

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

Issued by the Chief Inspector

Name of designated centre:	The Hollies
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	28 May 2025
Centre ID:	OSV-0008668
Fieldwork ID:	MON-0045918

About the designated centre

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

This designated centre is comprised of two separate houses located in proximity to each other. Each house is in a populated area on the outskirts of the busy town and each house has an allocated service vehicle. A residential service is provided for a maximum of four residents with two residents residing in each house. The residents residing in the centre must be over the age of 18 years. The provider aims to have arrangements in place to support a broad range of needs. For example, one house is suited to persons who may have physical or mobility needs and each house is staffed at all times. The model of care is social and generally there is one staff member on duty by day and by night. The night-time staffing arrangement in each house is a staff member on sleepover duty. The day-to-day management and oversight of the centre is delegated to a person in charge who is supported by a social care worker.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 28 May 2025	10:30hrs to 17:00hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection was completed by the Health Information and Quality Authority (HIQA) to assess the providers' compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with disabilities 2013 and, the National Standards for Adult Safeguarding (2019). Some action was needed for the provider to demonstrate full compliance. Overall however, the inspector found that safeguarding residents from harm and abuse was consistently embedded into the governance, management and oversight of this designated centre.

The designated centre is comprised of two houses. Each house is a detached property located in close proximity to the busy town and the providers day service and administration offices. One house was developed by the provider just over a year ago and two residents from another designated centre moved into the house. In each house residents are provided with their own bedroom. Shared communal spaces include living rooms, kitchen-dining rooms and main bathrooms. In each house a room is provided for staff to use as an office and a staff sleepover room.

This inspection was largely facilitated by the person in charge while the inspector also met with the local regional manager.

The inspector had the opportunity to visit both houses. Both houses were very well maintained externally and internally and were welcoming and homely in their presentation. While relaxed and comfortable homes, both houses were tidy, organised and visibly clean. The inspector commented on the attractive planting to the front of one house and the well-maintained garden in the other. The residents and staff members contributed to the maintenance of the external grounds and evidently wanted each house to present well.

The inspector met with three of the four residents living in the centre. One resident avails of the provider's day service and had not returned to the centre prior to the conclusion of this inspection. The assessed needs of the residents include communication differences but all three residents met with communicated in their own way with the inspector. For example, when the inspector arrived at the first house there was one resident present. The resident asked the inspector their name and shook hands with the inspector. Throughout the day the inspector saw how the resident relaxed in their home and used their own purposeful words and phrases to communicate what they wanted to their supporting staff. The resident came and went with staff at intervals during the day and presented as quite happy to do so. The resident evidently had good receptive skills and when the inspector enquired of staff if the other resident had returned from the day service this resident quickly replied "no".

In the other house one resident chatted easily with the inspector while the other resident listened and nodded in response to questions and queries. The residents

said that they liked their new home and one resident agreed to show the inspector their bedroom and their ensuite bathroom. The resident shared with the inspector items such as family photographs, a photograph taken with a favoured musician and laughed as they showed the inspector a cushion with an image of a television celebrity on it. The resident liked to watch television and had a magazine that kept them updated on the latest story lines of their favourite soaps.

The inspector noted that the residents enjoyed the increased activity of the location of this house. One resident sat and watched their neighbours coming and going and commented on a neighbour that they had not seen before. The resident waited and watched for the arrival of the sleepover staff member. The resident spoke of the cats that rambled in and out and the surprise at finding a neighbour's hen in the house one morning. The person in charge was with the inspector. The resident addressed the person in charge by name, knew what their role was and told the inspector that the person in charge was "the best". There was an easy and relaxed atmosphere in both houses between the residents, the staff members on duty and the management team.

The person in charge had completed the annual quality and safety service review for 2024 and had, as part of that process, sought feedback from residents and their families. That feedback was on file and was positive. The inspector noted that families were equally delighted with the new house and had commented on the quality of the accommodation provided and in particular the benefit of its location nearer to the town.

