a review of staff Terms and Conditions and has approved a pay increase, effective from 01/04/2026, to support the recruitment of new staff and the retention of existing employees.</p> <p>3. The provider will recruit a full-time Deputy Centre Manager to ensure adequate capacity for staff supervision and management oversight. The position will be formally advertised, transitioning from the current part-time arrangement to a full-time role.</p> <p>4. The provider will support the three current Team Leaders by facilitating their completion of supervision training, enabling them to effectively contribute to the delivery of staff supervision and strengthen management capacity within the centre.</p> <p>5. A system of monthly personnel file audits will be implemented to monitor compliance with supervision requirements and ensure all supervision records are up to date. A structured supervision schedule will be maintained and progressed on an ongoing basis to achieve full compliance.</p>	
Regulation 23: Governance and management	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A Safety Management Review audit was completed on 11/02/2026 which includes cross-sections of various themes.</p> <p>2. The centre’s audit system has since been revised in line with Regulation 23 requirements, including the adoption of the Regulation 23 Audit Template.</p> <p>3. An unannounced audit was commenced by an External Consultant/Service Manager on 11/03/2026. A feedback meeting will take place by 17/04/2026 and the final report will be presented to the Board on 24/04/2026.</p> <p>4. The Governance Policy was formally reviewed and updated on 12/02/2026 to reflect the revisions made to the centre’s audit systems and governance arrangements, ensuring alignment with regulatory requirements.</p> <p>]</p>	
<p>Regulation 26: Risk management procedures</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The provider is currently transitioning to BoardX to strengthen the monitoring and analysis of risk trends within the service. The risk review process will be migrating to this system, and training for the Centre Manager and Deputy Centre Manager commenced on 04/04/2026. A further in-house workshop is scheduled to take place on 23/04/2026.</p> <p>2. Risk meetings have been taking place since January 2026 at the start of each month where the Risk Register is reviewed at service level.</p> <p>3. The Terms of Reference for the Rights and Restrictive Practices Committee will be finalised and implemented, with the committee scheduled to meet in April to ensure appropriate oversight of rights-based practices.</p> <p>]</p>	
<p>Regulation 28: Fire precautions</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p>	

Night-time fire drills commenced on 01/04/2026 to ensure all staff and residents are familiar with emergency evacuation procedures during night hours.

2. The Fire Safety Management Policy was reviewed and updated on 12/02/2026, the centre management team received training on the 20/02/2026 and the care team will be reviewing the policy to ensure full understanding and compliance with the revised procedures on the 22/04/2026.

3. One-to-one sessions will be conducted with each young person in the service to provide detailed information on fire drills and the Fire Book, ensuring understanding of safety procedures and personal responsibilities.

]

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 outstanding personal plan is currently being reviewed and will be completed by 31/05/2026.

2. The Service Manager attended the centre on 08/12/2025 to review files and provide oversight and guidance in relation to assessment processes and the development and maintenance of personal plans. The PIC will ensure that this learning is disseminated accordingly.

3. Cognitive assessments will commence on the 17/04/2026 and will be finalised by 30/09/2026. Centre management will complete a full review of personal plans following the outcome of the cognitive assessments.

]

Regulation 7: Positive behavioural support	Not Compliant
--	---------------

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

The Behaviour Support Policy will be further updated by the 31/05/2026 to explicitly include detailed processes and individual behaviour support plans, ensuring clarity, consistency, and alignment with regulatory requirements.

2. The Positive Behavioural Support Plans will be completed for all young people by the 31/05/2026, ensuring that each plan is individualised, comprehensive, and informed by assessed needs.

3. The Functional Analysis will be completed by the 31/05/2026 to inform the development and review of behaviour support strategies.

4. The behaviours of each young person are formally reviewed at Planning & Coordination (P&C) meetings, with input from the multidisciplinary team, to ensure ongoing oversight and timely intervention. These discussions are recorded in the P&C minutes for each centre.

5. A review of the P&C Terms of Reference took place on 31/03/2026 and a new bi-weekly meeting format which includes centre management and care teams attending the meeting will commence on 13/05/2026.

6. Significant Events Notifications (SENs) and cumulative SENs are reviewed in line with the Functional Analysis to ensure consistency, learning, and appropriate response to behavioural incidents.

7. An MDT meeting was held with the Social Work team on 19/01/2026, during which all assessments and plans were agreed and clear timelines were established which were congruent with the children's presentations, educational, and social needs.

8. Phase 2 of the assessments will be completed by the end of June, with the final phase completed over the summer, with Social Work involvement, and all assessment reports expected by September.

]

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.	Not Compliant	Orange	31/07/2026
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 to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/04/2026
Regulation 23(2)(a)	The registered provider, or a person nominated	Not Compliant	Orange	30/04/2026

	by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/05/2026
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the	Substantially Compliant	Yellow	22/04/2026

	procedure to be followed in the case of fire.			
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Not Compliant	Orange	31/05/2026
Regulation 05(6)(c)	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 assess the effectiveness of the plan.	Not Compliant	Orange	31/05/2026
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.	Not Compliant	Orange	31/05/2026
Regulation 7(5)(a)	The person in charge shall	Substantially Compliant	Yellow	31/05/2026

	ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.			
--	---	--	--	--