Each resident was supported to have ongoing access to family and home. One resident had, on the weekend prior to this inspection, attended a family celebration and showed the inspector the balloons they had brought back from the event. Residents enjoyed regular visits to family and holidays with family. The person in charge described family members as invested and involved in the support and care that residents received and this was evident in the feedback provided by the families. The inspector noted that where families had made suggestions for improvement their feedback and what was to be done in response was included in the quality improvement plan.

In the context of the focus of this inspection the person in charge and the regional manager could clearly describe and demonstrate to the inspector the arrangements in place to promote the individuality, rights, choices and wellbeing of each resident while protecting residents from harm and abuse. Safeguarding was embedded in the management and oversight of this service. Residents presented as content and happy and reported that they liked living in this designated centre. However, the provider's own monitoring of incidents had highlighted an absence of compatibility between the needs of two residents. This was also evident in the pattern of notifications that had been submitted to the Chief Inspector of Social Services.

In response to this and other safeguarding matters the inspector found the provider had good general and centre specific safeguarding arrangements in place. For example, staff completed safeguarding training and staff knowledge was evaluated. The person in charge reviewed and analysed incidents that occurred and identified

possible triggers for behaviour of concern. There was, based on the findings of this inspection, good and consistent input from the multi-disciplinary team (MDT) including the designated safeguarding officer and the positive behaviour support specialist. As applicable to their needs and abilities residents were spoken with and provided with information and safeguarding education. The provider had safeguarding risk assessments and plans and had arranged for an external person to complete a review of resident compatibility and living arrangements.

In that house there was already some separation of the residents' living arrangements. For example, each resident had their own living room and did not share facilities such as bathrooms. Residents shared the kitchen-dining room. It was evident from incidents that did occur that environmental matters such as one resident inadvertently banging a door could trigger responsive behaviour in the other resident or, a resident was simply present in the shared space when a peer was struggling to regulate.

Residents could and did spend quality time together but staff had to be vigilant for the risk of behaviour of concern and peer to peer incidents. These incidents were intermittent but they did impact on the quality and safety of the service for both residents. While managed, the provider needed to explore the feasibility of further separating the house so as to provide each resident with their own self-contained section of the house as recommended by the external review.

In addition, while it was evident that safeguarding measures were in place the inspector found that better alignment was needed between different risk assessments that shared common safeguarding controls.

The next two sections of this report will describe the leadership, governance and management arrangements in place and how they sought to protect residents from harm while promoting their individuality, their rights and quality of life.

Capacity and capability

The inspector found suitable systems of governance and management. Individual roles, responsibilities and reporting relationships were clear and understood. There was clear accountability for the safety of the service provided to residents. The provider was effectively monitoring and gathering information about the quality and safety of the service. While some improvements were needed, the provider was appropriately responding to any identified safeguarding concerns so as to reduce the risk of harm to residents and others.

The day-to-day management and oversight of the service was delegated to the person in charge. The person in charge was supported by a social care worker. The person in charge was satisfied that they had the capacity and the support they needed to manage the centre effectively.

The person in charge prepared and maintained a planned and actual staff duty rota. Based on what the inspector discussed and read the provider planned and managed its staffing resources to reduce the risk of harm to residents and to promote the rights and individuality of the residents. For example, additional staffing resources were provided in both houses on certain days and times and on alternate weekends so as to support the different interests and abilities of the residents.

The inspector reviewed the staff training matrix and saw that good oversight was maintained of staff attendance at training. The date refresher training was due was highlighted so that it would be scheduled and completed.

The inspector reviewed two staff files. The contents of the files were in line with the requirements of the regulations and reflected recruitment procedures that safeguarded residents. For example, both files included evidence that the provider had sought and received Garda vetting.

The person in charge convened staff meetings in each house as each house had its own staffing arrangements. The inspector reviewed the minutes of the three most recent meetings held in one house and saw that matters such as incidents that had occurred and updated guidance from the positive behaviour support team were discussed. At these meetings the inspector noted that the person in charge had also used a safeguarding tool-kit to evaluate staff understanding of their safeguarding responsibilities.

The person in charge described the systems in place for informally and formally supporting and supervising the staff team and the discretion the person in charge had to increase the frequency of supervision if there was an identified need to do so.

The inspector saw in records reviewed that the effectiveness of the safeguarding measures in place was consistently monitored. For example, the person in charge completed reviews of any incidents that occurred and considered the safeguarding implications of those incidents. Safeguarding plans and any restrictions in place were reviewed at regular intervals by the person in charge, the regional manager and the designated safeguarding officer.

In addition to the annual review referred to in the opening section of this report, reports were also on file in the designated centre of the quality and safety reviews completed at least on a six-monthly basis. The inspector reviewed the report of the annual review and the most recent provider-led review completed in January 2025. The inspector noted that safeguarding residents from harm and abuse, safeguarding and promoting residents rights and ensuring the provider fulfilled its reporting responsibilities, for example, to the Chief Inspector of Social Services, were areas that were comprehensively reviewed during these internal reviews.

Regulation 15: Staffing

Based on the evidence available to the inspector there were suitable staffing arrangements in the centre. There was a folder available for inspection of past staff duty rotas. The current staff duty rota was prominently displayed on the staff notice board. The rotas were well maintained, showed each staff member on duty and the hours that they worked. The duty rota reflected the staffing levels and arrangements described to the inspector. For example, the additional staffing provided on alternate weekends.

The person in charge and the regional manager described how staffing was planned and managed to meet the assessed needs and preferences of the residents. For example, it was acknowledged that new staff could be a trigger for behaviour of concern. The person in charge ensured these staff had the opportunity to shadow more experienced staff and to work supervised shifts before lone working.

In general however, the comparison of past rotas (December 2024) with the present rota reflected good continuity of staffing. The staff members on duty on the day of inspection had worked with the residents for an extended period of time. Staff had also transitioned with the residents when they moved to the new house. This continuity of staffing benefited residents. For example, in relation to staff familiarity with communication differences and communication plans.

The inspector requested and reviewed a sample of two staff files. The files contained the information required under Schedule 2 such as evidence of Garda vetting and references including references from previous employers.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to an ongoing programme of training. The inspector reviewed the staff training matrix and saw that a training record was in place for each staff member listed on the staff duty rota. All staff had completed baseline training in child and adult safeguarding. This training was completed on-line but also in person with the designated safeguarding officer. Staff had to complete both the on-line and the in-person training. Centre specific safeguarding training had also been provided to the staff team in August 2024 in response to safeguarding plans implemented in the centre.

As previously stated the person in charge regularly used an accredited tool to evaluate staff knowledge of safeguarding and staff safeguarding responsibilities. Staff also completed training that included understanding autism, responding to behaviour that challenged, the use of restrictive practices and the new assisted decision-making process.

The programme of staff induction included code of conduct training and the regional manager confirmed that this training was completed again as and when deemed necessary.

There were formal and informal systems in place for supporting and supervising all grades of staff. The person in charge described how staff knowledge and skills and staff ability to provide safe quality supports were core themes explored during formal and informal supervision. The inspector was advised that there was no requirement for enhanced supervision and no concerns arising from the supervisions completed.

Judgment: Compliant

Regulation 23: Governance and management

There were appropriate systems of governance and management in place to underpin the safe delivery and consistent oversight of the service. Roles and responsibilities were clear including designated safeguarding roles and responsibilities. The service was led by a capable person in charge who was appropriately supported in their role by the provider. The person in charge confirmed they had access to and support as needed from their line manager (the regional manager) and practical administration support from a social care worker. Overall, the inspector found that the local management team was implementing the provider's systems including the providers safeguarding procedures to ensure good management and good oversight in the centre.

Based on the findings of this inspection the governance structure operated as intended by the provider. For example, it was evident from what was discussed and read, that concerns were appropriately escalated to and actively managed by the regional manager in consultation with the local management team and the wider MDT.

The centre presented as appropriately resourced. For example, the designated centre was appropriately staffed.

The provider had systems of quality assurance that were, based on the records seen, consistently implemented and that focused on providing assurance that residents were in receipt of a safe, quality service and were protected from harm and abuse. Safeguarding and protection, positive behaviour support, the use of restrictive practices, incidents, their management and any patterns emerging were all reviewed as part of these internal reviews.

The provider was striving to improve the quality and safety of the service based on the information that it collated. The inspector found that the provider had taken the actions it said it would (for example when submitting notifications to the Chief Inspector) to promote resident safety. For example, additional positive behaviour support was sought and provided, residents were supported and educated and, the

provider had commissioned an external review of the compatibility of residents to live well together in one of the two houses. In that regard, further action was needed to ensure both residents were in receipt of a safe quality service. It was recommended that each resident be provided with their own separate area of the house. This recommendation was recent and will be discussed again in the next section of this report.

Judgment: Compliant

Quality and safety

This was a person centred service where residents received a good quality service and where their individuality, needs, abilities and their choices were respected. Safeguarding residents from harm and abuse was embedded into the planning, delivery and oversight of the care and support provided to residents. However, the provider had identified and accepted that there was absence of compatibility that impacted on the quality and safety of the service. In addition to the controls that were already in place, a recent recommendation had been made that the provider should explore the feasibility of providing two residents with their own self-contained accommodation. A plan was needed to progress this recommendation.

Each resident participated in the process of personal planning. Residents and their representatives were supported to participate in and contribute to the personal plan. Residents could make choices and decisions about their personal goals and objectives and the opportunities that each resident had reflected their individual choices, needs and abilities. For example, residents like to walk, to go to the gym, to go swimming and enjoyed personal care appointments. A staff member spoken with described how a local hotel was very supportive and facilitated a resident's dislike of wearing a swimming cap. A resident was actively engaged each weekday in a maintenance programme operated from the provider's nearby day service.

The inspector, based on the notifications that had been submitted to the Chief Inspector of Social Services followed particular lines of enquiry and reviewed two personal plans. The inspector saw in those plans the assessment of safeguarding needs and risks and safeguarding plans.

One resident could exhibit behaviour of concern that had the potential to impact on themselves, on their peer and on the staff team. The resident's personal plan included a revised and updated positive behaviour support plan. The plan acknowledged the residents possible use of behaviour to communicate what they were thinking and how they were feeling. The personal plans also included communication plans, a communication dictionary and communication strategies to be used by staff such as affording time and using short sentences.

There were different factors to be considered when supporting the resident to regulate and manage their behaviours. For example, behaviour could be exhibited

when the resident was with staff and was communicating for example, something that they no longer wished to do or a need such as pain. Then there was behaviour that could be inadvertently triggered by a peer, in particular doors closing or banging. The responsive behaviour was at times directed at the peer.

Based on its own analysis of incidents the provider had commissioned an external review. That review had recommended that the provider explore the possibility of providing each resident with their own self-contained section of the house.

Both houses were comfortable well-maintained homes that residents liked living in. Residents in both houses had lived together for some years. The provider always acknowledged that while the residents living in one house got on well together on many levels there were differences between their needs. The provider had put arrangements in place in response to this. For example, each resident had their own living room and had the use of separate bathrooms. Both residents clearly liked and had a sense of ownership over the house. However, without additional modifications one resident had to be consistently mindful of and manage simple activities such as how they entered the house as the closing of a door could and did trigger responsive behaviour in their peer. The behaviour impacted on both residents.

Staff maintained records of the discussions they had with residents in relation to staying safe. These discussions were generalised or, where appropriate, were specifically tailored to safeguarding matters arising in the centre. Residents were spoken with about these safeguarding risks and staff explained the need for any controls needed in response. The provider could demonstrate and justify on the basis of risk why these controls were in place and how they were managed so that they were not overly restrictive of resident choice and preference.

For example, the identification, assessment and management of risk, including safeguarding risks, sought to promote and support resident independence and choice whilst also keeping residents safe. Controls were in place so that residents could safely access community based amenities and services rather than restricting resident access. There were safeguarding controls that were applicable and common to different situations and risks. However, this applicability was not reflected in all of the relevant written risk assessments seen by the inspector.

Regulation 10: Communication

The assessed needs of the residents included communication differences. The arrangements in place to support communication recognised and respected the difference between resident ability to understand what was said and resident ability to express themselves. The person in charge described how each resident chooses to communicate. Some residents communicated verbally while others could use gestures, direct staff to what they wanted or use words and expressions that were peculiar to them. Staff, when for example collecting feedback from residents,

documented how residents responded to questions such as if they liked their homes and felt safe, by nodding their head or smiling.

The role of communication in triggering behaviour, the use of behaviour as a form of communication and the importance of familiar staff with the required skills was understood and reflected in the arrangements in the designated centre. For example, the role of communication was consistently referenced in the positive behaviour support plan seen.

The personal plan included details and guidance for staff on how the resident communicated and how to interpret words and phrases used by the resident. The person in charge described how a resident may choose to engage or not with communication methods such as visuals.

The inspector noted no barrier to communication between the staff members on duty and the residents with residents clearly able to express themselves, their needs and preferences.

The inspector saw that residents had access to a range of media, personal phones, devices and the Internet.

Judgment: Compliant

Regulation 17: Premises

The location of both houses was suited to the needs of the residents. Residents could access a broad range of services and amenities from both houses. The houses was found to be comfortable, well-maintained, personalised by the residents and visibly clean during this unannounced inspection.

However, the provider had to consider further how the accommodation provided to residents impacted on safeguarding and resident safety. The design and layout of one house was not best suited to the needs and preferences of the residents living there. This had been established by the providers own monitoring of incidents that occurred, the findings of an external review and the notifications submitted to the Chief Inspector of Social Services. The provider recognised that the design and layout of the house limited behaviour support strategies, impacted on residents' quality of life and also limited the safety of the service.

At the time of this inspection the cause of external cracks noted on one gable wall was being assessed and the inspector was advised that this could delay any plans to modify the house. The provider was however committed to exploring the possibility of making further modifications to the house so that both residents could continue to live in their home in a way that better supported each residents' emotional, physical and overall wellbeing. This is addressed in Regulation 5.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the risk register and a resident's individual risk management plan. The inspector discussed with the person in charge and the regional manager how safeguarding risks in the designated centre were identified, assessed and managed. This included the analysis of and the learning from incidents including safeguarding incidents. There was a risk assessment in place for the core risks that presented to the quality and safety of the service such as the absence of compatibility between residents. Measures and actions in place to control safeguarding risks were centre specific and resident specific and included for example, staff support and supervision, the provision of safeguarding education for residents and regular review of safeguarding plans.

The inspector was assured from what was discussed, observed and read that safeguarding risks were identified and responded to and the safeguarding controls deemed necessary were in place. For example, the updated positive behaviour support plan seen and the documented regular safeguarding discussions had with residents. However, the inspector found that review and further development of the actual risk assessments was needed. This was needed as the inspector found that safeguarding controls common to more than one risk were not explicitly detailed and robustly updated in each relevant risk assessment and in line with any new developments.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident participated in the process of personal planning and had a nominated key-worker. The support and care provided aimed to keep residents healthy and well, safe from harm while also ensuring they had good choice and reasonable control over their choices and routines. Safeguarding needs and risks were included in the personal plan and informed aspects of the support provided. For example, the input sought from the positive behaviour team and the designated safeguarding officer. Safeguarding risks and plans were part of the ongoing assessment and review of the personal plan. The personal plan sought to ensure that the individual needs, abilities and preferences of residents were met and their personal goals were achieved, whilst keeping residents safe from harm.

However, the provider accepted that the shared living arrangements in one house were not best suited to the needs of either resident and did not consistently promote and ensure a safe, quality service for both residents. The shared environment could act as a trigger for behaviour of concern and this had to be

actively managed. The provider needed to explore and progress the feasibility of providing each resident with different living arrangements more appropriate to their assessed needs.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Positive behavioural support practice was informed by the guidance provided by the positive behaviour support team. The inspector saw, in the efforts to support residents to better manage their behaviour, additional input had been sought from the behaviour specialist. The positive behaviour support plan was reviewed and updated in consultation with the staff team.

Systems were in place for monitoring and analysing behaviour data such as the review of incidents by the person in charge and the completion by staff for the behaviour support specialist of ABC (antecedent, behaviour and consequence) charts.

It was recognised in practice and in the positive behaviour support plan that behaviour was at times a form of communication or a response to communication. The plan for example, referenced how the closing of a door by another could act a trigger for behaviour. The person in charge described how a resident could also use behaviour to communicate a need or a changed decision and the importance of regular staff who were familiar with these behavioural cues.

It was accepted and reflected in the arrangements in place that behaviours could impact on the safety of others including peers and could become a safeguarding concern.

While minimal, oversight was maintained of the need for and the use of restrictive practices and their use was discussed with residents.

Judgment: Compliant

Regulation 8: Protection

The provider had safeguarding policy and procedures. These were available in the designated centre.

The person in charge and the regional manager were found to be very knowledgeable in relation to their roles and responsibilities in protecting residents from all forms of harm and abuse. How that responsibility was exercised was very evident in records seen. For example, the person in charge assessed staff

knowledge of safeguarding by the use of an accredited safeguarding tool. The regional manager described their role in the management and investigation of any safeguarding concerns that arose in consultation with the wider MDT.

The designated safeguarding officer provided in-person, centre specific training for staff, supported residents as needed and reviewed the safeguarding plans put in place. Safeguarding, recognising, reporting and responding to safeguarding risks and concerns including the risk of abuse and harm by a peer were all strongly referenced in the arrangements in the designated centre. For example, the inspector saw that the person in charge completed detailed analysis of each incident that occurred, considered the safeguarding implications of each incident and followed up with residents and the staff team.

Residents were consistently spoken with in relation to staying safe, the safeguarding risks that presented and, where they were necessary, the restrictions that were in place to keep them and others safe. Residents were supported to complete education and training bespoke to their needs and abilities as the provider sought to develop resident understanding of safeguarding, staying safe and more substantive matters such as consent.

Plans were in place detailing how residents were to be supported with their personal and intimate care needs.

The provider acknowledged that further action was needed to safeguard residents from all types of harm including harm from a peer. This is addressed in Regulation 5.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found this designated centre was operated and managed in a way that respected the individuality and the rights of each resident while the provider also responded appropriately to any safeguarding concerns and risks that arose. This meant that different safeguarding arrangements were in place in each house and for different residents as a person-centred approach was used in developing safeguarding arrangements.

Residents were spoken with and had reasonable input into decisions about their support and care as the provider sought to support residents to understand the risk that was associated with choices and decisions they might make.

Residents were provided with safeguarding education and training appropriate to their needs and had individual risk management plans. This education and these plans sought to support residents to exercise their choices safely rather than imposing additional restrictions on residents.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Hollies OSV-0008668

Inspection ID: MON-0045918

Date of inspection: 28/05/2025

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Review risk register and ensure safeguarding controls applicable to connected risks are detailed and risk ratings are in conjunction with one another. Risk register to be reviewed and updated within one month of inspection – 28/06/2025</p> <p>Ensure individual risks are appropriately detailed and new developments are appropriately documented. This to be completed within one month of inspection – 28/06/2025</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Compatibility assessment has been carried out highlighting incompatibility between residents. A scope of works to separate the building into two separate living spaces has been proposed but the possibility of pyrite damage to the building has postponed same. Management are working in conjunction with the housing association regarding the possibility of pyrite damage and risk assessments are in place.</p> <p>Separate living areas are in situ so each resident has their own space and one resident continues to attend day service during the week and individualised supports one weekend a fortnight to allow separate activities/interests to be pursued. Issue of pyrite and starting the scope of works to separate the house to be completed within 18 months of inspection – 28/11/2026</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 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	28/06/2025
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).	Substantially Compliant	Yellow	28/11/2026